



Shatter stereotypes of  
aging: how to help your  
clients create dynamic  
mature identities

**Active-aging professionals can play a critical role in combating ageism, promoting positive beliefs and attitudes, and helping clients become the best they can be—at every age**

by Marilyn Larkin, MA

Who comes to mind when you think of individuals with dynamic mature identities? Jack LaLanne, who at 90 is still a poster child for the benefits of lifelong fitness? Robert Butler, physician, gerontologist, psychiatrist, and Pulitzer Prize-winning author, who at 80 is still going strong as head of the International Longevity Center–USA? Or maybe Eartha Kitt, also 80, who continues to be a fixture in the New York City cabaret scene and recently costarred in an off-Broadway show and independent film?

The achievements of these and other older individuals are admirable. But are they the ones the industry should keep in mind when encouraging residents and facility members to develop their own dynamic identities? Yes and no, say the active-aging professionals interviewed for this article.

Janice Wassel, PhD, director of the Gerontology Program at the University of North Carolina at Greensboro, observes that how people age “is the result of their entire life course, from before they were conceived onward. It’s not just where they are in the here and now.” One 85-year-old might be skating and surfing. “Many of us would say, ‘Wow, he’s the model for active aging,’” notes Wassel. Another 85-year-old with severe arthritis might be able to do little more than putter in her garden. “People might dismiss her,” continues Wassel, “saying, ‘That’s not dynamic, active aging.’ But the fact she can actually get out the door and work in her garden *is* active aging for her—and part of a dynamic mature identity.”

It’s important to keep current capabilities in mind when trying to promote the concepts of active aging and dynamic mature identities to older adults, agrees C. Jessie Jones, PhD, FACSM, a professor in the Department of Health Science at California State University, Fullerton, and codirector of the award-winning Center for Successful Aging. But it’s equally important to “open your mind—and theirs—to greater possibilities,” says Jones, who also directs Fullerton’s Fibromyalgia Research and Education Center. Superachievers notwithstanding, for the most part, “we’re surrounded by stereotypes about how we’re ‘supposed to be’ when we get older that fly in the face of what we want to do,” adds the International Council on Active Aging® (ICAA) advisor. “When I was 50, I bought a motorcycle, and everyone said, ‘How could you do that at your age?’ And I said, ‘Why not?’”

What do these diverse trends mean for active-aging professionals? How do you encourage your clients—and yourselves—to become or remain dynamic mature individuals without setting expectations too high or too low?

“Historically, we’ve provided too much care for people for too long [in senior living environments],” states Marge Coalman, EdD, vice president of wellness and programs at Touchmark, an ICAA member with headquarters in Beaverton, Oregon. “Typically, when people move into communities, staff say, ‘I’m sorry you have to start over,’ instead of ‘Wow, this is a great new opportunity; let’s see what you want to do now!’”

The industry’s job is to encourage all clients to live their lives fully, to the best of their abilities, our interviewees affirm. The goals and challenges will differ for everyone, but the results—zest for life, a can-do attitude, and a sense of well-being—will show that active, dynamic aging is something everyone, not just a select few, can share in.

**Training the brain for successful aging**

The Center for Successful Aging’s Jessie Jones recently cowrote a book with Ilchi Lee, president of the International Brain Education Association, aimed at empowering older adults to open their minds, develop dynamic identities and realize their potential. *In Full Bloom: A Brain Education Guide to Successful Aging* outlines a five-step mind-body training program called the BEST method. Look for an article on this approach in the next issue of the *Journal on Active Aging*®.

Here are five steps to make this happen in your center or community.

1. **Become believers**  
Studies show that older people with positive perceptions of aging live an average 7.5 years longer than those with negative images of growing older,<sup>1</sup> and that cardiovascular stress and other adverse health conditions can be reduced by promoting positive attitudes toward aging.<sup>2</sup> Another study reveals that, contrary to popular belief, 80% of older Americans are healthy enough to engage in normal activities<sup>3</sup> and possibly do considerably more. And those studies are just the tip of the iceberg, says Kelly Ferrin, aka the “age angel,” a gerontologist and motivational speaker based in La Costa, California.

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## Resources

**Center for Successful Aging,  
University of California,  
Fullerton**  
<http://hdcs.fullerton.edu/csa>

**County of San Diego: Feeling  
Fit Clubs**  
[www2.sdcountry.ca.gov/hhsa/ServiceDetails.asp?ServiceID=293](http://www2.sdcountry.ca.gov/hhsa/ServiceDetails.asp?ServiceID=293)

**Kelly Ferrin, Age Angel**  
[www.ageangel.com](http://www.ageangel.com)

**Gerontology Program,  
University of North Carolina  
at Greensboro**  
[www.uncg.edu/gro](http://www.uncg.edu/gro)

**International Longevity  
Center—USA**  
[www.ilcusa.org](http://www.ilcusa.org)

**Lakeview Village**  
[www.lakeviewvillage.org](http://www.lakeviewvillage.org)

**Touchmark Living Centers**  
[www.tlcmail.com](http://www.tlcmail.com)

Still, although the data are important, they aren't enough to change the "mind-set, attitude, and beliefs that drive behaviors," Ferrin explains. That's why much of her motivational training in active-aging settings focuses on staff. At the launch of San Diego's Feeling Fit Clubs, a county initiative that won a 2003 ICAA Industry Innovator Award, "I focused on the people working directly with the seniors, helping them under-

stand how their own beliefs affect the participation and beliefs of their clients," advises Ferrin. And one of the main reasons the program was successful," she adds, "was that all of us truly believed it would improve the participants' quality of life."

Ferrin grew up in a family that believed in staying active, and she went to the University of Southern California on a golf scholarship, where she saw many active older adults playing the game. "I could never sell the idea that aging is not an automatic time of decline, physically or mentally, if I didn't believe it from personal experience and academic research," she affirms. "If these things aren't truly believed, they won't be achieved. And it's our responsibility in this industry to do everything we can to overcome all the negativity associated with aging, and help our clients do the same."

## 2.

### Focus on strengths

When new residents move into a Touchmark community, "we communicate from the very beginning that they are our partners in wellness and well-being—that we are there to support them in reaching their highest level of function, not simply to provide services," says Marge Coalman. Normally, in the senior living profession when residents are asked about their status and expectations, "the residents (and caring others) will provide a list of everything that's wrong and almost nothing about what's right," she continues. So, at Touchmark, within the first week or two, new residents complete a questionnaire that asks about their hopes, dreams and wishes; how physically active they are, and what that means to them; what they would like to do that they've never done before; and the talents and skills they bring to the community. "This allows us to focus on people's strengths, skills and interests, rather than the deficits," Coalman

explains. "It gives us that go-to point, because if we know who else in our community has similar strengths and interests, we can set up buddy lists and show individuals where the activities they want to be involved with are happening."

At the same time, the community creates a sense of comfort, security and safety for residents that can serve as a launching pad for new endeavors. According to Coalman, a certain percentage of new residents—often those whose children persuaded them to move in or who were told by a physician they could no longer live independently—display depression or "relocation stress syndrome." She observes, "These people are not completely prepared for such a major life transition; they say things like, 'I've never been in a place with 80 different homes and people I've never met before.'" By initiating peer support from the outset through "friendship ambassadors"—residents trained to welcome and support people new to the community—Touchmark ensures new residents "get a whole level of immediate support and assistance, without staff implying that we don't think they can do it on their own," she adds. "And all this sets the stage for moving forward."

## 3.

### Engage and create

Nothing works against the development of a dynamic mature identity more than the traditional concept of "retirement," says Kelly Ferrin. "Retirement implies disengagement, not contributing, not being part of something—in short, not doing anything." Therefore, helping clients in all settings find a purpose in life is "critical" to the formation of a dynamic mature identity, she stresses.

Marge Coalman was somewhat surprised, but pleased, to learn that many Touchmark residents who had been vol-

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## From ageism to wellness

To help counter ageism and promote dynamic mature identities among your constituencies, become aware of how your attitudes and actions may promote negative perceptions and take action to change, suggests Lakeview Village's Jan Montague.

From		To
Paternalistic	➔	Promote self-efficacy
What's wrong?	➔	Focus on what is right
Uselessness	➔	Help clients feel valued
Tell and command	➔	Listen and learn

unteering with hospital services or tutoring children in schools wanted to continue those activities after moving into their new communities. "Many people thought that since residents had done those things for years, and since they no longer had to work, they'd be happy to sit around and put their feet up. But that's not the case at all," she says. "The cruise ship mentality doesn't work for the people we have with us now who, for the most part, have a deep sense of civic responsibility. If you try to take away the opportunity to reach out, a whole part of them begins to wither."

Encouraging participation in new activities is also "crucial to helping people use their full potential," states Jessie Jones. "We need to rethink what we're offering people" in all settings, from health clubs and community centers to assisted living. "In exercise classes, for example, you get the typical stretching, aerobics and weight machines, rather than activities like salsa dancing or other forms of creative movement, or using music to connect with emotions. While the typical

activities have their place," she allows, "there are so many more creative things you can expose people to."

Like Ferrin, Jones stresses the importance of facility staff, and particularly activity directors, helping clients build a sense of self-efficacy. "So many messages make us feel that we can't or shouldn't do new things," she says. "The industry has to be more progressive, more challenging. We have to make people believe they can change, help instill the determination and courage to do so, and offer programs that are novel and stimulating."

#### 4.

##### Be alert to ageism

It's evident that ageist stereotypes are widespread in the media, in greeting cards and in "jokes" made at the expense of older people. Less recognized, but no less prevalent, are the ageist attitudes that exist in gerontology and the senior services industry, according to ICAA advisor Jan Montague, MGS, vice president of community life at Lakeview Village in Lenexa, Kansas. Before anyone moves into an active living community or joins

a community center or fitness club aimed at people over 50, they're "bombed" with ads, programs and language that reinforce stereotypes, she says. "Certainly, no one in the senior living and senior services agency is intentionally reinforcing stereotypes—but we have to raise awareness in the industry to avoid doing so in the future."

Examples include:

- a senior living community ad that states, "When memory fades, the choice is clear." From the standpoint of self-efficacy, says Montague, "I need to believe that I will be as cognitively, functionally, emotionally and socially able and well as I can possibly be throughout my life. But here, a community is saying to me 'when'—not 'if'—memory fades."
- a program called Incontinence in Your Life, which won a best practices award. This name implies that the condition is an expected part of an older adult's life.
- fitness classes called Heaven Can Wait and Geriatric Gyration, rather than something "enticing, with a behavior technique attached to it to attract people and get them thinking about change."
- environments wherein older adults are talked to loudly and slowly, in a patronizing tone—or where these individuals are not addressed directly, and are referred to as "they" or "them" (see "Word survey reveals cross communication" on page 38).

The whole-person wellness model that Montague has promoted since 1994, and which provides the underpinnings for many active-aging programs and communities, underscores that personal wellness is characterized by self-responsibility, optimism, a self-directed approach to life, feelings of self-efficacy, and the idea

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## Word survey reveals cross communication

When Janice Wassel moved into her current position as director of the Gerontology Program at the University of North Carolina at Greensboro, she visited numerous seniors centers, active adult communities, and other facilities catering to older adults. “I had never been in these kinds of settings, and as I interacted with staff, executive directors and CEOs, what struck me was how often they referred to the people in their communities not as ‘residents’ or ‘older adults,’ but merely as ‘they’ or ‘them,’” she recalls. Wassel noted a similar phenomenon among her graduate students. “I wondered why they were so afraid to refer to their clients as older adults, or old people, or something similar.”

Wassel hypothesized that the use of “them” and “they” served to “distance people from their future selves,” separating them from what they perceive as a negative condition. To test her hypothesis, she conducted a survey among younger, middle-aged and older adults. The survey contained words used to refer

*Of the 60 words used to describe older adults, only about one-third were identified as “positive” by younger and older respondents; however, these words varied between the groups, which agreed on only about 40% of the words.*

to different age groups, and asked respondents to rate the words as positive, negative or neutral.

Words describing youthful ages—for example, “rug rats” or “crumb crushers” for young children—were likely to be seen as positive or neutral, regardless of the respondent’s age. Words describing middle age and beyond were primarily viewed as negative or neutral—but the values placed on the words varied with the respondent’s age. For example, “senior citizen” was viewed negatively by people ages 55 or older, whereas younger people felt the term was positive. “Codger” was viewed as neutral or positive by older people, whereas younger people found it to be negative.

Of the 60 words used to describe older adults, only about one-third were identified as “positive” by younger and older respondents; however, these words varied between the groups, which agreed on only about 40% of the words.

Wassel’s conclusion: “We’ve created an ‘elder language’ that influences the self-perception of older people, often negatively. And there’s a good deal of cross communication between the generations—what one group thinks is positive, another thinks is negative. This has consequences not only for self-perception, but also for marketing of products and services. If you’re not using the appropriate language, you’re limiting your effectiveness.”

The words in the accompanying table, a sample from the study, were viewed as being positive (P), neutral (N) or negative (X) by people ages 54 and under and 55 and older. ☺

Ages 54 and under	Ages 55 and older
elderly = P	elderly = X
golden-age = P	golden-age = N
retiree = P	retiree = X
senior = P	senior = N
eldest = P	eldest = P
veteran = P	veteran = P
senior citizen = N	senior citizen = X
no spring chicken = X	no spring chicken = P
old man = X	old man = N
old timer = X	old timer = P
geriatric = X	geriatric = X
geezer = X	geezer = N
older generation = X	older generation = P
over-the-hill-gang = X	over-the-hill-gang = P
oldest = X	oldest = N

**Table 1.** Words viewed as being positive (P), neutral (N) or negative (X) by people ages 54 and under and 55 and older

that a person has choices in life. “Wellness has nothing to do with age,” she stresses. But it has everything to do with developing a dynamic identity.

“We can’t be self-actualized and have enthusiasm for living at every stage of life, regardless of ability, if we continually see and hear messages that say we can’t, won’t or shouldn’t—or that we have to be careful,” Montague asserts. “It’s the responsibility of every organization to ensure that marketing materials, systems, and policies and procedures are not providing barriers to self-actualization for members or residents. Staff are responsible for encouraging members or residents not to buy into stereotypes of aging. And members and residents are responsible for replacing negative self-talk with positive messages, refusing to associate with people who are consistently negative, and refusing to allow their children or anyone else to baby them.”

#### 5. Accept the continuum

Even in the best of circumstances, however, a certain percentage of people in every setting won’t respond to invitations to try new activities or volunteer to help others, and it’s important that active-aging professionals accept this reality, our interviewees agree. Often, the nonresponders are individuals who move into a community or join a health club or community center not because they want to, but because they feel they have no choice. Or they may have been loners most of their lives, and aren’t open to changing now. Marge Coalman advises her Touchmark team members to focus their time and resources on the large percentage of people who are responding. “We may not find the connection for everyone right away, but we can and do keep reaching out to the others,” she says.

Jessie Jones acknowledges that “there’s a continuum of what makes life meaningful to people, and maybe we shouldn’t

place expectations of being active and dynamic on people who haven’t been living their lives that way until now. If individuals are truly happy and comfortable with, for example, involvement in just church or family, we need to respect their choices,” she believes, “regardless of whether we feel they’re the best choices for health and wellness.”

Even on a continuum, “the most important contribution we can make is to provide a sense of confidence in people’s ability to be their true selves,” Jones adds. “There needs to be a balance between trying to move individuals out of their comfort zones and knowing when to back off.”

*Marilynn Larkin, MA, a fitness professional and award-winning medical writer and editor, is the creator of Posture-cize®, an exercise and motivational program to improve posture and self-esteem (see [www.mlarkinfitness.com](http://www.mlarkinfitness.com)). She is also the ICAA’s Northeastern Regional Manager.*

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