Images of Aging and Positive Affect in Independently Living Older Adults: An Update

Samantha Jacobson[1], Maddie Grigg[1], Naomi Isenberg[1], Mikayla Logue[1], Karen Tanzy[2], Nancy Weinbeck[2], Mícheál D. Roe[1]

[1]Seattle Pacific University
[2]Bayview Community

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Introduction

- The U.S. is "an aging country in an aging world" (Gatz, Smyer, & DiGilio, 2017, p. 257); and age encompasses social categories that everyone potentially joins (North & Fiske, 2012). Regardless of such universality, negative age-related stereotypes (i.e., ageism) abound and continue among the most institutionalized of "isms" (Levy, 2009; Levy & Macdonald, 2016).

- Implicit and explicit age stereotypes not only permeate the social world of older adults, they are often incorporated into their own self-images; and as such, they are associated with poor mental and physical health. In contrast, older adults with more positive views of aging, experience better mental and physical health, engage in more preventive healthy behaviors, and enjoy greater longevity (Aldwin & Igarashi, 2015; Nelson, 2017).

- Last year, first findings on images of aging, well-being, and life satisfaction were reported from the Bayview*/SPU Late Adulthood Study (O'Brien et al., 2018).

- The present study is an update and expansion of O'Brien et al. (2018). In addition, multiple predictors and mediators were explored to understand more fully the relationships among attitudes, social relationships, and mental and physical health in older adults.

*Bayview is a 62+, Nonprofit Life Plan Community managed by a volunteer Board of Trustees, and maintaining an affiliation with the Methodist Church. Its residents represent a variety of social and cultural backgrounds and faith traditions.

Participants

Participants were 56 volunteers drawn from Bayview's 110 independent living residents (36 females, 19 males, 1 gender nonconforming). Their ages ranged from 66 to 97 years. Educational levels ranged from 12 to 23 years. 92.2% identified as "White" (non-Hispanic) in ethnicity. 39.3% were currently married, 32.1% currently widowed, and the remainder were never married or currently divorced. See Table 1 for additional details.

Table 1. Descriptive Statistics of Demographic Information

Variable	M	SD	Range
Age	82.81	7.16	66 - 97
Years of Education	17.13	2.35	12 - 23
Physical Health Self-Rating[1]	2.72	0.97	1 - 6
Mental Health Self-Rating[1]	2.38	1.04	1 - 6
Years at Bayview	3.95	3.71	0.17 - 15

[1]On a scale of 1 (excellent) to 7 (very poor).

Materials

All the following measures were selected according to four criteria: they (1) have a track-record of measuring successfully the constructs of interest; (2) are psychometrically sound; (3) present positive or at least balanced views, when addressing variables relevant to aging; and (4) meet practical considerations, such as not being too lengthy.

1. General demographic questions regarding age, gender identity, religious identity, active, quiet, and social leisure-time activities, sleep quality, diet, and so on.

2. Published measures:
- Image of Aging Scale (Levy, Kasl, & Gill, 2004)
- Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988)
- Assessing Social Support (Krause, 1999)
- Meaning in Life (Krause, 2007)
- Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985)
- Spiritual Well-Being Scale (Paloutzian & Ellison, 1982)
- Self-Assessed Wisdom Scale (Webster 2003)
- General Self Efficacy Scale (Schwarzer & Jerusalem, 1995)

Procedures

All standard participant protections were in effect (e.g., randomly assigned ID numbers, freedom to withdraw from the study at any time, debriefing after data collection). In addition, in order to address the unique characteristics and possible vulnerabilities of older adult participants (e.g., McGuire, 2009; Schaie, 1993; Walsh, 2009), a number of specific procedures were utilized:

(1) To control for differential online experience, all data were collected in hardcopy form. (2) To control for differential speed of response and fatigue factors, participants responded to the research materials in their own homes and at their own pace. Also, breaks were structured into the materials. (3) To eliminate dual-relationship influences, the Bayview members of the research team were not involved in obtaining informed consent, distribution or retrieval of materials, or data entry. (4) To lessen or eliminate coercion influences in obtaining informed consent, there was a one-week interval of time between introducing the study and informed consent materials and the collecting of signatures on the informed consent forms. This permitted further reflection by potential participants and the opportunity to consult with a friend or family member.

General procedure was (1) advertising study to all independent living residents (e.g., flyers, newsletter); (2) holding group and individual meetings to describe study and distribute and explain the informed consent materials; (3) one week follow-up with those residents, who expressed interest in the study, to obtain signatures on informed consent forms, distribute research materials, and explain how materials will be retrieved; (4) weekly follow-ups with participants who had not yet returned their materials, including a redistribution of materials to participants when needed.

Results and Discussion

Table 2. Updated Correlation Table

Variable	M	SD	1	2	3	4	5	6	7
1. Positive Image of Aging	36.64	6.69	--						
2. Negative Image of Aging	25.97	8.73	-.18	--					
3. Positive Affect	38.97	5.10	.43**	-.12	--				
4. Negative Affect	13.45	4.77	-.07	.39**	-.34*	--			
5. Spiritual Wellbeing	87.11	19.67	.43**	-.24	.41**	-.18	--		
6. Religious Wellbeing	34.95	6.55	.21	-.03	-.01	.26	.36**	--	
7. Existential Wellbeing	33.22	3.68	.29*	.13	.08	.16	.08	.29*	--
8. Satisfaction with Life	22.60	4.99	.41***	-.19	.32*	-.40**	.53***	-.13	.06

* $p < .05$, ** $p < .01$, *** $p < .001$

Confirming data from last year, our population had relatively high positive affect (M_{rating} = 3.96 on a 1 – 5 scale), high meaning in life (M_{rating} = 4.77 on a 1 – 6 scale), high self-efficacy (M_{rating} = 3.13 on a 1 – 4 scale), and high satisfaction with life (M_{rating} = 4.55 on a 1 – 6 scale).

Also confirming last year's findings, participants had substantially more positive than negative images of aging (t_{correl} = 6.42, $p < .001$, d = 1.47).
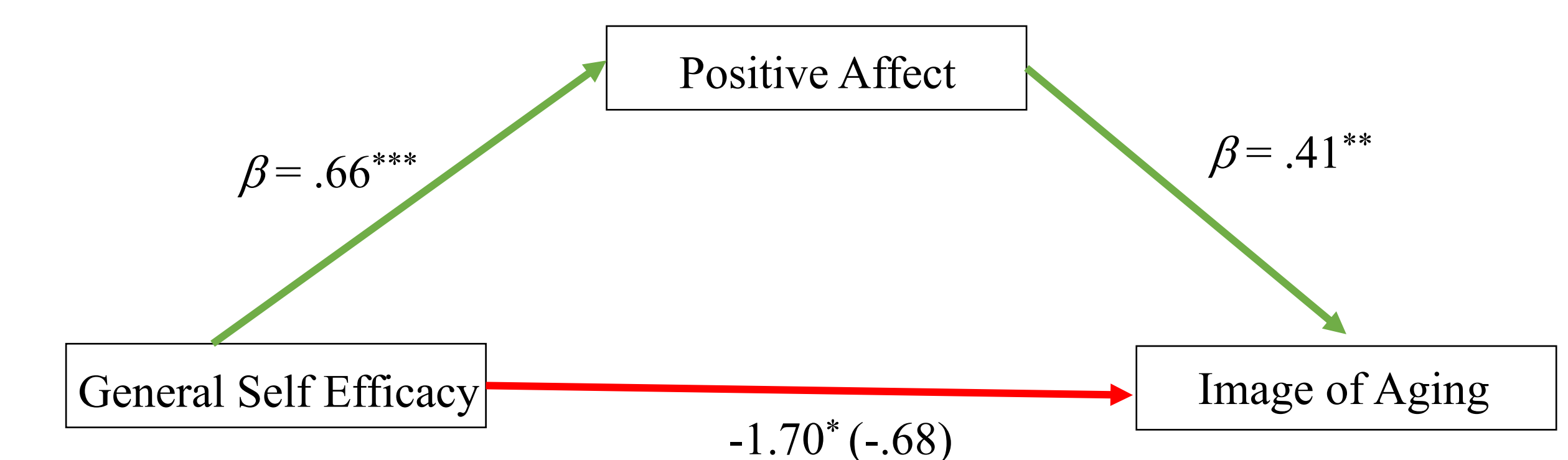
Figure 1. Positive Affect Mediation Model
* $p < .05$, ** $p < .01$, *** $p < .001$

We also found a significant mediation effect of positive affect on the relationship between self-efficacy and images of aging (mediated effect = 1.07***), implying that this relationship is, in part, dependent on a general self-perception of being emotionally upbeat. Of note is the negative direct effect of self-efficacy on images of aging. Apparently, self-efficacy alone is insufficient for positive images of aging. Self-efficacy may act in a practical sense of helping older adults navigate this period of life, but it must be paired with positive affect for a positive image of aging to emerge. Perhaps positive affect helps counter negative stereotypes of older adults as not being self-efficacious.

For a full list of references, please contact the principal investigator, Mícheál D. Roe, PhD, mroe@spu.edu.