Gauging Aging:

Mapping the Gaps Between Expert and Public Understandings of Aging in America

A FrameWorks Strategic Report

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I. INTRODUCTION

This report is the first step in a larger collaboration with the *Leaders of Aging Organizations*, a group administered by Grantmakers in Aging that includes the AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, the Gerontological Society of America, the National Council on Aging, and the National Hispanic Council on Aging. The collaboration seeks to develop a new, evidence-based narrative around the process of aging in our country, and the roles and contributions of older Americans. This first phase of the project identifies the patterns of thinking that Americans use to reason about issues related to aging, and compares those patterns with the knowledge of experts in the aging field. It is supported by grants from AARP, the Archstone Foundation, The Atlantic Philanthropies, the John A. Hartford Foundation, the Fan Fox and Leslie R. Samuels Foundation, The Retirement Research Foundation, and the Rose Community Foundation. The project is managed by Laura Robbins of Laura A. Robbins Consulting, LLC.

The research presented here is distinct from most public opinion research that documents *what* people say by conducting polls or focus groups. In this report, we take the analysis a level deeper to document the assumptions and thought processes that inform what people say and structure their judgments and opinions. This cultural-cognitive approach is powerful because identifying *ways of thinking* is key to developing more effective and strategic communication. By understanding the various ways that people are (and are not) able to think and reason about an issue, communicators can craft messages that avoid unproductive understandings, activate productive ones, and elevate new ways of thinking that are better aligned with policy goals. In short, an understanding of *how* people think is a powerful tool in identifying the specific perceptual challenges that require reframing.

As the process of aging forms a part of everyone's experience, it is not surprising that the public brings a powerful set of cultural models[1] — implicit, and largely shared, understandings, assumptions and patterns of reasoning — to thinking about adult aging in the United States. Importantly, this research shows that many aspects of public understanding impede the efforts of organizations working to construct a policy environment that responds productively to the growing population of older adults in this country, and to the skills, capacities and needs of that population and its families and caregivers. These dominant ways of thinking include a set of decidedly negative and deterministic models about the aging process, as well as powerful understandings that contribute to an overall sense of fatalism about what can be done on behalf of older Americans as a demographic group.

This report provides a detailed understanding of what those communicating about aging are up against in public thinking, as well as a set of research-based recommendations to inform future communications in this field. In documenting expert and public perspectives, and enumerating the places where these views both converge and diverge, we begin to chart a course for a communications strategy that can be used to help people think more productively about the aging process and older adults, and consider how public policy can be responsive to the many aspects of aging in America.

Building on this report, subsequent FrameWorks research will design and test specific communications strategies that can be used to reframe public discourse and understanding about older Americans, addressing such questions as: Who older Americans are, what issues affect them, how they contribute to society, and how society can best address their needs and value their contributions. The ultimate goal of the project is to increase public support for the policies and programs necessary to promote the well-being of older adults and their familes, and to ensure their full participation in American society. To do this, FrameWorks' research will provide strategic communications recommendations about how best to help people understand that promoting older adults' full participation in American society is a critical part of the nation's policy and infrastructure agenda. This report constitutes a first step toward these goals.[*]

II. EXECUTIVE SUMMARY

The Expert View of Aging

The following points constitute the central features of what experts on adult aging issues wish to be able to communicate to members of the public. Together, these points represent the "untranslated story" of adult aging in America.

What is Aging?

Experts emphasize that aging is a normal and cumulative process that extends across the life course. It is a part of our biological design and is distinct from disease and decline. This means that older adults can remain healthy and maintain high levels of independence and functionality — even while experiencing natural changes in vision, hearing, mobility and muscle strength. Experts highlight the fact that the process and experience of aging is grounded in, and shaped by, the complex interaction between social, cultural, economic and other factors that comprise context.

What Characterizes Older Adults?

Experts explain that, as a group, older adults vary greatly with respect to health, financial situation and functional status. Adults over the age of 60 are living and staying productive longer, and represent the fastest-growing segment of our population. This unprecedented trend represents a long-term shift in the age structure of our society. Older adults have an enormous economic and social impact on American society — an impact that is often not well accounted for in our discourse, media and public policy.

What are the Policy Needs and Implications of an Aging Society?

Experts emphasize that increased longevity has opened up opportunities for many more years of civic, social and economic contribution by older Americans, but that our society must make adjustments to our public institutions, policies and infrastructure in order to best leverage these changes. Specifically:

- Workplace policies should be restructured to allow people to work longer and with a greater degree of flexibility. These accommodations should extend not only to older adults, but to those in elder caregiving positions as well.

- Public spending must be made more efficient to accommodate the aging demographic shift and provide for the health care and retirement income security needs of older adults.

- Patterns of ageist discrimination need to be addressed so that older Americans can fully contribute to our civic and economic life.

- Alongside other policy initiatives, Social Security must be strengthened to ensure retirement income security.

- The nation needs to expand a well-prepared healthcare and geriatric workforce, and address the

growing need for long-term care.

- Better institutional and social supports must be provided for the more than 40 million people in the United States who provide unpaid care to family members and loved ones.

- Greater investments must be made in research to better understand both the aging process and the implications of an aging population for our society.

The Public View of Aging

The American public draws on a complex set of cultural models to make sense of adult aging and the role that older Americans play in our society. Chief among these are the following implicit understandings and assumptions:

Ideal vs. Real

The public holds a set of aspirational models of the aging process structured by the ideals of self-sufficiency, staying active, participating in leisure activities, and building intimacy with family and friends. These *Ideal* models of adult aging are in stark contrast with a set of understandings that are used to reason about what the aging process *actually* entails. *This distinction between the <u>ideal</u> and the <u>real</u> is central in structuring the way that the public thinks about aging issues.* The public's dominant *Real* models of aging include shared understandings of aging as a process of deterioration, dependency, reduced potential, family dispersal and digital incompetence. These deep and negative shared understandings make the process of aging something to be dreaded and fought against, rather than embraced as a process that brings new opportunities and challenges for individuals and society.

Us vs. Them

The public's negative models of aging also result in the marginalization of older adults as a singular category of people — "old people" or "the elderly"— and facilitates a pattern of "us vs. them" thinking. This compartmentalization of older Americans as "other" contributes to a zero-sum logic, and a sense that any public policy initiatives made on behalf of older Americans will come at the expense of actions on behalf of "the rest of us."

Individualism

The public holds individuals largely responsible for solving their aging challenges, for example, by making "good" lifestyle choices to preserve their health, and engaging in "responsible" financial planning to guarantee retirement security. This focus on individual responsibility mutes attention to our shared responsibility as a nation to ensure that our older residents are well supported and experience well-being.

Inefficient Government

While people believe in, and support, the Social Security system, they think it has been mismanaged, is no longer sustainable, and will most likely not be there for future generations. This thinking is structured by a powerful, underlying American understanding of government as inefficient, ineffective and incapable of the management of collective resources.

Fatalism

The negative models of deterioration, dependency and disease, alongside the assumptions that individuals are largely responsible for their own welfare and that Social Security is doomed, create an overarching sense of fatalism that little can be done collectively to improve life in the United States for older residents.

Cognitive Holes

The public lacks an understanding that the country is growing older as a population, with consequences beyond the individual. This "cognitive hole" limits people's attention to the need for reforms that prioritize aging as a social issue and adapt our nation's infrastructure of supports and services for older Americans and their families. The public is also not attuned to the myriad of ways that social and economic conditions operating at the population level structure people's experiences of their older years in markedly divergent ways. Their inattention to these social determinants allows them to easily fall back on more individualized explanations for why some older Americans do not do well, and for private solutions to these purportedly private causes. The public also lacks an understanding of ageism, and of the prevalence of this discriminatory practice. This creates a lack of awareness of the degree to which ageism compromises the opportunities and wellness of older Americans. To the extent that ageism is not even seen as a problem, efforts to address this issue are likely to be either misunderstood, or dismissed entirely.

Gaps in Understanding

Comparing the expert points of emphasis and the public's cultural models reveals a set of notable gaps in understanding. These gaps represent key obstacles to the public's ability to access and apply expert perspectives in thinking about adult aging. These gaps represent key targets to be addressed by reframing strategies. Notable gaps include:

1. **Key Factors: *Ecological vs. Individualist.*** While experts recognize the role of contextual, social and systemic factors in shaping the process and experience of aging, the public sees individuals and their will and decisions as being responsible for determining the shape and outcomes of the life course.

2. **Attitude Towards Aging: *Embrace vs. Battle.*** Experts argue that the older years bring new opportunities and capacities for growth, contribution and self-expression, while the public sees the aging process as an obstacle to be overcome or an opponent to fight against.

3. **Implications of Increased Longevity: *Collective vs. Individual.*** Experts recognize the overall aging trend in the country and the need to take a policy-level approach to addressing it — for example, pointing out that longer work lives require changes in workplace structures. The public, on the other hand, has mixed understandings of demographic change and sees the implications of increased longevity at the individual or family level, assuming that issues around aging are an individual's or family's problem alone to solve.

4. **Opportunities: *A Need for Infrastructure vs. Already There.*** While experts focus on the need to strengthen opportunities for civic and social contributions, the public assumes that "Opportunities are out there if you'd only take them," and that older people can contribute easily and effectively in their

communities if they make the effort to seek out, and take advantage of, opportunities.

5. **Policy Implications:** *Broad vs. Absent.* While experts explain that successful adaptation to an aging society requires adjustments across the full spectrum of our national infrastructure, the public has largely not thought through the policy implications of our increased longevity and aging population.

6. **Social Security:** *Holistic and Viable vs. For Older Adults and Doomed.* Experts recognize that many categories of people benefit from Social Security, and understand that the system can, and must, be made sustainable. By contrast, the public is not attuned to the broader benefits of Social Security and thinks that the system has been mismanaged and is doomed.

7. **Ageism:** *Important Concern vs. Absent from Thinking.* While experts are attuned to the myriad ways that older Americans face discrimination in our society, the public is largely not attuned to this factor or to the need to address it via legal and other systemic means.

Central Communications Challenges

These gaps represent a set of challenges to efforts to elevate support for policies and practices that can better respond to the overall aging trend in our country, and productively leverage the contributions of older Americans while also helping meet their needs. Future reframing work will need to focus on addressing the following five challenges:

1. **Negative understanding of aging.** The negative modeling of the aging process as an obstacle to be overcome or an enemy to be vanquished prevents people from accessing and applying much of the expert story. These deep negative understandings block productive thinking about the policies and actions required to improve the well-being of older adults and increase their opportunities to contribute to society.

2. **Individualism.** The default to individualistic thinking about the aging process, and the multiple ways in which attribution of responsibility is automatically assigned to individuals, is a direct impediment to thinking about the importance of structural, systems and policy-level solutions on many aspects of the expert agenda.

3. **Lack of understanding of demographic changes.** The poor understanding of the larger demographic trend of aging in our population, and its broad and shared implications for our nation, prevents members of the public from seeing the urgency and opportunities that experts attribute to this issue.

4. **Absent Ageism.** A lack of attention to ageism keeps this issue off the public's radar, and impedes attempts to address patterns of discrimination across the full spectrum of our society.

5. **Fatalism.** Fatalism about our collective ability to engage in, and find solutions to, the challenges of an aging population depresses people's sense of efficacy which, in turn, decreases support for policies and solutions.

III. RESEARCH METHODS

Expert Interviews

To explore and distill expert messages on aging and older adults in America, FrameWorks researchers conducted 11 one-on-one, one-hour phone interviews with advocates, policy experts and researchers working on these issues. These interviews were conducted in August and September of 2014 and, with participants' permission, were recorded and subsequently transcribed for analysis. FrameWorks compiled the list of interviewees in collaboration with a panel of advisors representing the leaderships of major organizations in the field of aging. The final list was designed to reflect the diversity of disciplines and perspectives involved in work on aging and older adults.

Expert interviews consisted of a series of probing questions designed to capture expert understandings about the particular needs and characteristics of older adults, the role of older adults in American society, the aging process itself, and the implications of an aging society for our social, civic and political institutions. In each interview, the interviewer went through a series of prompts and hypothetical scenarios designed to challenge expert informants to explain their research, experience and perspectives; break down complicated relationships; and simplify concepts and findings from the field. Interviews were semi-structured in the sense that, in addition to preset questions, interviewers repeatedly asked for elaboration and clarification, and encouraged experts to expand upon those concepts that they identified as particularly important.

Analysis employed a basic grounded theory approach. Common themes were pulled from each interview and categorized, and negative cases were incorporated into the overall findings within each category, resulting in a refined set of themes that synthesized the substance of the interview data. The analysis of this set of interviews resulted in the distillation of the expert perspective on aging presented below.

Cultural Models Interviews

The cultural models findings presented below are based on 20 in-depth interviews conducted in four locations: Charleston, S.C., San Jose, Calif., Minneapolis, Minn., and Frederick, Md., in June and July 2014. Data gathered from these extended interviews were supplemented with an additional set of 30 10-minute interviews conducted on the street in Milwaukee, Wisc., Boston, Mass., Baltimore, Md., and Jacksonville, Fla., in September and October 2014.

Cultural models interviews — one-on-one, semi-structured interviews lasting two to two-and-a-half hours — allow researchers to capture the broad sets of assumptions, or "cultural models," that informants use to make sense and meaning of a concept or topic area. These interviews are designed to elicit ways of thinking and talking about issues — in this case, people's most "top of mind" and dominant ways of thinking about the aging process, the experience of being older in America, the capacities, contributions and needs of older people, the role that older Americans play in society, and the implications of an aging population. As the goal

of these interviews was to examine the cultural models that informants use to make sense of these issues, it was key to give them the freedom to follow topics in the directions they deemed relevant. Therefore, the researchers approached each interview with a set of areas to be covered, but left the order in which these topics were addressed largely to the informant. All interviews were recorded and transcribed with written consent from informants.

Recruiting a wide range of people, and facilitating talk about concepts introduced by both the interviewer and the interviewee, allows researchers to identify cultural models that represent shared patterns of thinking. Informants were recruited by a professional marketing firm and were selected to represent variation along the domains of ethnicity, gender, age, residential location (inner city, outer city and regional/rural areas up to three hours from city center), educational background (as a proxy for class), political views (as self-reported during the screening process), religious involvement and family situation (married, single, with children, without children, age of children). The sample included 12 women and eight men. Eight of the 20 informants self-identified as "white," seven as "black," four as "Hispanic" and one as "Asian." Ten informants described their political views as "Middle of the Road," six as "Liberal" and four as "Conservative." The mean age of the sample was 40 years old, with an age range from 21 to 64. Three informants were high school graduates, four had completed some college, eight were college graduates, and five had postgraduate education. Nine of the 20 informants were married, and eight were the parent of at least one child.

Although we are not concerned with the particular nuances or differences in the cultural models between different demographic groups at this level of the analysis (an inappropriate use of this method and its sampling frame), we recognize, and take up, this interest in subsequent research phases.

For the analysis of the set of interviews, FrameWorks' researchers adapted analytical techniques employed in cognitive and linguistic anthropology to examine how informants understand issues related to aging.[2] First, researchers identified common, standardized ways of talking across the sample to reveal organizational assumptions, relationships, logical steps and connections that were commonly made, but taken for granted, throughout an individual's talk and across the set of interviews. In short, the analysis concerns patterns discerned from both what was said (how things were related, explained and understood) as well as what was not said (assumptions and implied relationships). In many cases, analysis revealed conflicting models that people brought to bear on the same issue. In such cases, one of the conflicting ways of understanding was typically found to be dominant over the other.

Below, we first present the expert messages that comprise an untranslated expert account of aging and older adult life in the United States. This is followed by an analysis of the cultural models that members of the public bring to understanding these issues. We then compare these expert and public understandings and identify key overlaps and gaps, and conclude with a set of framing recommendations and areas of future research.

IV. RESEARCH FINDINGS

The Expert View

Below, we present a distillation of the themes that emerged from the analysis of expert interviews and our review of relevant materials.[3]

1. What is Aging?

- **Aging is normal, lifelong and cumulative.** Experts emphasized that aging is a normal process of human development that extends across the life span. They embedded discussions of aging in a life-course perspective that highlights the particular challenges and opportunities that characterize different life stages. In keeping with this perspective, experts emphasized that experiences are carried forward — such that the roots of well-being in older adulthood lie in the educational, economic and social contexts and experiences of childhood, young adulthood and middle age.

- **Aging is distinct from disease and decline.** Experts acknowledged that physical and cognitive changes are "part of our biological design," and a natural result of the aging process. As one expert put it, "You can't 'fix' aging." However, experts also emphasized that aging is *not* synonymous with disease or disability. With the right contextual and social supports, older adults can remain healthy and maintain high levels of independence and functioning — even while experiencing some of the natural changes in vision, hearing, mobility and muscle strength associated with aging.

2. What Characterizes Older Adults?

- **The number of older Americans is growing, and their longevity has increased.** Experts explained that adults age 60 and older are now the fastest-growing segment of the U.S. population. They noted, moreover, that this trend is not a temporary result of the aging of the baby boom generation, but a *permanent* and *unprecedented* shift in the demographic structure of our society. Experts highlighted the fact that Americans are leading longer lives than ever before. They explained that this increase in longevity has not resulted in an increase in the number of years of disability or poor health, but in an increase in the number of *productive* years of life. They argued that this "longevity dividend" represents an important opportunity for society.

- **Older adults are a highly heterogeneous group.** Experts resisted generalizations about older adults — choosing to emphasize instead the heterogeneity that exists among older adults with respect to health, financial situation and functional status. As one expert put it, "If you are an optimist you choose to see the healthy, very attractive 70-year old woman running in tennis shorts at the country club, and if you're a pessimist you tend to see the financially dependent, frail elderly woman living alone with five chronic illnesses — but both exist." In keeping with their focus on heterogeneity, experts also noted that it makes more sense to characterize older adults on the basis of functional status rather than on the basis of age. Finally, experts emphasized that disparities along the dimensions of income, gender, race/ethnicity and education exist for older adults, just as they do

for Americans of all ages.

- **Older adults have an enormous economic and social impact on the country.** Experts asserted that older adults have a powerful impact on our economy. They explained that older adults hold a disproportionately large share of the country's wealth — although they emphasized that this wealth is not evenly distributed across the elderly population — and that older adults, therefore, represent an enormous source of consumer spending and economic productivity. As one expert put it, "You are talking about 100 million people ... whose consumption drives this consumer economy in proportions far in excess of its share of the population." Experts also emphasized that older adults are an enormous source of social productivity. However, many of the ways in which older adults contribute are unrecognized — for example, by providing child care in multigenerational homes, mentoring in their communities, or serving as sources of economic support to children and grandchildren.

3. *What are the Policy Needs and Implications of an Aging Society?*

Experts repeatedly emphasized that our increased longevity has implications for *all sectors of society*, and argued that our public institutions and infrastructure have not kept pace with these changing demographic realities. They explained that successful adaptation to an aging society will require adjustments in, among other things: employment, health care, transportation, urban planning, housing and community development. One expert summed up this perspective by saying, "Our transportation system and our housing system and our communication system and our work culture and our retirement culture were just not designed to support an aging society. We need to reengineer those institutions if we are going to be able to have a productive, secure, cohesive society." Specifically, experts called for the following policy and infrastructural changes:

- **Strengthen opportunities for civic and social contributions.** Experts emphasized that our increased longevity has opened up opportunities for increased civic, social and economic contribution — ranging from mentoring and volunteerism to second careers and continuing education. A central challenge, then, is to design and implement policies that facilitate these contributions.

- **Rethink work and retirement.** Experts emphasized that older adults are increasingly working past the traditional age of retirement — some because they have to for economic survival, others because they want to keep contributing. They argued that, in order to accommodate this trend, workplaces should be restructured to allow people to work longer and with a greater degree of flexibility. In discussing the labor participation of older adults, experts asserted that — despite public and policymaker perceptions to the contrary — older adults do not "use up" jobs that might otherwise be occupied by younger workers. They noted that these accommodations should extend not just to older adults themselves, but to those in elder caregiving positions, as well.

- **Make public spending more efficient.** Experts acknowledged that an aging society has the potential to strain public resources, particularly programs like Social Security and Medicare. However, they also argued that, "We are wealthy enough for an aging population." Put another way, experts asserted that by using existing resources more efficiently, our country has the capacity to

accommodate the aging demographic shift and provide for the health care and retirement income security needs of older adults.

- **Address ageism.** Experts emphasized that institutional ageism constitutes a major barrier to older adults' full participation in society. As noted above, they explained that older Americans represent an enormous source of civic and economic contribution, but that ageist assumptions about their abilities impede the realization of these contributions.

- **Ensure retirement income security.** Experts largely rejected the notion that Social Security is "in crisis" or "doomed." Instead, they emphasized that Social Security represents "a framework on which to build." They noted that even though Social Security payments are directed primarily (although not exclusively) to older adults, the effects of this public system are, in fact, intergenerational, as Social Security reduces the burden on adult children to provide for their parents and, as a result, allows families to devote resources to younger members. Beyond Social Security, experts also spoke more broadly of the need to develop policy solutions that ensure income security for older Americans after they leave paid employment.

- **Build a well-prepared healthcare workforce and address the growing need for long-term care.** Experts emphasized that our increased longevity and aging population underscore the need to adjust our healthcare system and strengthen its workforce to meet the needs of older adults. They highlighted, in particular, the need to expand and improve geriatric training, and provide public insurance options for long-term care.

- **Support caregivers.** More than 40 million people in the United States provide unpaid care to family members and loved ones. Experts emphasized the need to provide better institutional and social supports for these caregivers. They argued, for example, that family caregivers should continue to earn Social Security credits during periods when they must leave the paid labor force to provide care for a family member. For those caregivers who are also juggling fulltime employment, workplaces should provide flexible work options, paid leave, and access to resources on eldercare (e.g., referrals to community resources, discounted home care in cases of emergency, etc.).

- **Invest in research.** In keeping with their emphasis on the pervasive effects of an aging population, experts emphasized the need to support research designed to better understand both the aging process, and the implications of an aging population for our society.

Untranslated Expert Story of Aging

What is Aging?

- *Normal and lifelong:* Aging is a normal process that extends across the lifespan.

- *Cumulative*: Educational, financial and social experiences and contexts of childhood and middle age predict well-being in older adulthood.

- *Distinct from disease and decline:* While physical and cognitive changes are a normative part of growing older, aging does not necessarily mean disability.

What characterizes older adults?

- A *growing population with increased and unprecedented longevity:* Older adults are living long and healthier lives, and their numbers are growing.

- *Highly heterogeneous:* There is <u>enormous variation</u> in health, functional ability and financial status. Disparities exist along the dimensions of income, gender, race/ethnicity and education.

- *Social and economic impact:* Older adults hold a disproportionately large share of our country's wealth, represent a enormous source of consumer spending and economic productivity, and contribute in myriad ways (eg., support to grandchildren, child care) to family and community life.

What are the policy needs and implications of an aging?

- *Public institutes and infrastructure:* Successful adaptation to an aging society will require adjustments in all sectors of public life (e.g., employment, retirement, health care, transportation, urban planning, housing, etc.).

- *Civic and social contributions:* Redesign social policies to facilitate the contributions of older adults and expand opportunities for lifelong learning and service.

- *Public spending:* Manage and spend resources more efficiently in order to provide for the health care and retirement income security of older adults.

- *Retirement security:* Ensure retirement income security for older adults (eg., by expanding and strengthening Social Security) and rethink workplace policies.

- *Healthcare workforce and long-term care:* Improve geriatric training for all healthcare workers to prepare them to meet the needs of aging population, and provide public insurance options for long-term care.

- *Caregiver support:* Provide better institutional, social and financial supports to family caregivers.

- *Research investment:* Invest in research to better understand the aging process and the economic, civic and social implications of an aging society.

- *Ageism:* Ageism, incorporated into policies, programs and practices, prevents older adults' full participation in society.

The Public View

Below, we present the dominant cultural models — shared assumptions and patterns of thinking — that guide and shape the American public's view of adult aging and older Americans. These models represent the conceptual constructs that are most powerful in orienting and organizing public thinking around this issue.

⌜ ⌝ *The **Ideal vs. Real** Cultural Model*

One of the most powerful shared understandings that emerged from our interviews was the underlying distinction that informants drew between the *ideal* of aging and the *reality* of this subject. Informants were able to talk quite positively about aging and older Americans, displaying shared understandings of successful aging as being about the maintenance of self-sufficiency and activeness. However, this idealized way of thinking about aging and older Americans was always tempered by the ever-present recognition that, in reality, aging is a deterministic process of deterioration and isolation. In short, our research shows that while Americans have, and are able to hold, an idealized picture of aging in their minds, this bubble is constantly and predictably perforated by what people see as a much more negative and inevitable process of deterioration.

While all informants oscillated between these "ideal" and "real" modes of thinking at points in their interviews, analysis showed clearly that it was the "real" aspect of this model that was more dominant in shaping people's thinking about aging, and all informants came to settle into negative and fatalistic views about the subject of aging. This deep way of modeling aging issues — as a positive ideal that is always thwarted by the reality of the issue — is of vital importance to those communicating about aging and older Americans. We discuss the implications of this model below, but first present a more detailed picture of the way in which the *Ideal vs. Real* cultural model works to structure people's thinking about aging and older Americans:

A. The Aging Ideal

This idealized part of the *Ideal vs. Real* cultural model was comprised of the following three shared understandings:

1. Staying Active and Maintaining Self-Sufficiency: The picture of successful aging (and well-being more generally) that dominates people's thinking is that of *activity* and, more importantly, *self-sufficiency*. When in the ideal mode of thinking, informants talked at length about aging as a process that should be characterized by building, sustaining and maintaining one's capacity for activity and ability to care for oneself, manage one's own affairs, and move with autonomy through the world. This represents a basic American understanding that well-being entails the ability to manage one's needs and functions without assistance from others.[4] This aspect of the *Ideal* image of aging can be seen in the following excerpts from informant discussions:

> **Researcher:** When you think about that picture of wellness, what do you see?
>
> **Informant:** That they're physically in good shape. They can still get around by themselves. They still have a good part of their independence left. They're able to just get up, enjoy life, go to their knitting club or the gym or things that really make them happy. I see a lot of grandchildren visits and different

book clubs and stuff that you weren't able to make time for while you were raising kids and were paying everything off. You just get to wake up and say "You know, today I'm going to spend all day at the beach," or "Today, I'm going to spend all day hanging out with my cats." That's my picture of a good retirement and getting older — just being able to enjoy life and still having the mental and physical capacity to actually go out and do it.

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Informant: I know three seniors — couples that are at my church — they still have their own home. They still own their own home. They still drive their own cars. One couple — I know for a fact that their daughter pays for them to have a maid. So, she comes in and she takes care of their home, but they still live there. They're taking care of themselves. They're in the "Happy Seniors" club at our church, and they're doing positive things. They walk every week around the lake. They are very active.

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Informant: It's [aging] about keeping yourself socially active, as well. Fundraising, maybe, or recreational sports — things that keep your mind and your body healthy, so that when you do become 80 or 70, you're still feeling good, still have energy.

2. Earning Leisure: Another part of the *Ideal* image of aging was the understanding that informants shared about life's older years representing a time of freedom and relaxation after individuals have realized their primary responsibilities and labors in employment, raising children, paying mortgages, and the like. The older years were understood as the time in life when individuals should be free to travel, enjoy grandchildren and relationships, and engage in pursuits not afforded during middle age years.

Informant: So, you're [someone who is aging] transitioning to, "I just want to kick it with my spouse, and do a little bit of traveling," and you guys are starting to maybe wind down and retire from work.

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Informant: Hopefully you're married to the love of your life … you have good communication with your family. And you're able to do what you want at your own leisure. If I wanted to travel but couldn't because of work — well, now I'm able to … If I try to go and see the kids during the week, and they're 400 miles away, now I can because I don't have the responsibilities of work anymore. I put my time in and now I can just relax, and hopefully do whatever makes me happy for the rest of my life. And I guess, that's the goal, that's hopefully what's at the other end of the time.

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Informant: I think the picture of older and doing well is that you're still active. You're still able to be out doing things, taking vacations, going and seeing the world. That's kind of what I feel like you've earned if you make it to retirement. I think that you kind of earned it — you worked really hard your whole life, and you've earned the privilege of being able to kind of do some of the world traveling.

3. Accumulating Wisdom: Among the most frequently expressed part of the *Ideal* concept of the aging process was the association between age and wisdom. According to this part of the *Ideal* model, practical knowledge and wisdom accumulate through life experiences. At one point or another in all of the interviews, informants explained that, through experiences and mistakes, older people gain a wiser perspective on life and how the world works — wisdom that ideally can be shared with others.

Informant: It's [the process of getting older] just imparting their wisdom onto us. I think that's really important, because they have made more mistakes. When older people give me advice, it feels like they really are giving me advice because they care about me, and they want me, as a younger person, to not make the same mistakes that they did, and from an evolutionary perspective, it makes sense. If you want to keep going on, you want the younger generation to be smarter and better. And I think people write that off and don't listen to older people enough.

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Informant: I think that you have a lot more capacity to say, "This happened, but it's not the end of the world. I'll get through it," versus when you were younger, you would have thought, "Oh, my life is over. This is horrible." So, I think you get a lot more wisdom for dealing with life in general and maybe tragedies that might come along. By the time you get older, you're saying "Oh, I've been through this five times — this tragedy, that terrorism attack," and you have some kind of frame of reference that you don't have when you're younger.

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Informant: The old adage is "Learn from your elders." So, these people have already been through all this crap, already know ways around it, already know how to finagle stuff, and to get to the next point and that's beneficial for everybody. I think everything comes full circle. We're going through stuff now that 40 or 50 years ago our elders went through. It's not exactly the same, but similar scenarios and it's always a vicious cycle. So, as long as there are elders to sit there and be like, "Oh, this is what happened. This is what we did …"

B. Modeling the Reality of Aging

The rosy ideals that informants had about what aging should look like were juxtaposed with a consistent sense that the *reality* of this process and stage in life is typically very different from the ideal. In the end, despite having the ability to think positively about aging, informant talk suggested a more fatalistic understanding that, for most people, the ideal remains lofty and out of reach. We refer to these understandings as the "real" model of aging not to suggest that they reflect factually correct or objective views, but because they capture informants' *perceived* realities.

1. Deterioration and Loss of Control: By far the most dominant part of people's thinking about the reality of aging was the association between aging and decline and deterioration. A large percentage of informants' discussion focused, in various ways, on the idea that as a person enters his or her older years, the attributes and capacities of the body and mind fade away. This idea was often associated with a strong sense of inevitability — that the deterioration of these functions is an inherent feature of the aging process. The language of "loss," "slowing down" and "breaking down" dominated informants' talk about aging.

Informant: You can try to slow it [aging] down with medicine. You can try to slow it down with surgeries, but inevitably, you're going to age, and the saying is, "You are dying since the day you are born." It's true. You're born, and then every day, you're closer to dying.

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Researcher: What are some other things that happen as we age?

Informant: Your physical attributes — you lose those. You lose your mental attributes as you get older. If you work out, you stay in shape, you eat healthy, you still have those to a certain point, but you're still going to lose them at some point, same with your mental attributes. That happens from anywhere between being able to walk, to being able to see, hear. As your age gets up there on this planet, you lose those attributes. You might not lose them all, but you lose certain aspects of them. You lose a percentage of them. Again, mentally and physically — mentally remembering things, being able to speak properly, being able to comprehend properly. As we say, that's just getting old.

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Informant: Our bodies are breaking down, and they're not as physically strong as they once were. From a biological standpoint, it seems as though our bodies are in their prime between 16 and — I don't know — 45 years old. And anywhere outside of that, your body is deteriorating.

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Informant: You're on the downhill slope. That's just the fact of life. You can only do so much.

In light of this dominant focus on decline and deterioration, there was also a strong emphasis on the increased need for health care that accompanies the aging process and on the difficulties of meeting healthcare needs.

Researcher: What do you think are the biggest challenges to growing older in this country?

Informant: I would say it's probably health care. I feel like they have a lot of hurdles they have to jump through. You get older, and things just start breaking down. You really need health care to be there for you.

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Informant: That's another big factor about the elderly — getting the meds that they need, because as you age, your body changes, depending on if you have taken care of yourself or if you get gangrene in your leg from not taking care of yourself. There're all these different issues that people have that have different needs. I think accessibility to medication is huge for the elderly.

2. A Reversal of Dependency: The challenge faced by children as their parents lose their independence was prominent in many people's thinking. It was recognized as a major challenge — and often a source of substantial stress — for many adult children who confront either caring for their older parents themselves or figuring out how to pay for that care.

Informant: She [an older acquaintance] was thinking about selling her cars. Her kids were like, "No, Mom, don't sell the cars! We'll just …" — but just the fact that she now is moving in with her daughter, you know, goes back to what I said in the beginning. Some seniors end up living with their kids, you know. A lot of it was because — it was the health. Her husband's health declined. She couldn't afford to keep up the house and travel back and forth. So, if she sells the house, now that she's sold the house, now she's homeless, and now she's living with her daughter. So, the stressor was the health. Then, everything else came down after that.

Informant: It seems like, from what I see, that money is just, like a detour, at times, for some people,

where you're doing well one day, and then you may have a big hiccup. The next thing you know, your health is declining because you're worried about this. So now, you're having a stroke, or maybe you got heart disease. Then that takes a toll, and then you're losing more. Now, maybe you're — at this point, you've lost your job, your house, and now you're home with your kids.

This reversal of dependency raises complicated, and often anxious, questions of responsibility for people. Most believe that children have a responsibility to ensure that their parents have basic care and comfort during their older years, and there is a recognition that often, at the end of the day, family members may be the only ones who will step up to provide necessary care. Yet, at the same time, people are uncomfortable asserting that children are *obligated* to provide full care, if necessary. Cognitively, the ideal of caring for older parents becomes counterpoised to a model of independence and freedom for adult children to live their own lives, resulting in a tangible sense of ambivalence for many.

> **Informant:** I know this: As families, we would do whatever — if our elders came to a circumstance where the housing — if my parents needed to come live with me, I'd have no problem with that. I don't think anybody in America would have — I mean, if they have the means to do it, they wouldn't have a problem. That goes back to assisted living and nursing homes. That's a monetary issue also, whether it's through health insurance or a specific type of insurance, the family has the ability to do it. That's an option, which that's why I say the perception's there that we take care of our elder, to an extent. I guess I have to say "to an extent," but I don't really think that that's … I don't think it's that … it's an issue.
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> **Informant:** Some families see older people, as long as they're healthy and they can take care of themselves, their house, and everything; "Oh that's great. Welcome to my family." But as soon as they need your help, this is maybe too scary or easier for them just to stay in a nursing home or, you know, assisted living.

3. The Die Is Cast: In addition to the focus on deterioration and loss of control, determinism was another strong component of people's *Real* model of aging. When engaged in thinking about the realities of aging, informants frequently characterized the aging process as one in which identity, knowledge, skills, success and other aspects of life become increasingly "fixed": Doors of opportunity that were once open are now closed, and one's capacity to change courses in life is reduced, if not completely eliminated.

> **Informant:** When you hit 60s, your life's not over, but whether or not you're successful or not has already been established. I don't see too many 60-year-olds that can go out and start making a name for themselves if they haven't already. Your 60s is when you can have pets, like a dog or a cat, and be home, and your life's established, and you are what you're going to be.
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> **Informant:** At this [older] age, you can't do whatever you want. There are limitations to what you can do. If you're not good at math, you're never going to be.
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> **Informant:** I feel like your mind's open for growth, but then once you get to adulthood, and you have your own children, I feel like then the growth is not as aggressive as it was prior.

Researcher: So, like, your brain's open for growth, and then, at some point, it starts to —?

Informant: Kind of just stagnate. It just goes stagnant … and then, you are who you are. It grows, grows, grows, then you get to where — and I think it probably happens in your 30s and 40s, where you're kind of — that is probably who you're going to be, you know?

4. Digital Incompetency: Again and again, interviewees described how older Americans struggle to keep up to date with rapid changes in digital technology, and how this affects their employment prospects, family life, and ability to access resources and services. This preoccupation is consistent with earlier FrameWorks research on demographic change in the United States.[5] People believe that older Americans generally lack fundamental competencies in using and deploying digital technologies, which contributes to a sense of older Americans as living outside of the main currents of contemporary society (see more below on this).

Informant: We're becoming more technological as a nation. But if we have older people that may not be so savvy with it, there might be some implications there. They can't participate in society and in certain activities because they're not familiar with technology.
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Informant: It's also probably why a lot of people are retiring earlier — because they can't keep up with technology. Not just computers or scanners, or projectors, or having a web conference at my work, and having a little trouble with that. We can pick it up really quick because we're used to it. They're forced out because they can't keep up with us younger folks [CHUCKLE] and our technology.

Implications:

- *Ideal vs. Real* **thinking creates fatalism and anxiety about the aging process.** The *Ideal vs. Real* model sets up a deep contrast in people's thinking between what aging should look like and what old age entails in reality. The public's focus on deterioration, in particular, suggests that people's ideal images of aging are fundamentally unachievable and unrealistic, and that most older Americans will not achieve the ideals of independence, activeness and leisure. This pattern results in a dominant negative modeling of the aging process itself, and a tangible sense of anxiety about that process. Ironically, people's fatalism and anxiety about the aging process also mute their ability to think about efforts and interventions to improve the experience of adult aging, especially at the population and policy levels. Assuming that deterioration is inevitable, people are less able to think productively about solutions and the pragmatic actions that could be taken to improve life for older adults, and society more generally. When the "real" wins the *Ideal vs. Real* duel in people's minds, aging is understood as an inherently negative process about which little can be done. The sense of an ideal that will never be achieved serves only to further cement the already deep sense of fatalism that characterizes public thinking on aging.

- **The ideal of self-sufficiency aligns with problematic individualist models.** While the ideals of self-sufficiency, activeness and leisure for older adults are both positive and in concert with the expert narrative, these themes also align with more problematic cultural models that structure people's thinking — in particular, the idea that individuals alone are responsible for determining their quality of life and outcomes. As will be discussed further below, ideas of "self-makingness" and individual responsibility mute attention to broader population-level aging trends, and to the importance of using *public policy* (rather than better individual choice) to adapt our national infrastructure in light of these trends. This

suggests that strategies that rely on cuing the public's *Ideal* models of aging must be handled delicately to avoid diverting attention away from policy-level action around these issues. In short, simply activating ideal conceptions of aging is not a complete or effective strategy for increasing public support for better aging policy.

- **Determinism mutes attention to complexity and contingency.** The public's models of fixedness (*"the die is cast"*) are strongly deterministic, premised in naturalistic assumptions of decline and rigidity. What is missing from these ways of thinking is a more complex causal understanding of the aging process, and how it is contingent on multiple factors operating at both the personal and population levels. To the extent that these simpler models satisfy people as causal explanations, they inhibit their ability to think about what shapes the aging process and what must be done to better address aging issues.

The **Individualism** *Cultural Model*

Across a broad spectrum of research topics, from child development to race and obesity, FrameWorks' research has shown that Americans rely on a foundational cultural model of *Individualism* to explain why people experience the lives that they do. Thinking through this cultural model, people attribute to each person an essential quality of "self-makingness," and hold each person accountable for his or her circumstances, achievements and difficulties.[6] Data from interviews on aging clearly showed that this foundational individualist model is also powerful in structuring the way that people think about aging and older Americans. As a deep pattern of understanding, this individualism manifested itself in three dominant ways across our interview data.

1. Mind Over Matter: Applied to aging, the *Individualist* model structures the idea that "You're only as old as you feel," and that a person's experience of aging is determined by attitude, willpower and choices. This "mind over matter" understanding asserts a high level of personal control over the aging process, and is used to explain individual variation in the aging process and its outcomes.

> **Informant:** I believe that whatever age you *think* you are, that's the age you're going to feel. Whatever age you feel, that's the age you're going to think about, and it does include your body.
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> **Informant:** For me personally, I feel as young as I want to feel. I can't do the things I could do 15, 20 years ago, but it doesn't affect the way I feel. I feel like I'm still in my 30s. It's not affecting me as it does other people. I look at life as a mindset — it's mind over matter.
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> **Informant:** My grandma's 82, and she acts like she's 60. So, when I hit 60, I'm expecting to be — to look younger than what my age is going to be. I'm trying to stay active, healthy — eat healthy and do that kind of stuff.

2. Health Individualism: The application of the *Individualism* model can also be seen in the way that informants talked about health — a dominant theme throughout the interview data. It was clear that, in their discussions of health, informants applied the *Individualism* model to hold individuals responsible for their

lifestyle decisions, and saw these choices — about diet and exercise in particular — as the primary factors shaping a person's health and well-being in the older years.

> **Informant:** I think lifestyle is the biggest factor in how well you age. By that, I mean healthy eating, exercising, and stuff like that.
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> **Informant:** I believe in taking care of yourself and eating right and eating healthy and eating clean, so as you age, you're going to be in the best shape you can be. That's my philosophy. That's not everyone's philosophy. You can usually tell an older person who has not taken care of themselves, just by looking at them.
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> **Informant:** I think there's a lot of stuff you can do when you're younger — if you eat right and exercise and plan and try to stay healthy, I think that will carry over. You'll have the habits of eating your fruits and vegetables, and having your checkups at the doctor, instead of getting to that age, and you haven't been to the doctor in 30 years. Then you're going say, "I don't want to go, because I don't want to know what they're going to tell me."

It is worth noting that there was very little talk about genetics as a determinant of people's health during their older years. This comes in stark contrast to what FrameWorks has found in its research on children, where a strong sense of genetic determinism is often invoked to explain differences in children's well-being.[7] In the case of people's thinking about adult aging, the lack of focus on genetics evidences the strength of the *Individualism* model in structuring thinking about this stage of life, and the ability of this model to mute attention to other factors that shape outcomes. Consistent with FrameWorks' research on child well-being, social determinants of health were rarely, if ever, evident in informants' thinking.

3. Wealth Individualism: As in discussions of health, the *Individualism* model dominated the way that informants thought about another frequent topic that informants brought up during the interviews — wealth. Drawing on this model, informants held individuals responsible for the quality of their financial lives and income security. Informants explained, as the excerpts below show, that people need to assert control over their financial life, make smart decisions, and plan ahead for their older years. Such planning and decisions, informants explained, are a key factor in shaping the results of the aging process and the well-being of older Americans.

> **Informant:** It depends on how you plan your financial future. Some people have a plan, and some people don't have a plan. We all have choices. We have these choices and this is what we're doing every day.
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> **Informant:** I think you need to make sure that you figure out how to provide for yourself through financial planning. You have to know that saving 20 bucks here or there is not going to be enough to make it so that you're good to go then. You have to be financially stable and make sacrifices today because you never know what's going to happen in the future.

Implications:

- **The *Individualism* model blocks consideration of the importance of systemic factors and impedes support for policy interventions.** By attributing responsibility exclusively to older Americans as individuals, this model directs attention away from the idea of a larger public and collective responsibility to adapt public infrastructure in support of older Americans. While individual responsibility is certainly part of understanding aging and outcomes for older Americans, the application of this powerful cultural model makes it the *only* factor that people are able to recognize, such that other important determinants of well-being fall out of mind and become difficult to consider as important. From a communications perspective, this *Individualism* model — and the ways in which it shapes thinking about health, wealth and responsibility — represents a fundamental challenge to those communicating about aging as a public policy issue. As long as solutions are thought of as located in the domain of personal choice and behavior, efforts to lift support for collective and public solutions will struggle.

⌜ ⌝ The **Us vs. Them** *Cultural Model*

Many of the public's negative models of aging contribute to a way of thinking about older people as a separate and singular class — people who have lives and concerns that are set apart from "the rest of us." The models of deterioration, stagnation and incompetence described above all conspire to set up a sense of older people as "other" — an object of concern, pity or worry.

> **Informant:** I can tell you this: Before my grandpa died, he couldn't use a cellphone even though it was a simple flip phone. That was too much for him. The computer and everything is too much for my grandmother. She's just not learning. She had to go to a computer class for that. Technology for seniors is hard. I notice that they're just not understanding, like, "Why do we have to use all of this to talk to one another? Why can't we just pick up a phone?" And, my grandmother will not text you back. She has that feature, but she just doesn't use it, because she's, like, "I don't get it, and I'm not doing it." So, for us, it's — you either call me, or you come by.
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> **Informant:** Especially with how our society is portraying, you know, youth is energy; youth is successful — there's not really any positive message for the older community. There's kind of like, "Oh, hey you're retired," that's it. So, I feel like the elderly, or the older generation, have to kind of try and keep up with the times and try and stay relevant, stay important.

This underlying pattern of compartmentalizing older people is also evident in people's rhetorical stance vis-à-vis the aging process itself, particular through the language of *battling* or *working against* that process. In this way, the prototype of the older person becomes the identity you must fight against, and, therefore, the enemy that is working against you.

> **Informant:** I can see myself getting old — yeah, that's definitely going to be one of my biggest things that I'm going to fight against.
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> **Informant:** When you start getting to your 50s, you start feeling aches and pains. You're not a young, spry, healthy — I don't want to say "healthy." You have to work at looking good, and you have to work at taking care of your body, and you have to — whatever you put into your body is what you're going to see. You have to really work at presenting yourself well, I think, as you age.
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> **Researcher:** When I say "aging" or "the process of getting older," what pops into your mind, like, right off the bat?
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> **Informant:** Uh, trying to stay young.

Both the language of "us" and "them," and that of "fighting" and "working" against aging, suggest the extent to which a powerful model of separation and resistance structures many people's thinking about the process of growing older.

Implications:

- **The *Us vs. Them* model contributes to the idea of separate fates for older Americans and structures zero-sum thinking.** Separating older Americans off as "other" opens a space for thinking, at best, about the concerns and needs of older Americans as somehow distinct from those of the rest of us. At worst, this can contribute to zero-sum thinking wherein policy discussions around aging become characterized as fights for limited resources in which more for "them" means less for "us." The application of this model makes it difficult to see aging as a *public* issue. This "othering" of older people suggests a central communications challenge — to position older Americans as connected to others, as central agents in our society and as co-creators of our shared fate as a nation.

⌜⌝ The ***Modern Life is Hard*** *Cultural Model*

FrameWorks' public informants spoke frequently to the various ways in which life has become more difficult for older Americans during the past several decades. This talk was often contrasted to a time in the past when social, family and economic conditions were more conducive to living well during one's older years. People's talk was frequently accompanied by an underlying tone of *de facto* resignation, as if each of these trends in contemporary American life were a *fait accompli*, and all we can all do is make the best of them. This model of modern life as inherently more complicated and difficult than in previous generations was evident throughout the interview data, but is particularly visible in structuring the following three themes.

1. Dispersed Family: Informants talked at length about changes over time in family structure — particularly around ideas of changing patterns of geographic mobility and relocation. There was a dominant and shared understanding that families today are more dispersed than in the past, and that this is a challenge especially for older family members, who are seen as needing special support. This trend was judged to be an unfortunate, but inevitable, part of a changing culture and society.

> **Informant:** Growing old in America isn't the greatest thing. When you're older, if you don't have family, it's just you and your friends, or it's you in a nursing home. It's going to be very painful, very stressful — not that it's not healthy, but having family around is one of the greatest things in the world. When you're

at that age, and you don't have family readily available, it can weigh heavily on you, because medically, if something happens, just having family around to be able to talk to and being able to see and say, "Hey, we're coming by. We'll be there in 15 or 20 minutes." It's not like that anymore. I'm sure that weighs on the older population, because family is not as close as it used to be, physically, and I'm sure that weighs on them.

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Informant: I think with the way mobility is, families are just more spread out. Because sometimes you have to go where the job is or where your partner's job is.

2. Economic and Employment Challenges: Informants also shared a sense that the economic landscape in the United States has changed for the worse over the past several decades, and that the financial challenges of growing older are more acute now than in the past. This sense of change is particularly evident around the topic of retirement and employment, as people believe that, now more than ever, people have to work longer because of financial hardship.

> **Informant:** We have a lot of factors to worry about [when we think about retirement]. We have to worry about the economy, we have to worry about education, we have to worry about Social Security, we have to worry about … You can't retire when you're 60 now. You can't retire when you're 50. You have to retire when you're close to 70. I still know people who are 70-something who are still working. They should have been retired. But now you have to worry about all these factors — and you've got to worry about debt.
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> **Informant:** I do think there's a good chunk of the population that has to work at a later age because of circumstances. Our society, as of late, has economic reasons because of financial burdens. They brought their kids back into the house in their 30s and 40s just because of what has happened. They've had to provide for them at that later age, when that money should have been going to their retirement. So, because of how things are now, they're working.
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> **Researcher:** What shapes the lives of older people in this country?
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> **Informant:** I think, right now, due the recession, they are working longer than they expected to or they feel like they still have to have to have a part-time job. I think, in the last five or six years, there have been a lot of older people saying, "Oh, I was going to retire this year, but the stock market crashed. This crashed. I don't have as much money as I did. There goes that plan." So, I think, for a lot people, that changed their whole plan and outlook for what their retirement and older years would be like, or I think maybe a lot of them these days are living in a multigenerational household. Maybe they moved back in with their sons or daughters or some other family member, because a lot of the kids are struggling too. Everyone's struggling.

3. Social Security Is Doomed: Social Security looms large in people's thinking about the older years. It is thought of as a necessary system that is critical to most people's financial standing during their older years, and all informants voiced support for the program and its value in supporting older Americans. Yet, the dominant assumption among the public is that the system, because of financial mismanagement, is doomed

and will not be there for future generations.

> **Informant:** It [Social Security] might not be there when I get older.
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> **Researcher:** Why would that be?
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> **Informant:** Because the government messed up with the money. Too many people are living longer. They didn't expect that. So, it might not be there for me. If it is going to be there for me, it's going to be smaller. So, I probably do have to get a job. I have to retire later than expected.
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> **Informant:** I know the government has actually borrowed money or taken money out of these funds to pay for other funds, or, in their infinite wisdom in the programs they have, they didn't set aside money to go to Social Security. It went to other programs. Even though the money has been taken out, it still wasn't going to that program. So, the money that people think should be in there for retirement isn't going to be there in 20, 30 years — I don't even know if it's that long.
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> **Informant:** I don't know enough about Social Security to delve too deep in it other than that I keep hearing that I'll probably never be able to retire because it'll be gone by the time I'm old, and that saddens me, because I'm paying into it every year. Every time I get a paycheck, I pay into it, and I'm sad to think I'll never see it.

It is worth noting that this lack of faith in the viability of Social Security is strengthened by a broader and deeper cultural model that dismisses the functions and efficacy of government in general. This pejorative model of government as a monolithic, inept and corrupt "other" is easily cued in people's thinking, and functions to depress both faith in, and support for, public efforts to address social challenges.[8] Moreover, the idea of budgeting for social programs as discrete, contemporary and isolated reflects Americans' broader challenges in thinking about fiscal policy.[9] Finally, it should also be noted that the public is largely working with a very narrow understanding of Social Security as retirement benefits for older Americans. The fact that the Administration also provides benefits to children and people with disabilities, for example, does not enter into how most people understand the system of Social Security.

Implications:

- **The *Modern Life is Hard* model strengthens people's fatalism.** When the public enters into thinking that things are falling apart, and we are moving away from a past in which families were more connected, the economy was strong and Social Security was dependable, it is easy to fall back into the *Ideal vs. Real* pattern of understanding, and to get caught up in the fatalistic perspective that results. FrameWorks' research has found that nostalgia characterizes public thinking on a number of social issues, from education to immigration and child development to criminal justice.[10] On all of these issues, the powerful sense that things used to be better — and are getting worse fast — disengages people from solutions-thinking as the inevitability of this perceived decline discourages people from thinking that there is anything meaningful that can be done to improve the situation.

- **The nostalgia feature of the *Modern Life is Hard* model mutes attention to innovative solutions.** Alongside an overall sense of fatalism about modern life, people's attraction to how things worked better in the past makes it more difficult to engage with the prospect of innovative solutions to contemporary challenges. In short, looking in the rear-view mirror makes it less likely that people will be looking ahead to new solutions and policies.

Solutions Thinking

The range of models and assumptions identified above structures people's thinking about solutions — about how best to improve life for older Americans — in three dominant ways.

Solution No. 1: Greater Individual Effort and Planning.

Considering the dominance of the *Individualism* model, it should come as no surprise that individual effort is thought of as *the* key to helping more people realize an idealized experience in their older years. As seen above, this focus on individual effort was frequently articulated through the use of metaphors, in particular those of *battling* or *working against* the aging process itself. Whether framed in terms of labor or combat, aging is an opponent or obstacle that must be confronted by individuals with determination and discipline. With either metaphor, the solution to the "problem" of aging lies with individuals, and their application of effort.

Solution No. 2: More Information and Education.

In a related way, the *Individualism* model structures a second solution that informants were able to offer and discuss. There was extensive discussion about the power of adult education, and the idea that older adults need to be made more aware — or, better yet, make themselves more aware — about the kinds of opportunities and services that are already "out there" for them. The underlying assumption is that the infrastructure to improve life for older Americans and meet their needs already exists. The problem lies in a lack of awareness of these services and effort to access them. Both the individual and the information models attest to a consumerist approach to solutions, i.e., people are responsible for choosing the best product they can afford to suit their situation, and all consequences result from the quality of their choices.

> **Informant:** These opportunities are out there. These services are out there for you, so you can take advantage with everybody else.

Solution No. 3: Nothing Can Be Done.

Structured by negative models of the aging process, perhaps the most common way of thinking about ways to improve well-being for older adults was the idea that there is really nothing that can be done in the face of the inevitable decline of the body and society. Even while informants explained that individuals can battle against the aging process, they ultimately fell back on the idea that life on many fronts will become increasingly difficult for older Americans, and that there is very little that can be done about it.

> **Informant:** There's not a lot we can do. We can't change their lives. We can't change what they did when they were younger. We can't cure them of any disease. It's a depressing thing. So, I think that's why society tries to look away from it — the same reason why people might not want to think about

how badly some countries in the world are doing — they might not want to think about tragedy all the time. It's depressing.

Implications:

- **The *Individual Effort* solution mutes attention to a whole array of systemic and policy factors.** By attributing responsibility to older Americans as individuals, this way of thinking directs attention away from the idea of a larger public and collective responsibility to adapt our public infrastructure in support of older Americans in our society and nation. From a communications perspective, this *Individual Effort* way of thinking represents a fundamental challenge that must be addressed as we move forward with reframing research.

- **The *More Education* solution reinforces both individualism and a lack of attention to systemic factors.** The idea that older Americans simply need to be more aware of the opportunities that are already out there for them suggests that a necessary and sufficient aging infrastructure already exists, and that it's up to individuals to make informed choices and access it for themselves. In both ways, it shifts attention away from the need to adapt, transform and bolster our national infrastructure on behalf of older people, and away from those efforts as a matter of collective and public responsibility.

- **The *Nothing Can Be Done* perspective keeps people from engaging solutions.** At a very basic level, this fatalism contributes to a lack of engagement with efforts to productively address the aging of the American population. Structured by the *Real* model of aging, this way of thinking leads to the view that little can be done to counter the inevitable decline of adult aging. Furthermore, it asserts that we lack the collective will and ability to strengthen existing systems, like Social Security, on behalf of older people, or to develop new and innovative systems that support older well-being in general. In concert with *Individual Effort* thinking, it pulls people's thinking away from productively engaging with public solutions to a shared, population-level challenge.

Cognitive Holes

People's thinking about solutions is also fundamentally structured by what they are *not* thinking about around the topic of adult aging in the United States. In particular, three topics that are of heightened concern to experts were simply not evident in how informants thought and talked about the topic. These "cognitive holes" represent areas in public thinking and discourse that are largely "un-modeled," and suggest areas where the public needs help filling in missing knowledge in order to engage more productively with the topic at hand. On the topic of aging, three cognitive holes loom large:

Cognitive Hole No. 1: A Demographic Trend.

As described above, experts are highly attuned to the fact that the U.S. population is aging, and that in the next few decades an unprecedented percentage of the country's population will be old. It is estimated that, by the year 2030, almost 20 percent of the population will be over the age of 65 — twice the percentage from the year 2000.[11] In contrast, public thinking about solutions is largely *not* structured by an engagement with the overall aging trend in the United States. This is consistent with our earlier research on demographic change in America, which found that members of the public were about evenly split as to whether they thought the

country was getting older or younger as a population.[12] The result is that there is little awareness that the country needs to be proactive in adapting its public and private systems to accommodate this increasingly older population.

Cognitive Hole No. 2: Social Determinants.

In parallel with informants' emphasis on private decision-making and planning was a notable absence of attention to social determinants and the ways that differential access to quality education, employment opportunities and other social and economic factors shape life for older Americans as individuals and populations. In general, factors of race, gender, residential location or immigration status did not feature in people's talk unless asked directly about them by a FrameWorks researcher. And, as seen above, while a person's financial standing did feature prominently in people's talk, it was largely framed in terms of personal financial planning, not relative to more systemic and structural factors that shape wage, employment and housing opportunities for many older Americans.

Cognitive Hole No. 3: Ageism.

Across the full breadth of our interviews with members of the public, the topic of discrimination against older people did not emerge as a topic. The reality that many older Americans find themselves consistently marginalized from participation and opportunities — in employment, civic life, recreational activities, housing, commerce and other arenas — is simply not part of the public's thinking about aging and older Americans.

Implications:

All three "cognitive holes" diminish the salience of the issue and individualize the problem. The fact that many Americans are not aware that our population is aging lowers the salience of the topic of aging overall, and sets people up to think about aging as a personal and family issue rather than as a shared national challenge. The lack of attention to social determinants likewise individualizes the topic and what should be done around it. In a similar way, to the extent the public doesn't see discrimination against older people as a problem, it is inattentive to the need for a policy-level effort to address that discrimination in a comprehensive and systemic way. In this case, the lack of a strong model of ageism means the public doesn't even see a problem for which a solution is necessary.

V. MAPPING THE GAPS AND OVERLAPS IN UNDERSTANDING

The goals of this analysis have been to: (1) document the way experts talk about and explain aging and older adulthood in the United States; (2) establish the ways that the American public understands this same issue; and (3) compare and "map" these explanations and understandings to reveal the gaps and overlaps between the perspectives of these two groups. We now turn to this third task.

While there are some important overlaps between expert and public understandings, analysis showed that many of those overlaps are at the surface level only, and are encompassed by much larger underlying gaps between expert knowledge and public assumptions. For that reason, this section of the report folds its discussion of overlaps into a deeper and broader discussion of gaps.

Gaps

1. Key Factors: *Ecological vs. Individualist.* Both experts and members of the public recognize that events and experiences during youth and middle age shape the experiences of older adults. Beyond this surface overlap, however, there is a substantial gap. On one side, experts are attuned to a range of contextual, social and systemic factors that shape the life course, and emphasize how those factors have compounding effects on people's lives. By contrast, the public employs a much more individualized model of the life course that is grounded in a foundational model of *Individualism*, wherein individuals uniquely shape and determine their fates. Of course, members of the public are not wrong in recognizing that individual choices made earlier shape outcomes in older years, but their narrow focus on individual agency mutes attention to the full spectrum of factors and supports that shape people's lives.

2. Physical Changes: *Normative vs. Negative.* Both experts and the public recognize that the aging process presents challenges. This basic overlap is, however, quickly subsumed in a larger gap between a more normative expert model of biological change, wherein many older adults manage aging in a healthy and vibrant way, and the public's negative and more deterministic understandings of deterioration and disability.

3. Attitude Towards Aging: *Embrace vs. Battle.* In a related vein, experts and the public bring very different attitudes to the aging process. While experts recognize that physical and cognitive challenges accompany the aging process for most adults, they also recognize that the older years bring new opportunities and capacities for growth, contribution and self-expression. Meanwhile, the public sees the aging process as something to be confronted — an obstacle to be overcome or an opponent to be battled.

4. Implications of Increased Longevity: *Collective vs. Individual.* Both experts and the public recognize increased longevity, yet while experts talk about a "longevity dividend," and recognize that the country's public and private institutions require updating to account for these population-level changes, the public thinks about it largely in terms of individual life courses, and is not attuned to the larger, population-level demographic trends. In fact, as many members of the public think the country is getting younger as older. Because of this, the public is not thinking about longevity in policy and infrastructure terms, or about the

opportunities that a more mature population affords a society.

5. Older Clout: *Acknowledged vs. Ignored.* Experts assert that older Americans — numbering over 100 million — have a vast economic, social and political impact on the nation. The public is not attuned to this power and import. The sense of deterioration, and the assumption that older Americans are unwilling or unable to participate in the digital and social media revolution, conspire to reinforce the idea that older Americans are a secondary feature of our collective life.

6. Opportunities: *A Need for Infrastructure vs. Already There.* While experts focus on the need to strengthen opportunities for civic and social contributions, this is not on the public's radar. The public assumes that "Opportunities are out there," and that older people can contribute easily and effectively in their communities. This is reflected in the public's suggestions that older adults "volunteer" in order to "stay active," but the structures for facilitating and organizing such volunteerism are absent from the public's thinking.

7. Policy Implications: *Broad vs. Absent.* While experts explain that successful adaptation to an aging society will require adjustments not only in employment and healthcare institutions, but also in transportation, health care, urban planning, geriatric infrastructure, etc., the public has largely not thought through the implications of our increased longevity and aging population.

8. Responsibility for Solutions: *Policy vs. Individuals.* This lack of attunement to aging as a public policy issue is particularly evident around issues of employment. While both experts and the public recognize longer work lives, only experts see this as a policy issue — that workplace structures and protocols require change. The public, by contrast, recognizes this as a frequent challenge for many older people, but assumes that those people — as individuals and members of families — will need to sort out a strategy on their own. The idea, for example, of raising the retirement age came up surprisingly little across our interviews with the public.

9. Social Security: *Holistic and Viable vs. For Older Adults and Doomed.* While experts have a broad model of Social Security benefits, the public is not attuned to the broader benefits of this system for others, such as families, dependents and people with disabilities. In addition, experts say that, as a nation, "We are wealthy enough" to afford a robust Social Security system, while the public thinks the system is doomed.

10. The Role of Family: *Public vs. Private Concern.* While members of the public recognize that many family members, especially adult children, often assume a great deal of responsibility for older family members who require care, they see this as a completely private affair. Adult children and family have to manage as best they can. Experts, meanwhile, recognize this as, at least in part, a public policy issue, and argue that there are legal and infrastructural ways that family care can, and should, be supported through revised public policy.

11. Ageism: *Important Concern vs. Absent from Thinking.* While experts are attuned to the myriad of ways that older Americans face discrimination in our society, the idea of ageism is completely invisible to members of the public. This lack of attention to ageism is likely structured in part by *Us vs. Them* thinking, wherein the experiences, capacities and challenges facing older people are marginalized from a sense of mainstream American life. That precludes people from engaging a bigger picture that includes lack of access, lack of opportunity, and institutionalized and structural discrimination against older people.

VI. CONCLUSION

This report has highlighted some of the central challenges involved in engaging members of the American public in a productive conversation about aging. Multiple prospective communications tasks emerge from this research. Addressing these challenges will require the identification and testing of frame elements, and a new narrative around this issue.

Meeting the challenges documented here will require developing a set of strategies and tools that can reframe people's understandings of the aging process and of older Americans — so that aging is understood as both a personal and a shared resource and opportunity, and so that older Americans are viewed as central rather than marginal participants in our collective life as a nation. This will necessitate developing and testing framing devices that can background and mute understandings of deterioration, incompetence, "fixedness" and dependency, and, instead, build and foreground counter models of shared responsiveness to the very real challenges and opportunities that our aging population presents.

Alongside this Map the Gaps report, FrameWorks is currently conducting research to map the dominant patterns and habits of storytelling about aging in the U.S. media, and the way in which those stories reinforce and contest both expert and public understandings. FrameWorks is also conducting a field frame analysis to identify patterns and variations in how advocates and practitioners in the field of aging are themselves communicating around their core issues with the public. Both of these parallel bodies of research will synergize to provide a more complete picture of the broader cultural and discursive landscape around the topic of aging and the role that older Americans play in our society.
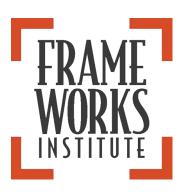
Moving forward, the following steps should be considered for future research:

1. **Test existing communications hypotheses.** Current framing practices in the advocacy and scholarly fields should be empirically tested against other potential reframing strategies to determine whether existing practices are effective in achieving intended outcomes.

2. **Test existing FrameWorks tools to explore their efficacy relative to the challenges identified above.** These include Explanatory Metaphors and values that have elsewhere proven productive in addressing communications challenges identified here (e.g., *Individualism, Nostalgia, Fatalism*), and building public support for social policies across a range of issue areas.

3. **Develop new reframing tools to address problematic aspects of public thinking.** In cases where past reframing tools are unable to address the specific challenges identified here, new reframing tools should be developed to keep the public from falling back on the dominant and problematic narratives about aging that keep this issue from moving forward.

4. **Test how to best integrate discussions of aging into other issue domains.** As a topic, adult aging derives much of its importance from the ways in which it interacts with social and economic policy across a wide range of issues, including health care, housing, race, poverty, education, immigration,

government and human services. As such, there seems great potential in building strategies that make productive linkages between aging and other social issues.

5. **Organize reframing tools into an integrated story.** Providing communicators with a fully elaborated narrative about aging that can be used to strategically address the questions the public is likely to ask will be a key part of an effective communications platform. This communications strategy derives its power both from constituent tools, including values and Explanatory Metaphors, and the way those tools are embedded in a more comprehensive narrative structure. With this shared narrative in hand, advocates and experts can pivot from common messages about aging to messages about closely linked social and policy issues.

ABOUT THE FRAMEWORKS INSTITUTE

The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute's work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector, at www.frameworksinstitute.org.

Please follow standard APA rules for citation, with FrameWorks Institute as publisher.

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ENDNOTES

[1] For an introduction to cultural models, see D'Andrade, R.G., & Strauss, C. (Eds.). (1992). *Human motives and cultural models* (Vol. 1). Cambridge, England: Cambridge University Press.

[2] See Quinn, N. (Ed.). (2005). *Finding culture in talk: A collection of methods.* New York, NY: Palgrave Macmillan.

[3] These materials consisted of articles and other publications referenced and/or authored by expert interviewees.

[4] This model has been documented in other FrameWorks cultural models research. For example, see Baran, M., Lindland, E., Kendall-Taylor, N., & Kohut, M. (2013). *"Handed to them on a plate": Mapping the gaps between expert and public understandings of human services.* Washington, DC: FrameWorks Institute.

[5] For further examples of how the American public models a generational "digital divide," see FrameWorks' research on demographic change.

[6] To see other ways this dominant model of self-makingness structures people's thinking, see several of FrameWorks' research reports, including on education and early childhood development.

[7] For an example of a cultural model of genetic determinism, see this FrameWorks MessageMemo on child mental health.

[8] FrameWorks' research on American cultural models of government shows the broader implications of these negative models.

[9] See FrameWorks' research on budgets and taxes.

[10] See these FrameWorks research reports on immigration and education for other examples of this nostalgia model.

[11] See http://www.aoa.gov/Aging_Statistics.

[12] See FrameWorks' research on demographic change.