



**LESSON PLANS ON AGING ISSUES:**  
*Creative Ways to Meet Social Studies Standards*

**Participation in Government**

**MYTHS AND FACTS ABOUT AGING**

Ithaca College Gerontology Institute  
[www.ithaca.edu/aging/schools](http://www.ithaca.edu/aging/schools)

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## **Participation in Government**

### **Myths and Facts about Aging**

#### **Introduction**

This lesson helps students to evaluate their own attitudes toward people over 65. It begins with the students taking an opinion survey on the characteristics of older people and concludes with the opportunity for students to learn the actual statistics and summarize the “myths and facts” about aging.

#### **Objectives**

Students will:

- Examine their own misconceptions about people over 65
- Understand the actual facts about the lives of older adults in the U.S.
- Learn to discuss controversial topics in groups
- Take responsibility in a group for explaining concepts to the members of the group

#### **Key Terms**

chronic illness, acute illness, cognitive impairment, dementia, short-term memory, long-term memory, compulsory retirement, poverty level, self-sufficient, vital, dynamic, longitudinal study

#### **Materials**

Handout: Myths and Facts Opinion Survey

Handout: Myths and Facts about Older Americans

#### **Lesson Steps**

1. Distribute the opinion survey to each student. Have them complete it individually and then pair with a partner to compare answers. In cases where the partners disagree, each student should give reasons for his opinion.
2. Bring the class together and summarize the results for each question. Discuss. On what questions was there general agreement? What questions were controversial?
3. Optional - Take 15 minutes for students to read the handout on myths and facts, underlining the facts that surprise them -- if the students in the class have the aptitude for this.
4. Divide students into groups of five. Assign each student responsibility for two of the ten “myths and facts” in the article to “teach” to other members of the group.
5. Students take notes on their classmates “mini-lectures.” Finish a summary of the article for homework if necessary.

**Extension Activities**

- Have the students give the opinion survey to people of different ages – parents, grandparents, etc. Pool data and compare responses from younger and older persons.
- Assign (or for extra credit) students to choose a myth and investigate it further. Consider issues of race, gender, and social and economic status. Use the bibliography at the end of the article and/or find new research articles.
- Discussion: How might these myths commonly believed by people, limit the lives of older people?

Handout

## Myths and Facts Opinion Survey

For each statement below, write whether you agree or disagree.

1. \_\_\_\_\_ “Old” people are always sick.
2. \_\_\_\_\_ “Poor health is a very serious problem for most people over 65.”
3. \_\_\_\_\_ Most people over 65 are institutionalized.
4. \_\_\_\_\_ People over 65 do not have any sexual desires.
5. \_\_\_\_\_ People over 65 continue to have sexual relations.
6. \_\_\_\_\_ “Old” people are ugly.
7. \_\_\_\_\_ Most people over 65 retain their normal mental abilities.
8. \_\_\_\_\_ Mental illness is common among people over 65.
9. \_\_\_\_\_ The proportion of people over 65 who have a mental illness is less than the proportion for people under 65.
10. \_\_\_\_\_ The majority of people over 65 can work as effectively as younger workers.
11. \_\_\_\_\_ The majority of people over 65 are socially isolated.
12. \_\_\_\_\_ Most people over 65 are rich.
13. \_\_\_\_\_ Major depression occurs more frequently for teenagers than for people over 65.
14. \_\_\_\_\_ The proportion of people over 65 who commit suicide is greater than the proportion for teenagers.
15. \_\_\_\_\_ The population over 65 has immense political power.
16. \_\_\_\_\_ Businesses often do not hire people over 65 because of their age.

Handout

## **Myths and Facts about Older Americans\***

Ageist attitudes are perpetuated in many ways. Examples are abundant in the popular culture such as birthday cards which decry the advance of age, the lack of positive images of the elderly in advertisements and on TV programs, and the widespread use of demeaning language about old age. Some examples of such language are “geezer,” “old fogey,” “dirty old man,” and “old goat.”

Underlying these attitudes are myths and stereotypes about old age that are deeply entrenched in American society. Even those who would not say that they are ageist probably have some ageist attitudes based on distorted or inaccurate information.

The most common of these negative myths and stereotypes about aging are discussed below:

**1. Illness.** Perhaps the most common myth about old people is that most are sick or disabled. About half of Americans think that poor health is a “very serious problem” for most people over 65 and that older people spend much time in bed because of illness, have poor coordination, and feel tired most of the time. Many Americans also believe that many older people are in nursing homes.

**FACTS:** Only 5% of those 65 and over are in nursing homes. Even among those age 75 or over, only 9% are residents of institutions. However, about 40% of the elderly spend time in a nursing home at some point in their lives.

More than 85% of the aged are healthy enough to engage in normal activities. While more persons over 65 have chronic illnesses that limit their activity (43%) than do younger persons (10%), older people actually have fewer acute illnesses than do younger persons. They also have fewer injuries in the home, and fewer accidents on the highway than younger persons.

Physical strength does tend to decline in old age. Physiological, biochemical, anatomic and histocytological measurements of muscle all exhibit decreased levels with age from about the third decade. About one third of the muscle mass is usually lost by age 80.

All five of the senses decline in old age. Most studies of taste and smell show that taste and odor sensitivity decrease with age, although some of these decreases may be the result of other factors, such as disease, drugs and smoking. Nearly all studies of touch, hearing and vision agree that that these senses decline in old age.

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\*To investigate the facts used in this article in more detail, turn to the last page for a list of relevant research articles.

**2. Impotency.** Another common stereotype is that most elders no longer engage in any sexual activity or even have sexual desire -- and that those few who do are abnormal

FACTS: The majority of persons past 65 continue to have both interest in and capacity for sexual relations. Major longitudinal studies have found that sex continues to play an important role in the lives of the majority of men and women throughout their seventies. Most older people report that sex after 60 is as satisfying or more satisfying than when they were younger.

**3. Ugliness.** Another stereotype is that old people are ugly. Beauty is associated with youth, and many people, especially women, fear the loss of their beauty as they age. The following terms reflect this stereotype of ugliness: crone, fossil, goat, hag, witch, withered, wizened, and wrinkled.

FACTS: While our culture tends to associate old age with ugliness and youth with beauty, some other cultures tend to admire the characteristics of old age. For example in Japan, silver hair and wrinkles are often admired as signs of wisdom, maturity, and long years of service. There is nothing inherently ugly or repelling about the characteristics of old age. Ugliness is a subjective value judgment, or in other words, "ugliness is in the eye of the beholder." Most people's judgments about beauty conform to cultural standards of beauty and ugliness in their particular society.

**4. Mental Decline.** Another common stereotype is that mental abilities begin to decline from middle age onward, especially the abilities to learn and remember, and that cognitive impairment (i.e., memory loss, disorientation, or confusion) is an inevitable part of the aging process.

FACTS: The majority of people aged 65 or over do not have defective memories, nor are they disoriented or demented. In the United States, community surveys have indicated that about 10% of the elderly suffer from some form of dementia or severe mental illness. Another 10% have mild to moderate mental impairment. But the majority of older adults are without mental impairment.

Most studies of short-term memory agree that there is little or no decline in everyday short-term memory among normally aging adults. As for long-term memory, various community surveys have found that only about 10% of older people cannot remember such things as the past president of the United States, their correct age, birth date, telephone number, mother's maiden name, or address. Thus, it is clear that while there may be some decrease in long-term memory, the majority do not have serious memory defects. In summary, significant learning and memory problems are due to illness, not to age itself.

**5. Mental Illness.** Another common stereotype is that mental illness is common, inevitable, and untreatable among most aged. Both elders themselves and many health professionals think that most mental illness in old age is untreatable. This partially explains why few mental health professionals choose to specialize in geriatric mental health.

FACTS: Mental illness is neither common, inevitable, nor untreatable in the elderly population. Only about 2% of persons 65 and over are institutionalized with a primary diagnosis of psychiatric illness. All community studies of psychopathology among elders agree that less than 10% have significant or severe mental illness, and that another 10 to 32% have mild to moderate

mental impairment. But the majority of older people are without impairment. In fact, according to the most comprehensive and careful community surveys, the incidence of mental illness among the elderly is less than that of younger persons.

**6. Uselessness.** Because of the beliefs that the majority of old people are disabled by physical or mental illness, many people conclude that the elderly are unable to continue working and that those few who do continue to work are unproductive. This belief is the main basis for compulsory retirement policies and discrimination in hiring, retraining, and promotion.

FACTS: The majority of older workers can work as effectively as younger workers. Despite declines in perception and reaction speed under laboratory conditions among the general aged population, studies of employed older persons under actual working conditions generally show that they perform as well as, if not better than, younger workers on most measures. However, when speed and accuracy of movement are important to the job, some studies indicate decline in productivity with age. On the positive side consistency of output tends to increase with age, and older workers have less job turnover, fewer accidents, and less absenteeism than younger workers. Intellectual performance, on which much of work performance today depends, does not decline substantially until the 70s in most individuals and even later in others.

**7. Isolation.** Many people believe that older adults are socially isolated and lonely.

FACTS: The majority of elders are not socially isolated. About two-thirds live with their spouse or family. Only about 4% of elders are extremely isolated, and most of these have had lifelong histories of withdrawal. Most elders have close relatives within easy visiting distance, and contacts between them are relatively frequent.

Most studies agree that there tends to be a decline in social activity with age, but the total number of persons in the social network remains steady. The types of persons in the social network tend to shift from older to younger persons, and from friends and neighbors to children and other relatives.

**8. Poverty.** Views about the economic status of elders range from those who think most elders are poor, to those who think the majority are rich. At present those thinking elders are poor tend to outnumber those thinking elders are rich.

FACTS: The majority of older adults have incomes well above the federal poverty level. In 1994, only 10.5% of persons over 65 had incomes below the official poverty level (about \$6,500 for an aged individual or \$8,000 for an aged couple). This was a lower poverty rate than for adults under 65. However, if the “near poor” (those with incomes up to 150% of the poverty level) are included, the total in or near poverty was 29%.

It is also important to note that certain groups of elderly experience very high rates of poverty. These include widowed elderly women (21%), Afro-Americans elders (31%), and Afro-American elderly women living alone aged 72 or older (64%).

A higher proportion of elders than the total population have a net worth of over \$50,000 and a slightly higher per capita family income than non-elderly headed households.

**9. Depression.** Since many believe that the typical older person is sick, impotent, senile, useless, lonely, and in poverty, they naturally conclude that the typical older person must also be depressed.

FACTS: Major depression is more prevalent among young people than old people. However, of the mental illnesses, depression is one of the most common among the elderly. This, along with the fact that the rate of elderly suicide is the highest of all age groups, makes depression a significant issue for this population.

The majority of old people do not feel miserable most of the time. Studies of happiness, morale, and life satisfaction find no significant difference by age group or find about one fifth to one-third of older adults score “low” on various happiness or morale scales. A national survey found only one fourth of persons age 65 or over reporting that “This is the dreariest time of my life,” whereas about half said “I am just as happy as when I was younger,” and one third even said, “These are the best years of my life.”

**10. Political Power.** Another stereotype is that the elderly are a “potent, self-interested political force.” The assumption is that the political power of the elderly hampers our politicians from undertaking needed reforms.

FACTS: Older people constitute about 16% of those who vote in national elections while comprising 12% of the national population. While aging-based interest groups can exert some influence, elders usually do not vote as a block and consequently have less political power than presumed.

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## Myths and Facts about Aging Bibliography

- Barefoot, J. (1995). Hostility. In G. Maddox (Ed.), *The Encyclopedia of Aging*. NY: Springer, 478.
- Baughner, E., & Lamison-White, L. (1996). *Poverty in the U.S.: Current Population Reports* (Series 600-194). Washington: Government Printing Office.
- Butler, R. (1995). Mental health and illness. In G. Maddox (Ed.), *The Encyclopedia of Aging*. NY: Springer, 631-32.
- Clark, R. (1995). Economics. In G. Maddox (Ed.), *The Encyclopedia of Aging*. NY: Springer, 300-303.
- Dye, C., & Sassenrath, D. (1979). Identification of normal aging and disease related processes. *Journal of the American Geriatrics Society*, 27, 472-475.
- George, L. (1995). Social and economic facts. In E. Busse & D. Blazer (Eds.), *Geriatric Psychiatry*. Washington, DC: American Psychiatric Press.
- National Center for Health Statistics. (1995). Current estimates from the National Health Interview Survey, 1994. *Vital & Health Statistics*, Series 10, No. 193.
- Palmore, E. (1981c). *Social Patterns in Normal Aging*. Durham, NC: Duke University Press.
- Palmore, E. (1986). Trends in the health of the aged. *The Gerontologist*, 26, 298-302.
- Rhodes, S. (1983). Age-related differences in work attitudes and behavior. *Psychological Bulletin*, 93, 328-367.
- Root, N. (1981). Injuries at work are fewer among older employees. *Monthly Labor Review*, 104, 30-34.
- Schiffman, S. (1995). Smell. In G. Maddox (Ed.), *The Encyclopedia of Aging*. NY: Springer, 867-69.
- Shock, N. (1985). Longitudinal studies of aging in humans. In D. Finch & E. Schneider (Eds.), *Handbook of the Biology of Aging*. New York: Van Nostrand Reinhold.
- Wiener, J., Hanley, R., Clark, R. & van Nostrand, N. (1990). Measuring the activities of daily living. *Journal of Gerontology*, 45, S229-237.