

Teaching Tips: Infusing Aging Content Into Health Psychology

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Many of the excellent tips recently shared in this column have focused on how to better teach our courses in gerontology, lifespan development and adult development and aging. I would like to share a slightly different perspective, that is, ideas on how to include aging in courses in which aging or adulthood is not the main focus. Certainly many courses can be taught with little reference to aging or lifespan development, but should they? I offer the following tips based on a chapter I contributed to *The Aging Dimension in Undergraduate Psychology Courses: A Practical Guide for Teaching*, edited by Susan K. Whitbourne and John C. Cavanaugh, forthcoming from APA. I specifically offer ideas for including aging in Health Psychology courses, but these ideas can be applied and adapted for many different courses.

Tip 1. Choose the text carefully. Many psychology texts include only minimal information about health and aging or health across the life course, although the newer ones are more likely to include at least some information on aging, particularly in health psychology. In addition, consider having supplemental readings that bring in aging issues, as well as supplementing lectures and discussion with relevant material, and including guest speakers who can add information on aging.

Tip 2. Clarify the relationship between aging and major topics in the course. For example, aging can be naturally incorporated into health psychology courses because health and development are intimately related across the life course. The expansion of life expectancy over the last century and the

extended survival of older cohorts have influenced much of our knowledge about coping with chronic illness. Changes in lifestyle and health care have resulted in a shift in the major causes of illness and death from acute (e.g., flu, tuberculosis, pneumonia, and other infectious diseases) to chronic illnesses (e.g., heart disease, cancer, arthritis; see Ory, Abeles, & Lipman, 1992). The fields of epidemiology, behavioral medicine, and health psychology all consider age a significant factor in the incidence, prevalence, and progression of disease (Siegler et al., 2001).

The danger in discussing this relationship is that students often assume that aging is synonymous with disease, especially when they have little or no background in gerontology. Kohn (1985) offers a useful method of distinguishing aging from disease processes. He argues that some illnesses are universal, progressive and irreversible with age (e.g., atherosclerosis), while some diseases are common with age, but not universal or inevitable (e.g., cancer). In addition, there are diseases that are not necessarily age-related, but have more negative impact on older adults (e.g., pneumonia, flu). To be defined as normal aging, a change in a physical system should be universal, progressive and irreversible, not secondary to some other process or modifiable with treatment. The change should contribute to the vulnerability of the person to disability and disease and not be adapted to or compensated for effectively.

Several instructional methods can be used to illustrate the relationship between aging and disease. Students could apply Kohn's criteria to different "case studies" to get a feel for the difference between disease and aging processes. Students can be invited to discuss their own experience with an older friend or relative. Students may describe situations in which they had

assumed a behavior or illness was related to normal aging when it actually was not. Small groups can survey current media (e.g., TV, radio, or print ads, greeting cards) for the popular perceptions of the aging-disease relationship. They can report back to the class informally or write an in-depth paper exploring these issues.

Tip 3. Use a lifespan perspective. For my health psychology course, the area of health behavior is a good illustration of the importance of taking a life span or developmental perspective. First, goals for health behaviors change over time. From childhood into early adulthood, health promotion and prevention of illness are the primary goals of health behaviors such as vaccinations, checkups, nutrition, and exercise. In contrast, health behaviors for older adults often include recovery from illness, rehabilitation after a health crisis, and physical and psychological adjustment to chronic illness, in addition to illness prevention. Second, responsibility for health behaviors changes over time. During infancy and childhood, parents are responsible for the health of their children, but children assume more responsibility for their own health and health care through adolescence and into adulthood. Third, health behaviors change over the life course in response to life events. For example, a woman may stop smoking during pregnancy but begin again after giving birth. Fourth, good health behavior habits acquired early in life can have substantial benefit across the life course. This may be especially true of later adulthood, when positive health behaviors such as cancer screening, physical activity and not smoking are linked to increased longevity and decreased morbidity.

Lifespan and aging issues can be discussed in the context of health behav-

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iors using a class exercise on estimated longevity. Straub (2001, p. 222) and several websites (e.g., www.life-expectancy.longtolive.com; www.realage.com; <http://www.beeson.org/livingto100/default.htm>) include "longevity calculators." Students can use these to approximate their own longevity based on current health behaviors and accumulated life-style factors. Many undergraduates have never considered putting a specific age to their own life span, which many find intriguing. Further, the exercise emphasizes personal control over many aspects of aging and mortality, in addition to inherited predispositions to disease. I usually use this option as an in-class exercise, but students could also make presentations or write papers about the connection between their health behavior and their estimated life span.

In sum, these are just three ways to include aging, once the commitment is made to do so. There are many other opportunities, even when the main textbook has only minimal information.

References

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• Everyone needs to be appreciated and encouraged. There are a wealth of ways to build in recognition of accomplishments.

Mentoring graduate students is an experience that entails both teaching and learning. Working together on research is fun. Many times I have found new interests due to graduate students. To me, perhaps the most gratifying part of being an academic is watching students develop, achieve professional success, and find personal happiness.

Division's Guide to Graduate Study updated on-line!

The Division 20 Education Committee has posted the new Guide to Graduate Study in the Psychology of Adult Development and Aging on the Division's webpage. The web address is <http://aging.ufl.edu/apadiv20/div20g01.htm>. Grateful acknowledgments go to the University of Utah's Department of Psychology for financial support, and Emilie Wilkinson for clerical assistance. Additional thanks go to Karen Fingerman, Education Committee Co-Chair, and Mary Ann Parris Stephens, Treasurer, for their support and assistance.

The 2001 Guide includes academic units providing a specialization in adult development and aging. Data for the programs include titles of courses and seminars offered, number of faculty with a specialization in adult development and aging, psychology specializations integrated with the study of adult development and aging, administrative organization of the program, availability of assistantships and traineeships in the program, practicum, and internship placement opportunities, web addresses, and contact persons for the program.

Please visit the guide and check whether the information that was gathered (in 1999-2000) about your programs is still accurate. If there is anything that you would like to add or change, please go to <http://aging.ufl.edu/apadiv20/guidesurv.htm> and enter the information that you would like to have included in the guide.

Entries were included in the Guide based on the results of a survey and additional research on the web. The survey was sent to 536 doctoral programs in Canada and the United States, involving both developmental and human development programs. The survey procedure yielded 101 general program responses. Colleagues whose programs/departments are not included in the current guide are encouraged to submit the relevant information, and this information will be incorporated as quickly as possible. Please remember that this guide is a "living document" and that its "quality of life" depends on the contributions and investments of all of us. The Education Committee hopes that many of you refer your students to this guide and that it will be put to good use by your students.

Manfred Diehl
Co-Chair of the Education Committee