COMMUNICATION RESEARCH TRENDS

Centre for the Study of Communication and Culture

Volume 36 (2017) No. 1

IN THIS ISSUE

Communication and Successful Aging: Challenging the Dominant Cultural Narrative of Decline

Jennifer E. Ohs and Jill Yamasaki

Saint Louis University University of Houston

A QUARTERLY REVIEW OF COMMUNICATION RESEARCH

ISSN: 0144-4646

Table of Contents

Communication Research Trends
Volume 36 (2017) Number 1
http://cscc.scu.edu

Published four times a year by the Centre for the Study of Communication and Culture (CSCC), sponsored by the California Province of the Society of Jesus.
 ISSN 0144-4646

Editor: Emile McAnany
Managing Editor: Paul A. Soukup, S.J.
Assistant Editor: Lea Hellmueller

Subscription:
Annual subscription (Vol. 36) US$55

Payment by check, MasterCard, or Visa. For payments by MasterCard or Visa, go to the Santa Clara University secure payment website:
https://commerce.cashnet.com/COMM3Trends

Checks and/or International Money Orders (drawn on USA banks; for non-USA banks, add $10 for handling) should be made payable to Communication Research Trends and sent to the managing editor

Paul A. Soukup, S.J.
Communication Department
Santa Clara University
500 El Camino Real
Santa Clara, CA 95053 USA

Transfer by wire: Contact the managing editor. Add $10 for handling.

Address all correspondence to the managing editor at the address shown above.

Tel: +1-408-554-5498
Fax: +1-408-554-4913
email: psoukup@scu.edu

The Centre for the Study of Communication and Culture (CSCC) is an international service of the Society of Jesus established in 1977 and currently managed by the California Province of the Society of Jesus, P.O. Box 519, Los Gatos, CA 95031-0519.

Communication and Aging

Editor's Introduction

All of us experience aging, whether indirectly through interacting with others or directly through observing ourselves. In both cases communication helps to form our attitudes towards and our approaches to aging. Interpersonally we interact with older adults; as media consumers, we watch actors portray older individuals. Perhaps all too often we let our image of older adults reflect our own fears, whether of illness, diminishment, loss of freedom, or limitation. We think of the old as infirm, weak, dependent, without purpose—as all of the things that our culture does not value. And, not surprisingly in this context, few people look forward to growing old: we tend more often to think of "the old" in negative terms. At some times, perhaps as a kind of catharsis, we might even enjoy humor at the expense of the old: the confused old man bumbling about or the foolish old woman misunderstanding her children provide long-standing comedy tropes.

The fact that many people have little contact with older adults complicates the picture. Few American families live in multi-generational households. Many older Americans live in "retirement communities" or in ways somewhat isolated from younger people. Both situations lend themselves to fostering stereotypes, and neither situation helps people to understand each other across the generations.

And so, for whatever reasons, people dread aging and immediately conflate aging with the results of illness or accident. People imagine the worst outcomes of the natural aging process. And, in a kind of reversal, many don't think of the aged as old if those aged individuals enjoy good health or lead active lives.

Communication research has much to teach us about both the old and the aging. Communication Research Trends has not reviewed this area before, so this issue will serve as a welcome eye-opener about an important topic of communication research and as an introduction to a growing segment of the population. As Professors Jennifer Ohs and Jill Yamasaki put it in their title, the research "challenges the dominant cultural narrative of decline." They show, in this thorough review of decades of research, that the advance of years does not correlate with most of our cultural fears of aging.

While they make some reference to media portrayals of older adults (that group generally defined as 65 years or older), their focus remains with interpersonal communication. Our stereotypes affect how we interact with older individuals and shape the interpersonal dynamics of those interactions. After highlighting some of the stereotypes and their sources, they focus their review first on how healthy interactions and close relationships—briefly, social support—can prevent decline in the older adult. In this section of the review, they consider the research on friendships, siblings, romantic relationships, adult child-parent relationships, grandparent-grandchild relationships, and the use of technology in maintaining relationships. New technologies are not just the domain of the young.

In the second section, they review the research on managing health in older age. Communication plays a role in community connections, in long-term care, and in interactions with health care providers. In all of these areas, communication technologies also have a place.

The last section examines the idea of resilience in later life, the many ways that people can redefine what it means to grow old and to find renewed purpose in living. Here they review research on the benefits of aging in various community settings and the social interactions these provide. They also note how both older adults and society in general have redefined retirement, with many people extending their "careers" through volunteer work, mentoring, and exploring other ways to contribute to their civic communities. Finally, they report the research about paths to resilience: religious participation, creativity, narratives, and humor.

The research reported here should help all of us, whatever our ages, to think in new ways about growing older, a most natural part of living.

* * *

Jennifer E. Ohs teaches in the Department of Communication at Saint Louis University and Jill Yamasaki, in the Jack J. Valenti School of Communication at the University of Houston. Please address correspondence concerning this article to Jennifer E. Ohs, Department of Communication, Saint Louis University, Saint Louis, MO 63108.

Communication and Successful Aging: Challenging the Dominant Cultural Narrative of Decline

Jennifer E. Ohs and Jill Yamasaki
johs@slu.edu jyamasaki@uh.edu

1. Introduction

The United States population is aging in record numbers, with adults over the age of 85 comprising the fastest growing segment of the elderly population (Federal Interagency Forum on Aging-Related Statistics, 2016). Increased longevity presents both possibility and challenge. In general, U.S. adults are growing older with better health, greater engagement, and more resources than prior generations, even as advancing years bring a higher likelihood of chronic ailments, diminished capacity, and potential disability (Achenbaum, 2005). Recently surveyed older adults reported increased participation in part-time employment, travel, and volunteerism during what all but 7% deem a satisfying retirement (National Institute on Aging, 2015). Family help and public programs keep older people in the community, and more than half of adults over the age of 85 live in their own home (National Institute on Aging, 2015). In general, older adults experience perceived difficulties of aging (e.g., loneliness, memory loss, inability to drive, and end to sexual activity) at far lower levels than younger adults expect to encounter when they grow old (Taylor, 2009). To be sure, some respondents reported problems related to their advancing age; however, these problems were not shared equally by all groups of older adults, and only 5% of adults over the age of 75 believe their lives turned out worse than they expected (Taylor, 2009). Throughout this review, we use the term *older adults* to refer generally to people age 65 or older. This term is widely recognized (e.g., Avers et al., 2011; Graham, 2012; Moyer, 2014) and preferred to the word *elderly*, which calls forth stereotypes of decline.

While experiences of aging have favorably shifted over the years, collective generalizations about aging have not. Prevailing assumptions of later life as a uniform time of decline continue to perpetuate a widespread climate of ageism that shapes intergenerational beliefs, values, behaviors, and policies (Levy & Macdonald, 2016; Nussbaum, Pitts, Huber, Raup Krieger, & Ohs, 2005). Visible markers of an aging body trigger and reinforce societal stereotypes, while residence in age-related communities, ranging from nursing homes for the frail to retirement villages for the independent, positions age as a social border that separates, silences, and excludes older individuals from society at large (Morris, 1998). Overemphasis on "old" as a category fuels anti-aging consumerism and threatens the well-being of older adults who conform to ageist stereotypes in a form of self-fulfilling prophecy. For example, research shows that people who subscribe to negative perceptions of aging may seek minimal healthcare or positive social support as they grow old, settling instead for a diminished quality of life that is consistent with their lowered expectations (Harwood, 2007; O'Hanlon & Coleman, 2004). Appreciating and accommodating the nuanced realities of later life thus requires a shift in perspective across *all* age groups.

Because aging is a biological process that has been socially constructed as a problem, communication plays a central role in our experiences of it. Communication scholars have long recognized that people rely on age-related stereotypes when meeting and interacting with others based on perceived age categorizations (Barker, Giles, & Harwood, 2004; Hummert, 2010). Visual cues, interpersonal context, and prior (or lack of prior) experiences call forth expectations of age that influence the quality and frequency

of resulting conversations. Initial messages based on these perceptions may be (a) *affirming* (i.e., normal adult-to-adult talk), (b) *overly nurturing* (i.e., patronizing in infantilizing ways, such as baby talk), or (c) *directive* (i.e., patronizing in cold and controlling ways) (Hummert, Garstka, Ryan, & Bonnesen, 2004). Theoretical development in this area has centered on the Communication Predicament of Aging model (CPA; Ryan, Giles, Bartolucci, & Henwood, 1986), the Age Stereotypes in Interactions model (ASI; Hummert et al., 2004), and Communication Accommodation Theory (CAT; Shepard, Giles, & LePoire, 2001), all of which help explain how and why individuals emphasize or minimize intergroup differences in conversation—and at what consequence (for comprehensive reviews, see Nussbaum et al., 2005, and Soliz & Giles, 2014).

Communication and aging research also examines the ways in which cultural scripts and media portrayals shape personal and public understandings, expectations, and performances of age (Harwood, 1999; Morris, 1998). Scholars have established that television and movies expose children to older characters who, even when portrayed positively, are characterized by a number of negative physical and mental characteristics (Robinson & Anderson, 2006; Robinson, Callister, Magoffin, & Moore, 2007). Similarly, advertisements link positive portrayals of older adults to products and services that characterize aging as an undesirable, reversible, or unhealthy state (Haboush, Warren, & Benuto, 2012; Zhang et al., 2006). This predominately one-sided media messaging has contributed to a distorted view of aging that primes people for decline and diminished resilience and promotes the idea that defying aging is the only way to age successfully (Milner, Van Norman, & Milner, 2012; Yamasaki, 2014). Other performances, however, reveal more nuanced, multilayered realities of late life (Hepworth, 2004). To illustrate, scholars have examined cultural portrayals of embodied old age on stage (Basting, 1998), in film (DeFalco, 2010), as art (Woodward, 2006), and in literature (Yamasaki, 2009).

In this essay, we provide an overview of the burgeoning scholarship associated with successful aging and communication across the lifespan, highlighting communication research that challenges the dominant cultural narrative of decline and calls for future studies to do the same. Original definitions of successful aging focused on objective standards, including avoiding disability or disease and maintaining full cognitive and physical functioning (Baltes & Baltes, 1990; Rowe & Kahn, 1997). Research has since demonstrated that subjective quality of life—which is strongly tied to resilience, optimism, effective coping styles, and social and community involvement—matters significantly more than traditional measures of health and wellness (Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010; Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010). Thus, for this review, we join scholars and practitioners who characterize health across the lifespan as an ongoing balancing and rearranging of biological, functional, social, and psychological attributes of an individual and the environment (Bryant, Corbett, & Kutner, 2001). Successful aging, then, is not a matter of growing old without disability or decline. Instead, it reflects a person's capacity for resilience in the midst of changing life circumstances. Given that aging is always personal, collective, and social (Cruikshank, 2013), intergenerational communication plays an important role in maintaining the psychological and physical health of people as they age (Hummert, 2010).

According to the Communicative Ecology Model of Successful Aging (CEMSA; Fowler, Gasiorek, & Giles, 2015), how people talk about age, starting early in life, can have implications for how they cope with aging later in life (Gasiorek & Fowler, 2016; Gasiorek, Fowler, & Giles, 2015, 2016). In particular, three communication strategies—talking optimistically about aging, adopting communication technology, and planning for future care needs—help people create social environments that increase their potential to age well (Fowler et al., 2015). Since successful aging is both subject to and a product of our collective social and psychological experiences, Nussbaum (2007) calls for scholars "to place communication at the heart of any scientific discussion of successfully managing the short- and long-term challenges and adaptations that each of us encounter as we move through the entirety of our lifespan" (p. 1). A lifespan communication perspective highlights the ways communicative processes develop, are maintained, and change in the context of human development across the entire human life (Pecchioni, Wright, & Nussbaum, 2005). The ability to successfully manage and adapt to communicative change on multiple levels (e.g., individual, relational, societal, and cultural) has significant impact on a person's capacity to achieve and maintain quality of life throughout the lifespan and is at the core of successful aging (Nussbaum, 2007, 2014).

To that end, we have divided this essay into three sections based on communicative contexts that influence one's capacity for resilience. The first section details research related to interpersonal communication in a variety of close relationships within and outside the family and within and across generations: friendships, siblings, romantic partners, adult children-parents, and grandchildren-grandparents. The second section focuses on communication research devoted to managing health challenges and enhancing well-being, including doctor-patient partnerships, the significance of community connections, and the changing realities of long-term care. The third section presents communication research that addresses resilience in the later stages of life as increased longevity requires people to individually and collectively redefine retirement, envision alternative living arrangements, and meaningfully adapt to changing circumstances through creativity, humor, and spirituality. Each section contains discussion on the evolving role of technology for communication and successful aging, as well. Throughout, we highlight the multiple ways communication affects, reflects, and directs life's trajectory (see Nussbaum, 2016), and we offer pragmatic suggestions and directions for future research.

2. Close Relationships and Successful Aging

Close relationships can contribute to successful aging, and healthy interpersonal interactions can protect against the declines associated with older adulthood. Social engagement and support in older adulthood is associated with physiological health (e.g., Carstensen, 1991; Seeman, Singer, Ryff, Love, & Levy-Storms, 2002) and psychological health (e.g., Edwards, 2001). Furthermore, close, intimate relationships have been shown to have positive impacts on physical health and overall well-being (e.g., Hillier & Barrow, 1999; Quadagno, 2002; Wright, 1999). Correspondingly, research has demonstrated that increased social isolation is associated with poorer health status (Coyle & Dugan, 2012). Additionally, high quality relational interactions show positive associations with life satisfaction (Nussbaum, 1983, 1985). As such, when considering features of successful aging, attention to valuable close personal relationships is important.

Social support, one of the fundamental features of close relationships, holds particular benefits for older adulthood. Communication scholars define social support in a variety of ways. Generally, they regard it as communication of a helper establishing the provision of assistance to a person perceived in need of aid (Burleson, 2009). Social support can take a variety of forms, including emotional, informational, tangible, and esteem-related support (e.g., Cutrona, 1996). Although scholarship regarding social support varies in terms of operationalization, a considerable amount of evidence demonstrates the positive impact of social support on physiological and psychological well-being (e.g., Jackson & Antonucci, 1992), particularly in older adulthood (e.g., Minkler & Langhauser, 1988; Seibert, Mutran, & Reitzes, 1999). According to Patrick, Cottrell, and Barnes (2001), social support rises above age, gender, and education as a predictor of positive emotional affect among rural older adults. Additionally, research has resoundingly demonstrated that social support prolongs life and contributes to quality of life in older adulthood (e.g., Antonucci & Akiyama, 1997; Forster & Stoller, 1992).

Close personal relationships and social support are imperative for the health and well-being of older adults and contribute to successful aging, particularly as individuals encounter complexities associated with older age. For example, higher levels of social support are positively associated with successful aging among older adults residing in assisted living centers (ALCs; Howie, Troutman-Jordan, & Newman, 2014). Social relationships have been found to predict well-being in residents of ALCs (Street, Burge, Quadagno, & Barrett, 2007). Wilder (2016) found that widows and widowers need support from family and friends in order to effectively cope with the loss of a spouse. For women living alone, connecting with friends was found to significantly decrease the risk of decline in cognitive health (Michael, Berkman, Colditz, & Kawachi, 2001), and strong social support networks are particularly important to them (Aday, Kehoe, & Farney, 2006). Social support from those in one's close personal social network can have positive impacts during a variety of age-related life experiences.

While close relationships become increasingly important as people age (e.g., Lang & Carstensen, 1998), the size of social networks tends to contract in older adulthood (e.g., Löckenhoff & Carstensen, 2004). Fortunately, studies of social support and social relationships among older adults have found that the quality of relationships has a greater influence than the sheer number of connections (e.g., Cukrowicz, Franzese, Thorp, Cheavens, & Lynch, 2008; Kafetsios & Sideridis, 2006). Socioemotional Selectivity Theory (SST; e.g., Carstensen, 1998; Löckenhoff & Carstensen, 2004) provides a framework for understanding the contributions of close personal relationships in older adulthood.

Socioemotional Selectivity Theory holds that social motivations shift across the lifespan as a function of time (e.g., Carstensen, 1992, 2006; Carstensen, Isaacowitz, & Charles, 1999). According to SST, the relative importance of the costs and benefits associated with relational and interactional choice varies across the lifespan. With age, individuals become increasingly aware of time limitations and thus give precedence to goals that avoid negative emotional states and prioritize positive ones. While having a large social network might serve the social needs of younger adults, reducing network size and prioritizing interaction with intimate, familiar bonds is more meaningful and satisfying for older adults (e.g., Fredrickson & Carstensen, 1990; Lang, 2000; Lang & Carstensen, 2002). Research guided by SST demonstrates that older adults are more adept at emotional regulation, maximizing positive affect and minimizing negative stimuli than their younger counterparts, producing a positivity effect (e.g., Carstensen & Mikels, 2005; Carstensen, Mikels, & Mather, 2006; Charles & Carstensen, 2007).

Selectively choosing one's relational partners, then, may be a function of how an individual adapts to and constructs his or her social environment in order to enhance one's life. Accordingly, SST posits that older adults engage in emotionally gratifying relationships (e.g., Carstensen, 2006; Carstensen et al., 1999) and nurture smaller social networks comprised of meaningful social partners (e.g., Löckenhoff & Carstensen, 2004). Older adults use strategic selection and optimization to focus limited resources on closer relationships, forsaking less important ones (e.g., Carstensen, 1992, 2006; Shaw, Gullifer, & Shaw, 2014). The process of managing one's social connections wisely influences health and well-being in older adults. Indeed, communication partner choice has been shown to be purposeful for survival (Fisher & Nussbaum, 2015).

Fulfilling goals associated with emotional well-being has important consequences for health and successful aging (Carstensen et al., 1999). Close personal relationships satisfy functions of emotion regulation and identity maintenance, which are increasingly important as one ages (Potts, 1997). The ways in which older individuals refine and redefine their relationships and social roles influence their self-identity and feelings about age (Hummert, 1990, 1994). Communication with chosen, longstanding relational partners involves less risk for negative emotion or threat to positive self-identity for older adults. As such, SST would suggest that successful aging depends in part on managing costs and benefits of particular relationships and interactions and involves attending to interactions that contribute to positive self-identity.

Role Identity Theory (Stryker, 1980; Stryker & Serpe, 1994) posits that people identify and categorize themselves and others into social positions to organize their worldviews, constructing for themselves a role identity or perception of how they see themselves in a particular position. Interactions can support or deny a constructed role identity. People strive to maximize positive support of their role identities, seeking legitimization for roles to which they are especially committed (Thoits, 1991). Role identities, then, tend to motivate communicative behaviors (e.g., Seibert, Mutran, & Reitzes, 1999). In older adulthood, a person's role identity may be challenged on the basis of age. For example, a dominant discourse of aging in the United States is that with older adulthood comes physical and cognitive decline that moves individuals from a state of independence to dependence (e.g., Hummert, 2007; Silverstein & Giarrusso, 2010; Trethewey, 2001). Older adults must negotiate the dialectical tension between independence and dependence and communicatively manage their related role identity (Wenzel & Poynter, 2014). Family communication research suggests that the independence-dependence tension becomes an issue when relationships involve creation of new identities (e.g., Braithwaite & Baxter, 2006; Miller- Day, 2011), which occurs as relational partners age. For example, according to role identity theory, older adults' increased reliance on family members can threaten their self-perception of competency and their value to the family (Seibert et al., 1999). As such, how relational partners contribute to positive role

identity may explain their place and salience in the social network of an older adult.

Research suggests that family members and friends play important, but differing roles in the lives of older adults. Family communication contributes to the quality of one's life across the lifespan, but holds particularl value in older adulthood (e.g., Nussbaum, Hummert, Williams, & Harwood, 1996; Nussbaum et al., 2000). Older adults interact with their family members regularly, with most connecting at least on a weekly or semi-weekly basis (e.g., Lawton, Silverstein, & Bengston, 1994). Interactions with family members can play an important role in the emotional well-being of older adults (e.g., Hummert & Morgan, 2001; Krayla-Lighthall & Mather, 2009). Aging women give priority to communication in family bonds, a preference that demonstrates older women's ability to adapt socially in order to maximize quality of life, as suggested by the SST (Fisher & Nussbaum, 2015). Family members frequently offer tangible support in the form of caregiving for older members (e.g., Kemper, Komisar, & Alecxih, 2005; Wenzel & Poynter, 2014). Research has shown that family interaction is essential during stressful life transitions, given that family members provide social support to help older adults manage stress and cope with new challenges, and is linked to survival of older adults (Fisher & Nussbaum, 2015).

Despite the importance of family in the lives of older adults, research suggests that older adults find that social support from friends is more desirable than from family members. Research has consistently shown that social support from friends has greater, positive impacts on the well-being of older adults than social support from family (e.g., Greenberg, Motenko, Roesch, & Embleton, 1999; Larson, Mannell, & Zuzanek, 1986; Lee & Shehan, 1989; O'Connor, 1995; Winningham & Pike, 2007). As Seibert et al. (1999) noted, role identity theory suggests that increased reliance on family members during older age can threaten an older adult's positive identity, particularly as it stems from his or her role in relation to other family members (i.e., as a provider or nurturer). As such, when considering the influence of relationships on successful aging, how different relations contribute to positive role identity and self-perception is imperative. In this section, we review research regarding how friendships, siblings, romantic relationships, adult child-parent relationships, and grandparent-grandchild relationships support successful aging, as well as the role of technology in enhancing close relationships in older age.

A. Friendships

Friends hold unique importance in older age. Friendship networks are marked with homophily (Patterson, 2007); not only do friends frequently occupy the same age cohort and possess similar demographic characteristics, but they also tend to share common life experiences, lifestyle, and attitudes (Pinquart, 2003). Unlike familial relationships, friendships are voluntary (e.g., Antonucci & Akiyama, 1995; Lee & Shehan, 1989), and people tend to choose and maintain friends with whom they are similar in significant ways. In older adulthood, friends offer reciprocal relationships marked with positive feedback and openness (Larson, Mannell, & Zuzanek, 1986), as well as equity (Jones & Vaughn, 1990). These characteristics put friends in distinctive positions to support self-identity, which is vital in older adulthood.

Friendships tend to develop and progress across the lifespan based on a variety of factors, such as life events and geographic location (see Rawlins, 2004, for review). According to SST, the same socioemotional goals, such as support and meaningful interaction, tend to guide friendship development across the lifespan (Carstensen, 1998). However, the priority of these goals might shift as people age. For example, young people tend to be more future-oriented in their relationships, thus developing a large, diverse social network, whereas older adults prefer smaller, more emotionally close networks of friends (Löckenhoff & Carstensen, 2004). When defining friendships, younger adults tend to talk more about communication than relational satisfaction, while older adults focus more on the latter (Patterson, Bettini, & Nussbaum, 1993). Additionally, research suggests that older adults are more discriminating than younger adults when considering friendships (e.g., Patterson, 1995; Rawlins, 1992). Wright and Patterson (2006) found that middle-age and older adults have a more discerning friendship style than younger adults, exhibiting enduring relationships with a select few friends that last regardless of divergent life experiences and geographic distance. Consistent with SST, smaller, stronger friendships provide optimal support in older age, helping older adults regulate their emotional environment and facilitate successful aging (Shaw, Gullifer, & Shaw, 2014).

The benefits of friendship in older age have been well documented. Older adults describe their close friendships in terms of satisfaction and reciprocity of social support (Jones & Vaughn, 1990). Friends have been shown to contribute to the overall happiness and

well-being of older adults (Aday, Kehoe, & Farney, 2006). Friendships among older adults offer a source for stress relief, help each other adjust to older age (e.g., Stevens & van Tilburg, 2000), and are associated with lower mortality rates (Sabin, 1993). Indeed, the benefits of healthy friendships in older age are numerous and notable.

Both men and women observe the importance of social support provided through friendships in older age. Greif (2009) found that older men appreciate the trust, sharing, and emotional support that mark their friendships in older age. Women may benefit from friendships in older adulthood more than at any other time in their lives (e.g., O'Connor, 1995). Friendships among older adult women provide salient emotional benefits (Aday et al., 2006), and for older women who live alone, friends have been found to protect against loneliness (Pinquart, 2003). For older women who have lost a spouse, friends offer a valuable source of support for maintaining a positive social identity (Aday et al., 2006). Similarly, for both widows and widowers, communicating with friends about their loss, particularly with those who have also lost a spouse, helps them adapt and heal (e.g., Pennbaker, 1997; Wilder, 2016). According to Wilder (2016), friends provide an indispensable source of social support to widows and widowers, often drawing them into activities and hobbies that help them cope with loss.

Older adults' friendships tend be stable and long-term (Field & Minkler, 1988), and longstanding friends maintained across the lifespan are particularly important for successful aging. Engaging with long-term friends with whom one has strong emotional ties involves less risk of experiencing negative emotions and threats to self-identity than interacting with new associates. As Potts (1997) demonstrated among individuals residing in a retirement community, social support from long-term friends outside of the community was associated with lower levels of depression. On the other hand, social support from friends within the community had no effect on depression, suggesting that new friends are not equivalent to long-term ones in terms of benefitting psychological health (Potts, 1997). Long-term friendships in older age can offer older individuals a sense of continuity amid life changes and affirm life experiences that help support a friend's identity (Stevens & van Tilburg, 2000). Research demonstrates that friendships among older adults offer a variety of benefits for their well-being, with long-term friends uniquely positioned to support an older person's positive self-identity, which is especially valuable as individuals face age- related pressures, the threat of decline, and ageism.

B. Siblings

Most people have a sibling, and close to 80% of older adults have at least one sibling (Foos & Clark, 2008). Like friends, siblings experience emotional closeness that stems from shared life events, common interests, and similar experiences with aging and age-related issues (Folwell, Chung, Nussbaum, Sparks-Bethea, & Grant, 1997). Additionally, although not all siblings share the same family history and experiences (e.g., Ross, Woody, Smith, & Lollis, 2000), siblings tend to share similar relational histories and exposure to social and emotional contexts that shape their development and growth (e.g., Brody, 1998; Cicirelli, 1995). Like friendships among older adults, siblings tend to have enduring and long relationships, providing each other with a meaningful and salient presence in each others' lives (Rittenour, Myers, & Brann, 2007). Sibling relationships are often the longest lasting relationship that most individuals experience in a lifetime (Cicirelli, 1995; Cicirelli & Nussbaum, 1989; Ponzetti & James, 1997); thus, understanding the influence of these relationships in older adulthood is essential for facilitating successful aging.

Sibling relationships in older age are generally warm and close. Most older adults report feeling emotionally connected to their siblings (e.g., Bedford, 1996) as well as loyal to each other (Scott, 1990). However, unlike friendships and romantic relationships, sibling relationships are involuntary, and thus many often regard the commitment between siblings as obligatory (Rittenour et al., 2007). Conflicting feelings for one another can also complicate ibling relationships. Siblings commonly experience feelings of competition, conflict, and rivalry while simultaneously expressing closeness and love (Mikkelson, 2006). These complexities have the potential to impact the positive influence of siblings in older adulthood, particularly with regard to how older adults regulate their interactions to facilitate a positive social environment.

Despite the potential complications associated with sibling relationships, siblings tend to play vital roles in each other's lives across the lifespan (Goetting, 1986). Sibling commitment tends to remain stable across the lifespan and this commitment relates to communication-based emotional support (Rittenour et al.,

2007). Supportive and affectionate sibling relationships remain close regardless of geographic distance and divergent lifestyles (Rittenour et al., 2007). While sibling relationships endure for long periods, they are also developmental and shift across the lifespan (Nussbaum et al., 2000). For example, Fowler (2009) found that among older adults, intimacy and comfort offered the most frequent motives for communication with siblings, followed by mutuality, obligation, and "control-escape" feelings of gaining compliance from a sibling or avoiding other activities. Younger adults, on the other hand, most frequently endorsed "control-escape" and mutuality as motives for communication with siblings. Thus, while sibling relationships tend to be consistent across the lifespan in various ways, the communicative characteristics of the relationships evolve and develop as families age (Fowler, 2009).

The value of sibling relationships strengthens in older adulthood. As siblings age, the positive characteristics of their relationships, such as enjoyment and social support, grow, while less-desirable features become tempered (Cicirelli, 1995). Verbally aggressive messages between siblings decrease with age (Myers & Goodboy, 2006). Siblings tend to resolve their rivalries and validate their relationships through reminiscing, intensifying their emotional bond (Goetting, 1986). Sibling relationships become more voluntary as siblings grow older (e.g., Floyd & Parks, 1995), perhaps explaining the shifts in motivations for communication between siblings (Fowler, 2009). Siblings who are emotionally close and loyal help each other tremendously in older age, not letting differences in attitudes or lifestyle prevent them from coming together in times of celebration or crisis (Gold, 1989). Older adult siblings with close relationships can be an important source of support. Emotionally close siblings confide in each other, provide tangible support, and communicate frequently, in depth, and across a variety of topics (e.g., Connidis & Campbell, 1995; Rocca & Martin, 1998). Having a close relationship with a sibling can protect older adults from loneliness, as well (Ponzetti & James, 1997).

Nurturing sibling bonds proves extremely valuable in older adulthood. O'Bryant (1988) found that siblings provide helpful support to one another in older adulthood and that frequent contact with siblings has positive impacts on well-being as individuals age. As Fowler (2009) posited, strong sibling ties may be more important in old age than at any other point in the lifespan. Losing a sibling in old age involves the loss of an ally, role model, and long-time companion (Davies, 1993). Yet, older adults often mourn invisibly when a sibling passes, feeling unsupported and denied adequate grieving (Halliwell & Franken, 2016). Acknowledging the valuable role of siblings in older adulthood is crucial, as doing so encourages appreciation of the importance of grieving and healing after the loss of a sibling. The long-lasting, close, reciprocal relationships between older adult siblings can have a remarkable, positive impact in their lives.

C. Romantic relationships

Marital experiences vary across age cohorts due to different societal norms affecting them, such as patterns of divorce and remarriage, likelihood to have children, and propensity to institutionalize a romantic relationship. Rates of marriage in the United States are generally declining. In 1960, 8% of women and 10% of men age 25 years and older were not married. By 2012, the proportion of those unmarried rose to 17% of women and 23% of men (Pew Research Center, 2014). Although individuals live longer, the length of marriages experienced in older adulthood may be declining, given that the age of first marriage has risen (e.g., Cohn, 2011) and that marrying young increases risk of divorce (Cohn, 2010). Additionally, attitudes about gay marriage have also shifted in the United States. In 2001, 35% of Americans supported same-sex marriage, while in 2016, 55% reported support of same-sex marriage (Pew Research Center, 2016). As patterns and attitudes regarding marriage and romantic relationships evolve and public policies associated with institutionalization of romantic bonds change, the construction and discourse regarding marriage and romantic relationships will also shift and affect the experience of such bonds in older age.

Despite changes in societal patterns associated with marriage, research suggests that, overall, marriage plays an important role in successful aging (e.g., Hoppmann, Gerstorf, & Luszcz, 2011). First, marriage has positive impacts on physiological health (e.g., Bookwala, 2005). Walker and Luszcz (2009) demonstrated that older couples appear resilient against the negative impact of illness. Older adults who are married also have lower rates of chronic illness (Pienta, Hayward, & Jenkins, 2000), disability (Goldman, Korenman, & Weinstein, 1995), and mortality (Holt-Lunstad, Smith, & Layton, 2010). The positive impact of marriage on physiological health might be attributed to the instrumental support that marriage partners offer

each other (e.g., Wood, Goesling, & Avellar, 2009) or to the fact that individuals in close relationships have great motivation to take care of each other (Schulz et al., 2007). Marriage in older adulthood promotes overall psychological well-being as well, particularly with regard to fulfilling the social and emotional needs of older people (Walker & Luszcz, 2009). Mancini and Bonanno (2006) found that high levels of closeness between older married persons protected against depression and anxiety and were associated with better self-esteem. Researchers found that couples in assisted living residencies benefitted from the companionship, support, and affection offered by their partners (Kemp, Ball, & Perkins, 2016). Married older adults are more likely to have greater personal and community mobility than unmarried ones (Umstattd Meyer, Janke, & Beaujean, 2014). The benefits of marriage for older adults have been well documented, although the reasons underlying such advantages are less clear.

People in older age generally report that their marriages are fulfilling and high quality, marked with positive interactions and high quality social support, which may explain the advantages of older adult marriages for aging successfully. Marital couples in older age tend to be very close, having shared a long history together (e.g., Carstensen, Levenson, & Gottman, 1995; Lang, 2001; Meegan & Berg, 2002). Older spouses report high levels of marital satisfaction, compared with middle-aged and younger couples (e.g., Bookwala & Jacobs, 2004; Henry, Berg, Smith, & Florsheim, 2007). Interactions between older couples are more positive (e.g., Mares & Fitzpatrick, 2004), more affectionate, and less emotionally negative than interactions between younger couples (Carstensen et al., 1995). However, some attribute such examples of high levels of satisfaction in older age may to cohort effects rather than maturation effects (Mares & Fitzpatrick, 2004). Nonetheless, marital partners play a critical role in providing support in late life (e.g., Levenson, Carstensen, & Gottman, 1994), and social support is a very important provision in marital relationships (Xu & Burleson, 2004). The positive features of marriage in older age, whether due to cohort effect or maturation, are notable and deserve further attention in research with regard to how these features influence successful aging.

Part of the reason that marriage supports individuals in older adulthood may result from the interdependent nature of marital partners. Marriage forms a unique relationship due to the tendency toward interdependence of romantic partnerships (e.g., Cook & Kenny, 2005). Research shows that across the lifespan of a marital relationship, couples interdependently affect each other's psychological and physiological well- being (e.g., Bourassa, Memel, Woolverton & Sbarra, 2015; Cook & Kenny, 2005; Kelley & Thibault, 1978). For example, married couples influence each other's emotions through their interpersonal interactions (Larson & Almeida, 1999), and when a partner experiences health issues, couples appraise and cope with the illness together (Berg & Upchurch, 2007). The interdependent, equitable nature of marriage likely impacts partners' positive self-identity as well.

Mutual support and love prove beneficial in older age. However, when one spouse faces health issues or disability, the nature of the marital relationship may shift. Rauer, Sabey, and Jensen (2014) examined the role of compassionate love between older married couples on well-being. They found that feeling (but not receiving) compassionate love was associated with better health for wives. Their findings demonstrate that providing compassionate love is more beneficial for well-being than receiving it. Rauer et al. (2014) suggested that individuals may feel pessimistic about their health and independence if they repeatedly receive messages from a spouse about their health needs, even if those messages come from a well-intentioned spouse who wants to provide support. Thus, as feelings of interdependence between marital partners become uneven, marital partners may experience fewer positive impacts on their health.

Marital quality also mitigates the benefits of marriage in older adulthood. Adults whose spouses have health problems, who do not receive adequate emotional support from a spouse, who do not communicate frequently, disagree frequently, and/or have unsatisfying sexual relations will more likely experience social and emotional loneliness (de Jong Gierveld, van Groenou, Hoogendoorn, & Smit, 2009). Having an unhappy marriage has been found to negatively impact psychological well-being in older age (Ross, 1995). Additionally, research shows that poor marital quality marks a risk factor for poor health outcomes, while greater marital quality relates to better physical health (Robles, Slatcher, Trombello, & McGinn, 2014). Marriage appears to have an important and complex influence on successful aging and future research should address the communicative elements that enhance the connection between marriage and well-being in older age.

Those who are not married or in committed, long-term romantic relationships find that dating in older

adulthood has positive impacts on aging. Dating in older age serves to reduce anxiety and provide an opportunity for self-disclosure and love (Bulcroft & O'Conner, 1986). The benefits of dating in older age appear to vary by gender. Dickson, Hughes, and Walker (2005) found gender differences in perceptions of the benefits of dating in later life between men and women. Women indicated that dating amplified their sense of identity and enhanced their self-esteem. On the other hand, older men found dating to provide an outlet for intimacy, sex, and self-disclosure. Additionally, although dating has positive impacts on the lives of men and women in older adulthood, it has a more positive effect on men's happiness than women's (e.g., Bulcroft & Bulcroft, 1985; McElhany, 1992). Women find that dating in older age fulfills needs for independence and companionship, but also involves managing a dialectic tension between these needs as they struggled with a desire to maintain a committed, intimate relationship with a man while avoiding traditional gender roles for a relationship and institutionalized commitment (Dickson et al., 2005). Although less research has examined dating in older adulthood than marriage, evidence suggests that non-married individuals enjoy benefits from dating that are important for their well-being in older age.

Older adults also note that sexual intercourse is a component of their successful aging (e.g., Katz & Marshall, 2003). Contrary to old-age stereotypes, the need for sexual intimacy does not decrease in older age, and older adults are capable of having optimal sexual experiences (Menard et al., 2015), though biological changes in older adulthood sometimes require modification of sexual activity (Reeder, 1996). Partnered adults indicate that sexuality is a priority in mid- and late-life (e.g., Hyde et al., 2010; Woloski-Wruble, Oliel, Leefsma, & Hochner-Celnikier, 2010). Sexual intimacy and satisfaction are positively associated with reports of successful aging and quality of life among older adult women (Thompson, Charo, Vahia, Depp, Allison, & Jeste, 2011). Sexual intimacy provides an important form of communication between romantic partners and often affirms a central part of one's identity (Hooyman & Kiyak, 1999).

Marriage, dating, and sexual intimacy have important influences in older adulthood and can have positive impacts on the process of aging. Research suggests that romantic relationships can have positive impacts on self-identity in older age that stem from the interdependence of partners. The reasons that marital partners and those in romantic relationships enjoy benefits related to successful aging are complex, however. Given that research suggests that romantic relationships are pivotal for health and well-being in older adulthood, future research in this area is essential.

Friendships, sibling relationships, and romantic relationships are predominantly shared between individuals of similar ages and are generally characterized by equity in power, reciprocity, and mutuality. These characteristics provide a foundation for support of role-identity in older adulthood. Intergenerational family relationships are also important for successful aging, but may be complicated by different relational roles that come with family position. In fact, Rittenour et al. (2007) found that sibling birth order affects commitment to the sibling relationship in older adulthood, with younger siblings feeling particularly committed to their older siblings, perhaps due to the caretaking roles that older siblings frequently take in the lives of younger siblings. Uneven relational roles are inherent in intergenerational family relationships, such as in parent-child and grandparent-grandchild dyads. Family relationships that are intergenerational face complexities as they typically involve uneven relational power, but nonetheless have notable roles in successful aging.

D. Adult child-parent relationships

The parent-child relationship is meaningful and long-lasting (e.g, Birditt, Miller, Fingerman, & Lefkowitz, 2009; Nussbaum, Hummert, Williams, & Harwood, 1996). Typically, parent-child relationships are also high in quality (e.g, Cicerelli, 1981; Fingerman, 2001), and that quality endures across the lifespan (Carstensen, 1991, 1992). Sharing love and affection provides one reason that the parent-child relationship endures (Henwood, 1995), and expressing intimacy is a primary function in the relationship (Thompson & Nussbaum, 1988). In fact, affection forms the primary motivator for communicating with children across the lifespan of the relationship (Barbato & Perse, 1999).

As families age, they evolve and grow, and the relationships within the family develop and change. However, the relational position between the parent and child does not shift. As Barbato and Perse (1999) illustrated, "Parents will always be *the parents*, and children will always be *the children*, even when the children are adults and parents themselves," (p. 148, emphasis in original). As a result, family members may resist shifts in the relational construction of their familial roles, even if life circumstances and needs challenge

those roles, such as in the case of older adults facing age-related health issues that require support. Adult children may be in a position to provide such support, but this involves a reversal of their original relational roles. Both parents and children can have difficulty adjusting to the shifts in roles and power as parents age (e.g., Morgan & Hummert, 2000; Silverstein & Giarrusso, 2010). Silverstein, Chen, and Heller (1996) found that the oversupport of adult children in the lives of their older parents eroded their parents' feelings of competence and exacerbated their fears of dependence. However, adult children who attend to their older parents' autonomy when discussing areas of potential support can help them to maintain an independent and competent self-identity. In their study examining older adults' perceptions of adult children's politeness and support in discussions of their parents' future care needs, Fowler, Fisher, and Pitts (2014) found that facework is an essential component in adult children's success in initiating talk with their parents about their future care needs, and that adult children's supportive communication helps their parents cope with potential future care needs. Closeness and strain can certainly characterize the relationship between parents and their adult children as they negotiate their roles in mid and late life (Lang, 2004).

One of the major areas of role negotiation in adult child-parent dyads surrounds the tension between independence and dependence (e.g., Pecchioni, 2001; Wenzel & Poynter, 2014). As parents age, they may increasingly rely on adult children, which constitutes an important transition for their relationship (Pecchioni, 2001). Wenzel and Poynter (2014) examined the competing discourses older parents draw upon when navigating the shift in relationship with an adult child as the family ages and the meanings for the relationship that are constructed in the interplay between them. One of the dominant discursive tensions they uncovered was that between independence and dependence. Some older parents expressed a desire to maintain their independence while also acknowledging that they often need to depend on adult children as they age. However, other older parents privileged a discourse of independence and refused to rely on their children, silencing the competing discourse of dependence on adult children. Older adults value an autonomous identity, as consistent with the dominant cultural discourse in the United States, which honors individuality and independence (Wenzel & Poynter, 2014). Thus, for those in the United States, the cultural emphasis on independence may heighten a sense of vulnerability among older adults as they face later life, a time associated with varying degrees of deterioration and dependency. As such, an older parent's identity as a self-sufficient individual might be acutely problematized by depending on an adult child for assistance.

The tension between independence and dependence manifests in a variety of ways, including through negotiation of older parents' identity and through communication between older parents and their adult children (Wenzel & Poynter, 2014). At times, adult children speak in paternalistic or patronizing ways to their parents, which threatens the autonomy of their parents and potentially increases difficulties in negotiating relational changes in adult child-parent dyads (Morgan & Hummert, 2000; Smelser, 1998). Although adult children often desire to help and protect their parents, communicating that desire and demonstrating help in excess threatens a parent's need for independence and autonomy (e.g., Hummert & Morgan, 2001; Morgan & Hummert, 2000). Thus, when parents need assistance in older age, communication between them and their children that honors older parents' autonomy and overall individual identity will positively support older adults as they age.

Another complication in the older adult parent-child relationship involves managing ambivalence as they negotiate the independence-dependence tension. Although parent-child relationships tend to exhibit closeness across the lifespan of the relationship, they are also marked with more ambivalence than seen in any other interpersonal relationships (Fingerman & Hay, 2004; Fingerman, Chen, Hay, Cichy, & Lefkowitz, 2006; Fingerman, Hay, & Birditt, 2004). Ambivalence involves mixed feelings, sometimes due to facing mutually exclusive options, all of which are evaluated as having positive and negative attributes (e.g., Babrow, 1992, 2001). Research has shown the discursive struggle between independence and dependence as a central source of ambivalence in older parent-child relationships (Gill & Morgan, 2011). According to Problematic Integration (PI) theory, ambivalence can result from difficulties integrating probabilistic orientations to a situation, associated with understanding the likelihood of an occurrence, and evaluative ones, involving assessments of value or the goodness/badness of a situation. As older parents manage their need for autonomy with their adult children's desire to help and protect the parent, parents may face mixed feelings due to the problematic nature

of integrating their orientations to issues involved with older adulthood (see, for example, Yamasaki & Hovick, 2015).

As older parents age, decisions about living arrangements often present a site of problematic integration for older adults. Older adults might consider the risk to their personal safety if they live alone, tapping into a probabilistic orientation to the decision, as well as the threat to independent identity that living in a community segregated on the basis of age and/or ability carries, involving an evaluative orientation to the decision. As older parents consider residence options, conversations with adult children can further problematize their decisions. Adult children are frequently involved in conversations with their parents regarding living arrangements, and their attempts to exert influence and control in these situations offer a potential source of conflict in the adult child-parent relationship (Cicirelli, 1981, 1992). Older adults may feel ambivalent with their children, experiencing gratitude for their children's concern, while simultaneously feeling frustrated with the child's paternalistic communication (Gill & Morgan, 2012), which might contribute to feelings of ambivalence with the residential decision.

Guided by PI theory, Gill and Morgan (2011) examined how older individuals make sense of and communicate about major challenges associated with aging, particularly in regard to moving to a care facility. Despite feelings of ambivalence, older adults managed to cope effectively with the transition by focusing on positive elements, even in areas of uncertainty, and remained hopeful. Conversations with adult children often became sources of positivity and hope for them. Additionally, older adults in their study coped effectively with shifts in independence by reframing their lives at a care facility as allowing them to maintain independence as opposed to limiting it. Viewing assistance and the facility's restrictions as providing the appropriate amount of help so that they could continue to live as they want to and seeing help as a service as opposed to an infringement on their independence provided benefits for them. Framed in this way, older adults facing circumstances that require help from others, such as their adult children, might overcome ambivalence and feelings of threats to identity by focusing on the ways in which assistance can support their desire to live and free them to engage in activities that support a positive self-identity.

Older adults and their adult children face unique challenges in their relationship as parents age, and they lack socialization for how to cope with shifts in their relational roles as a result of age-related difficulties that parents may encounter (Shanas, 1980). Despite the tensions that can complicate adult child-parent relationships, older adults report that they are generally pleased with their communication with their children, even when facing communicative situations that can threaten positive self-identity. Indeed, the parent-child relationship holds numerous benefits for older parents and their children (e.g., Uchino, Kiecolt-Glaser, & Cacioppo, 1994; Wenzel & Poynter, 2014). Their relationship is a primary source of emotional and instrumental support (Carstensen, 1991, 1992). As families age, adult children can provide appropriate support to enhance their parents' successful aging. For example, frequent contact between older adult parents and their children has been shown to reduce depression in older adults (Roh et al., 2015). Additionally, contact with adult children has also been shown to improve overall well-being in older parents (Ryan & Willits, 2007). Although the parent-child role reversal can produce feelings of ambivalence, Gill and Morgan's (2011) work demonstrated that accepting the shifts in relational roles and focusing on the positive elements of a relationship with an adult child has positive impacts on older adult parents' ability to adapt during the process of aging.

E. Grandparent-grandchild relationships

The grandparent-grandchild relationship is an intergenerational relationship that can enhance life for those at the latter end of the lifespan and the lives of their young counterparts. Grandparents play fundamental roles in families (e.g., Harwood, 2004), and the grandparent-grandchild relationship has meaningful consequences for families and society. Yet, people often underacknowledge the importance of grandparents. Recognizing the influential nature and positive contribution of grandparents becomes essential, as discourses about grandparenting are embedded in wider social discourses about family, aging, and independence (Breheny, Stephens, & Spilsbury, 2013). Grandparents enact valuable roles in the families, and thus promote discourse that helps shape a culture of successful aging.

Grandparents play important roles in the family from the time their grandchildren are very young. Older adults provide social support to their daughters when they are expecting a child (Burgess, 2015) and help new mothers cope with stress of becoming a par-

ent (Fahey & Shenassa, 2013). Likewise, women who have poor relationships with maternal and paternal grandparents manifest a higher risk for postpartum depression than those with healthy relationships (e.g., Reid, Schmied, & Beale, 2010). Grandparents support the care of their infant grandchildren and play a role in parenting decisions (Iseki & Ohashi, 2014; Reid et al., 2010). Grandparents sometimes serve as regular caregivers for grandchildren (e.g., Breheny et al., 2013). During the earliest years of their lives, grandchildren benefit from the presence and physical affection of their grandparents (Holladay & Seipke, 2007).

Older children and adolescents also benefit from having close relationships with their grandparents. Davey, Savla, Janke, and Anderson's (2009) study of children ages 9 to 20, based on interviews with 1,345 participants in the National Survey of Families and Households (NSFH), found that grandchildren who reported being closer to all of their grandparents also reported higher levels of life satisfaction than those reporting less closeness. Additionally, in Mansson's (2013) study, college-aged grandchildren's stress, depression, and loneliness were negatively related to the love and esteem, caring, memories and humor, and celebratory affection they received from grandparents. Grandchildren of all ages benefit from close, healthy relationships with their grandparents in ways important to their well-being.

Grandparent-grandchild relationships also support positive role identities of grandparents. Taylor, Robila, and Lee (2005) found that young adults reported that their closest grandparent often takes on a role in their lives as a nurturer or historian, transferring cultural rituals or practices. The appreciation of these roles was evident in that perceiving a grandparent in the role of nurturer or historian significantly predicted intergenerational relationship satisfaction. Additionally, Breheny et al. (2013) found that grandparents constructed a positive identity through their grandparenting role by "being there" for their grandchildren, providing emotional and practical support, while not interfering in their grandchildren's lives. Grandparents enact support of their grandchildren in a variety of ways, including serving as a family peacekeeper, acting as a parent supporter, and functioning as a family historian (Soliz, 2008). Enacting such roles provides benefits to families, and by enacting positive familial roles, grandparents give witness to younger generations that older adulthood is a positive, purposeful time of life.

Overall, the grandparent-grandchild relationship has positive impacts on the well-being of the grandparent. Grandparents who identify in their role as grandparents enjoy well-being and morale as a result (e.g., King & Elder, 1997; Shapiro, 2004). Mansson (2014) found that the extent to which grandparents expressed affection (e.g., love, caring, humor, and esteem) for their grandchildren predicted less stress and better psychological health in grandparents. A close relationship between grandparents and grandchildren clearly supports families, grandchildren, and the grandparent in distinctive and valuable ways.

Grandparents and grandchildren are sometimes separated by geographic distance, which has the potential to diminish the closeness and quality of the grandparent-grandchild relationship. Communication technology may facilitate closer relationships between grandparents and grandchildren, allowing them to reap the benefits traditionally associated with a close grandparent-grandchild bond. Long-distance relationships between grandparents and their grandchildren can be maintained through phone conversations and e-mail (e.g., Harwood, 2000; Holladay & Seipke, 2007). Additionally, grandparents who make an intentional effort to engage with adolescent grandchildren through new technologies can promote stability in their relationship (Bangerter & Waldron, 2014). Social media platforms such as Facebook, as well as communication technologies such as Skype and text messaging enable grandparents and grandchildren to stay in touch more frequently and can enhance the closeness of their relationship. Bangerter and Waldron (2014) found that grandparents who adopted technology to facilitate their communication with their grandchildren expanded their relationship with them, and felt more involved with and closer to them. Harwood (2000) has shown that frequency of communication between grandparents and grandchildren, regardless of medium, to be positively related to relational quality. Furthermore, grandparents who use electronic forms of communication to connect with their grandchildren report higher levels of life satisfaction (Bangerter & Waldron, 2014). Research that explores how various forms of communication technology might be used to connect and enhance the grandparent-grandchild relationship will aid older adult grandparents in maintaining these important intergenerational relationships and promote positive identity associated with older age.

F. Maintaining close relationships using technology

A variety of close relationships in the lives of older adults can benefit from use of communication technology to enhance and maintain interactions. When families and friends are dispersed, older adults may not have in face-to-face contact with those most important to them. Moreover, when older adults experience age-related issues such as hearing loss, vision deficit, age-related cognitive impairments, and mobility restrictions, social interaction can become challenging. The communicative difficulties that result can increase social isolation and loneliness among aging adults (Coyle & Dugan, 2012). Communication technologies have the potential to alleviate such challenges and thereby enhance older adults' ability to communicate with relational partners (e.g., Beckenhauer & Armstrong, 2009; Ruppel, Blight, Cherney, & Fylling, 2016). Although older adults vary in their needs and preferences for use of technology to connect with their family and friends, evidence shows that connecting with others via communication technology tends to enhance close relationships in older age.

Use of communication technology can involve telephone, Internet-based technologies (such as e-mail and social networking sites), and video conferencing. Older adults are keen users of communication technologies, even newer ones for which they are often stereotyped as lagging behind in knowledge and use. Most older adults use the Internet, with 87% of those aged 50-64 and 64% of those aged 65 and older reporting that they are online (Pew Research Center, 2016). Facebook proves a popular social networking site for older adults. Among Internet users, 88% of those aged 18 to 29, 84% of those 30-49, 72% of those 50-64, and 62% of those 65 and older report that they are Facebook adopters (Greenwood, Perrin, & Duggan, 2016). Rates of use of communication technologies in older adulthood continue to grow as cohorts age.

The reasons vary for why older adults use communication technologies in their interactions with relational partners. Distance between older adults and their close family and friends, either due to changes in living arrangements or limited mobility, serves as a primary motivator for adopting or engaging in use of communication technologies to maintain relationships. When older adults are geographically distant from their grandchildren and their families, they are powerfully motivated to use communication technologies to maintain these intergenerational relationships (Chesley & Johnson, 2014). Mobile phone use and computer-assisted communication increased the ease and frequency with which older adults can communicate with family members, diminishing the impacts of distance on relationships and helping to maintain them (Beckenhauer & Armstrong, 2009). E-mail serves as a primary communication technology that older adults use to keep in touch with family members and geographically dispersed friends (Chesley & Johnson, 2014). Later life transitions, such as shifts in living arrangements, also motivate older adults to adopt or expand their use of communication technologies to connect with others (Chesley & Johnson, 2014). Internet access is important for homebound older adults to communicate with family and friends, resulting in less social isolation (Bradley & Poppen, 2003). Generally, communication technology lessens the impacts of issues associated with decreased mobility in older adulthood and provides a way to sustain relationships (Melenhorst, Rogers, & Bouwhuis, 2006).

Communication technologies also help older adults facing age-related health issues maintain their close relationships. Text-based communication technologies, such as e-mail and text messaging, are often preferable for those experiencing hearing loss or speech difficulties (Ruppel et al., 2016). Ruppel et al. (2016) also found that e-mail can reduce communication difficulties associated with depression and increased social isolation. E-mail and other forms of information and communication technology (ICTs) have been found to help older adults experiencing a variety of age-related impairments sustain relationships with family and friends (see Blaschke, Freddolino, & Mullen, 2009 for review). For those experiencing age-related cognitive impairments, e-mail, as an asynchronous communication tool, offers older adults with sensory problems a means to control the speed of interactions (Colvin, Chenoweth, Bold, & Harding, 2004) and pace of response, which eases demands on working memory (Walther, 1996). As individuals encounter age-related health issues, communication technology can support their interactions with family members and friends.

Clearly, older adults use communication technology, and research has shown it enriches their close relationships and improves well-being (e.g., Beckenhauer & Armstrong, 2009; Berkowsky, Cotton, Yost, & Winstead, 2013; Minagawa & Saito, 2014; Woodward et al., 2011). Research demonstrates a variety of communication technologies help to strengthen social connections among older adults with diverse backgrounds and needs

(e.g., Chesley & Johnson, 2014). Nonetheless, specific forms of communication technology may have particular impacts on close relationships. Older adults communicate with their children via the telephone frequently, which has been shown to lessen depression (Roh et al., 2015). Additionally, according to Beckenhauer and Armstrong (2009), the Internet provides not only a means for older adults to connect with others but also to improve their cognitive ability and health. Social media sites are particularly important for maintaining close relationships in older adulthood. While older adults have fewer Facebook friends, they report that the proportion of Facebook friends who are actual friends and with whom they have meaningful ties is higher than found in the networks of younger adults (Chang, Choi, Bazarova, & Lockenhoff, 2015). This is consistent with SST and demonstrates that age is linked with selective reduction in peripheral network connections. Nonetheless, research suggests that computer-assisted communication can also increase social network size among older adult participants who have begun to experience contractions in the number of their connections (e.g., Beckenhauer & Armstrong, 2009; Opalinski, 2001). Overall, findings suggest that online social networks of older adults are conducive for their well-being, and evidence suggests that communication technology has an important influence on close relationships in older adulthood. As generations continue to age and technology continues to evolve, research aimed at understanding how communication technologies can be used to help individuals communicatively adapt as they age will enhance close relationships and successful aging.

3. Managing Health in Older Age

Managing health is a major concern for aging adults. Although most adults between the ages of 65 and 85 age without significant pathology or dementia (Cavanaugh, 1999), older adults do tend to experience changes in sensory functions, such as hearing and vision loss, as they age (e.g., Cassel & Leipzig, 2003; Hickman, Caine, Pak, Stronge, Rogers, & Fisk, 2009; Kane, Ouslander, & Abrass, 2004) and encounter increasing risks to their physiological and psychological well-being as part of the normative process of aging (e.g., Beckenhauer & Armstrong, 2009). As Bourassa, Memel, Woolverton, and Sbarra (2015) demonstrated, "individual levels of physical health and cognition are embedded in a social context" (p. 450), and quality of life in older adulthood is often dependent on social factors. As explored earlier in this essay, close personal relationships certainly impact successful aging in meaningful ways. Additionally, research shows how overall ties within community and social connectedness influence health and well-being. Social connectedness can become an increasing concern for older adults as they age and consider long-term care living options. Advancements in digital technology can support older adults in sustaining community connections, as well as in other ways that can positively influence their health. Additionally, as adults age their interactions with healthcare providers are imperative for their health and successful aging.

A. Community connections

Social isolation constitutes a growing and significant health risk for older adults, with research demonstrating positive correlations to poor physical and mental health, cognitive decline, decreased mobility, and early death (for a review, see Nicholson, 2012). Thus, social connectedness is an essential element of successful aging and a vital component to an individual's quality of life and overall well-being. Haun, Rittman, and Sberna (2008) characterized connectedness in their study with elderly stroke survivors as the availability of others, including a close relationship with at least one other person; support from others; interaction with the community, including engagement in interactive activities, access to transportation, and occasional participation in social organizations; the ability to contribute to the family unit or to others in the community; and the ability to love and/or care for others. In his presentation on the importance of belonging to the very young and the very old, Tomison (1999) defined social connectedness as a strong sense of identity or feeling of belonging to the community; good relationships with neighbors, friends, and/or family; and a number of links with people or groups from outside the individual's immediate group. Indeed, the availability of formal and informal social support between and among friends, family members, acquaintances, neighbors, and even strangers indicates connections to the

community and offers profound consequences for physical and mental well-being (Goldsmith & Albrecht, 2011). In particular, dense support networks—those in which relational partners are closely linked through multiple roles and more likely to presume the reciprocation of future supportive behavior—most often facilitate supportive communication and provide a sense of attachment to the wider community (Goldsmith & Albrecht, 2011).

Putnam (2000) identified social connectedness as one of the most powerful determinants of well-being, claiming that "mounting evidence suggests that people whose lives are rich in social capital cope better with traumas and fight illness more effectively" (p. 289). Social capital refers to a community's social networks and the norms of reciprocity and trust arising from them (Putnam, 2000). According to Cannuscio, Block, and Kawachi (2003), most definitions emphasize its characteristic as a collective good provided by a group or community. Communities high in social capital generally include high civic engagement, member participation in voluntary activities, and high levels of trust and norms of mutual aid between its members (Cannuscio et al., 2003; Putnam, 2000). Social capital can be operationalized as the informal and formal relationships that span people, organizations, and agencies; indeed, communities as a whole benefit most when social networks are diverse, inclusive, tie together organizations, and span other communities. Social capital is integral for the well-being of older adults, as well. Since social connectedness helps individuals maintain productive, independent, and fulfilling lives, the availability of social capital within communities marks an important aspect of successful aging (Cannuscio et al., 2003; Cornwell & Laumann, 2015).

Social connectedness has links to the health of community members and the community itself. Ultimately, "while a community rich in social capital enjoys good health, one that is low in social capital suffers from disease and mortality" (Dutta, 2008, p. 211). Communities that have a variety of health-related resources, high levels of reciprocal trust among their members, and meaningful social ties generally face lower numbers of health-related barriers and can better sustain the health of their members (Dutta, 2008). Community ties also serve as communicative links for providing health information to community members and reinforcing health-enhancing behaviors through community networks. According to Cannuscio et al. (2003), communities with high levels of social capital are better equipped to protect the health of their members, including those who are socially isolated, and are more effective in responding to external health threats, including uninsured and vulnerable populations.

Older adults fall on both the supply and demand sides of a community's social capital (Cannuscio et al., 2003). Although they are significant beneficiaries of social capital, older adults are also "the primary producers of the social glue that holds together communities" (Tomison, 1999, p. 396). In general, current cohorts of older adults have maintained high levels of civic participation, community involvement, and social trust throughout their lives (Putnam, 2000; Yamasaki, 2015). Individuals who feel part of a healthy community will more likely see that they can contribute something worthwhile to that community, thereby creating a cycle of greater well-being and enhanced community life through reciprocal service, socialization, and support (Emlet & Moceri, 2012; Yamasaki, 2015). Such everyday "sharing-caring behaviors" are often conceptualized as the "social glue that bonds, shapes, and even creates community" (Barker, 2002, p. S158) across generations. Baker (2014) even proposes replacing the notion of independence with interdependence as people age, noting that meaningful connection to others is just as desirable as—and perhaps even more vital than—personal autonomy in later life.

Importantly, the perception of isolation can be just as harmful as a real lack of social relationships and low levels of participation in social activities (Cornwell & Waite, 2009). Indeed, perceived social isolation has been recognized as a major health risk for older adults and, when experienced earlier in life, as a contributor to declining health and functioning in later life (Hawkley & Capitanio, 2015). However, older adults who are able to withstand socially isolating circumstances (e.g., retirement or bereavement) or can adjust their expectations so they do not develop a subjective sense of isolation or loneliness generally fare better than those who feel isolated. Further, research suggests that socially isolating circumstances may also offer opportunities for older adults to cultivate more meaningful relationships, which then contribute to greater health and well-being (Cornwell & Laumann, 2015). Thus, scholars and practitioners need to better understand how older adults adapt to changes in their social relationships, as well as the ways psychological and environmental factors affect older adults' appraisals of their social support and companionship, to increase

both social connectedness and the perceived availability of social resources for older adults (Cornwell & Waite, 2009).

B. Long-term care

The significance of social connectedness for maintaining older adults' quality of life and overall well-being is also reflected in the shift from institutions to relational, person-centered communities for the provision of residential long-term care. Consumer concerns about nursing home quality and demands for less medicalized, more homelike environments have contributed to the increasingly prominent role of assisted living centers (ALCs) in providing long-term care for older adults who need daily assistance or find it difficult to manage in their own homes (Eckert, Carder, Morgan, Frankowski, & Roth, 2009). Research has established the importance of social interaction for ALC residents. Meaningful communication between residents and other residents, staff, and family members contributes to better care (Grainger, 2003), increased well-being (Hubbard, Tester, & Downs, 2003; Pitts, Krieger, & Nussbaum, 2005), and a greater quality of life (Guse & Masesar, 1999; Kane & Kane, 2001). Strong predictors of quality of life often include cohesive, homelike environments in which family members participate, staff members spend one-on-one time with residents, and residents develop interpersonal relationships with other residents (Mitchell & Kemp, 2000). Eckert, Zimmerman, and Morgan (2001) endorsed a person-centered view of quality of life and satisfaction that illustrates the nature and diversity of connections between residents, their care providers, and the places where they live. Community connectedness, they argued, is embedded in each resident's cultural and ideological contexts and exists within staff-resident interactions, resident-resident interactions, resident-facility congruence, family involvement, and the particular ALC environment (Eckert et al., 2001).

The opportunity to receive supportive services while socializing with others in a congregate residential setting offers a major advantage over home-based care (Cox, 2005), but mere interaction is not always enough. Eckert et al. (2009) noted that ALCs have the joint challenge of creating genuine community while also permitting room for individual lives. Resident individuality means being able to participate in reciprocal relationships, contribute meaningfully to family members or the community at large, and experience and express a continuity with the past (see Borglin, Edbert, & Hallbert, 2005). It also entails fundamental values of assisted living, including autonomy, privacy, choice, and control—each of which has been deemed by assisted living residents as especially important for a positive quality of life (Ball et al., 2000; Polivka, 2006).

Kane (2001) argued that assisted living done right offers a social model of long-term care in which "normal, ordinary life" coexists with supportive services in a homelike setting. Still, residence in even the best of these communities often signifies a sharp distinction between a life once lived and a life being lived. Older adults moving to ALCs face dramatic changes in physical location, daily routine, social networks, and personal autonomy, as well as residence in an "accidental community" (Kane, 1990) comprised of individuals with diverse interests, backgrounds, and varying levels of physical or cognitive impairment (Guse & Masesar, 1999). A number of studies have examined how individuals transition and adjust to assisted living (e.g., Kennedy et al., 2005; Pitts, Krieger, & Nussbaum, 2005; Tracy & DeYoung, 2004), with fewer studies addressing the ways in which residents successfully make sense of and cope with day-to-day congregate life once they are settled (see Lee, Woo, & Mackenzie, 2002).

Notable exceptions highlight the importance of biography when studying older adults within long-term care environments (Golant, 2003). In particular, staff knowledge of a resident's prior circumstances, expectations, and limitations helps to then frame that individual's current challenges and choices in the assisted living context (Ball et al., 2000; Morgan, Eckert, Piggee, & Frankowski, 2006). Linking present situations to past experiences helps residents find meaning in the lived reality of residential long-term care, as well. In one study, Yamasaki and Sharf (2011) drew from narrative theorizing to understand how residents characterize life in the ALC in terms of prior personal and professional experiences that then inform their current behavior and feelings toward fellow residents. Although the participants professed to have little in common with other residents, biographical continuity (i.e., professional experiences and social identities) enabled them to constitute assisted living in ways that made their lives enjoyable (Yamasaki & Sharf, 2011).

As adults live longer and with more chronic health conditions, residents in ALCs have become increasingly older, sicker, and more like those commonly found in nursing homes (Hawes, Phillips, Rose,

Holan, & Sherman, 2003). Many of these residents exhibit mild-to-moderate confusion, memory loss, or impaired judgment (Carder, 2002), and an estimated one-fourth need help with three or more activities of daily living (Hawes et al., 2003). Some assisted living administrators even suggest the changing realities of old age present real-world constraints to the future of assisted living's philosophical goals, particularly when health or cognition needs challenge resident autonomy (Eckert et al., 2009). Still, as long-term care strives to move from the nursing home's institution-centered medical model of healthcare toward assisted living's person-centered social model of care, more practitioners across the spectrum are embracing a new culture of aging in contexts that are life-affirming, humanizing, satisfying, and meaningful for staff, residents, and their families (Calkins & Keane, 2008).

Scholars and practitioners have increasingly recognized the importance of humanistic, supportive approaches that honor and recognize the dignity, worth, and personhood of those living with dementia (McFadden & McFadden, 2011). For instance, Basting (2009) highlighted a number of innovative programs that use the arts as a conduit to inspire hope, stimulate self-expression, and facilitate emotional connection between individuals with dementia and willing partners or receptive audiences. Performance programs like *To Whom I May Concern*, TimeSlips, the Penelope Project, and Songwriting Works help residents imaginatively and eloquently capture the inside of aging through words, while art-making programs such as Memories in the Making, Arts for the Aging, and ArtCare enable them to aesthetically communicate personal perspectives beyond words. Combined with other day-to-day activities, including quilting, scrapbooking, and reminiscence or guided autobiography, these creative approaches offer the meaning-making, growth, connectedness, and empowerment needed to transform long-term care and foster opportunities for successful aging despite physical, cognitive, and institutional challenges (Yamasaki, 2013).

C. Technology for supporting health and successful aging

Technology has important implications for health in older age. Older adults are increasingly using technologies (Vroman, Arthanat, & Lysack, 2015) and contrary to stereotypes of older adults being afraid or unwilling to explore the benefits of technology, older adults generally have positive attitudes about using and learning to use technology (Mitzner et al., 2010). Digital technology can support older adults' social connectedness and also directly impact older adults' ability to maintain their physiological health, particularly as older individuals often face various health-related issues concurrently that require complex health self-management and coordination of various healthcare services. Those between the ages of 50 and 64 are frequent users of Internet-based health information (e.g., Fox & Rainie, 2002; Holstein & Lundberg, 2003). Older adults are interested in using the Internet for other health-related purposes, such as coordinating their care, and have a range of skills to support their use of technology to help them manage their health (Cresci & Novak, 2012). Herein, we explore how technology has a variety of influences on health and well-being as individuals age.

First, use of digital technology can promote health in older adulthood by helping older adults sustain community connection. Communication technology transcends geographic and spatial barriers, enhancing the social networks of older adults and providing them with a greater sense of connection with the world (Winstead et al., 2013). Research shows that communication technology has the potential to reduce social isolation and loneliness (White & Weatherall, 2000), and maintain social networks, particularly for older adults with limited mobility (Choi & DiNitto, 2013). Communication technology enhances the ability of older adults to live interdependently, as giving and receiving support through digital means enhances older adults' sense of connectedness and overall well-being (Thomas, 2010).

Digital technology also supports older adults' health through its ability to connect individuals with health information. People seek health information online for a variety of reasons, often connected to the role of information provision that they see physicians taking in their medical care, as well as trust they have in their physicians. Some individuals see physicians as a partner in their healthcare and prefer to be involved in their health and information management, requiring them to self-educate online. Others, seeing the physician to provide the gold standard for health information, prefer that all of their knowledge about a condition or issue be supplied directly from the physician (e.g., Von Knoop, Lovich, Silverstein, & Tutty, 2003) and thus defer to their physicians. Although some individuals rely primarily on their physicians and healthcare providers for health information, the

desire to obtain information from sources other than physicians is a growing trend as people work to take control over their own health and healthcare management (Wilkins & Navarro, 2001). Older adults have been found to use the Internet to find health information to aid in their understanding of their health situations and meet their needs for timely information, particularly given the limited time available from healthcare providers (Macias & McMillan, 2008). Cresci and Novak (2012) found that older adults use the Internet for a variety of health-related purposes, including understanding normative aging; gathering information about health, nutrition, and physical activity; identifying when to seek medical care; gathering information to assist with medical visits; understanding medical tests; confirming a diagnosis; and supplementing information provided by a physician.

Researchers have also found that older adults use social media sites for health information. Dumbrell and Steele (2014) examined older adults' experiences using the social media technologies of Facebook, Twitter, and Skype. The participants in their study were taught how to use the sites over two training sessions and then given a six-month time period to use the sites as they chose. They found that although more than half of the older participants classified themselves as having average computer proficiency and a fifth of them rated their skills as limited or very limited, more than 63% of the respondents agreed or strongly agreed that the social media technologies were easy to use. Additionally, Dumbrell and Steele (2014) found that participants used the technologies for information interaction as well as health knowledge management, demonstrating the valuable potential for social media technologies to support the health of older adults.

The trustworthiness of Internet-based health information has long been a concern (e.g., Eysenbach & Jadad, 2001). Health information found online varies in quality, but studies show that upwards of 72% of patients are very or somewhat concerned with the reliability of health information they find online (Murray et al., 2003). Patients report checking the source of health information they find online, as well as taking information they find to their physicians to check quality (e.g., Macias & McMillan, 2008; Murray et al., 2003). According to Macias and McMillan (2008), source credibility of health information is also a concern for older adults and they employ a number of strategies to assess its reliability. Although credibility of health information available online will continue to be a public health issue, older adults, like individuals in other age groups, are aware of the potential problems with the quality of online health information and evidence suggests they are critical consumers of it.

The Internet also has great potential to engage older adults in managing their health through health self-management tools (Cresci & Novak, 2012). Pep[;e cam accomplish personal health information management through computer technologies that provide information, help individuals communicate about health, and facilitate health self-monitoring (Lustria, Smith, & Hinnant, 2011). Older adults appreciate health self-management tools. Cresci and Novak (2012) found that older adults often feel responsible for reconciling treatment plans and coordinating their care between physicians and that technology can assist them in managing their chronic conditions, medications, and treatment plans between numerous providers.

Although digital technology clearly has potential to positively influence the health and well-being for older adults, the Digital Divide between individuals who do and do not have access to technological resources continues to exist (e.g., Koch-Weser, Bradshaw, Gualtieri, & Gallagher, 2010; Ybarra & Suman, 2006), and older adults face barriers to technology based on their social, economic, and demographic background. Additionally, as technology continues to evolve, individuals must have high levels of digital literacy to use technologies effectively (Hill, Betts, & Gardner, 2015). Although older adults have the skills to overcome issues associated with digital literacy, we need more research to understand the challenges they may face in doing so as technology continues to evolve.

Technologies certainly have the potential to aid older adults in maintaining community connections, gathering health information, and managing their health and healthcare. As generations age, the propensity for older adults to use health information technologies to support health will likely grow. Indeed, the Baby Boomers are particularly proactive about health maintenance and searching for health information (Petrecca, 2002). As the Baby Boomer generation moves into older age, health information technologies hold great promise for improving health and supporting successful aging (LeRouge, Tao, Ohs, Lach, Jupka, & Wray, 2014). However, as Richardson, Zorn, and Weaver (2011) noted in their review of older persons' relationships with technology, drawing upon scholarship from 1990 to 2010, caution should be exercised in

promoting the beneficial elements of computers and communication technology in the lives of older adults, lest they are portrayed as aging bodies in need of technological assistance or as a population with resources to spend on technologies with limited value. Care should be taken not to overlook the possible unintended or negative consequences of technology in the lives of older adults. Future design of digital tools can benefit from attention to how older adults prefer to use new technologies to support their health and well-being. Further research should address how older adults prefer to learn how to use such technologies and the potential unintended consequences of integrating communication technologies into their lives.

D. Older patient-provider interactions

Effective communication between healthcare providers and patients is vital for the overall health and quality of life of older patients (e.g., Adelman, Greene, & Ory, 2000; Hickman et al., 2009; Thompson, Robinson, & Beisecker, 2004). The importance of provider-patient communication is heightened in care contexts with older adults, who tend to have more complex health concerns (Stewart, Meredith, Brown, & Galajda, 2000). High quality provider-patient interaction is linked to outcomes such as improved patient satisfaction, patient compliances and adherence to medical recommendations, and a variety of health outcomes (e.g., Thompson et al., 2004; Wynia & Osborn, 2010). As individuals age, their interactions with physicians and other medical professionals are critically important for their health and well-being. Yet, age-related health issues, such as vision and hearing deficits and cognitive impairment, can impact older adults' communication with healthcare providers (Hickman et al., 2009). Indeed, communication issues stemming from age-related health issues have been shown to interfere with the quality of healthcare for older adults (e.g., Adelman et al., 2000; Hickman et al., 2009). Promoting high quality communication between provider and patient is necessary to support the successful aging of older adults.

Patient-centered care, which involves a consideration of patients' interests, values, beliefs, and circumstances in healthcare planning, is a growing trend in the provision of healthcare (e.g., Epstein & Street, 2007; Ruggiano & Edvardsson, 2013). Patient-centered communication is responsive to patient's individual needs (Stewart, 2001) and requires providers to empower patients to coordinate and make informed decisions about their health (e.g., Lorig, 2012). The positive impacts of patient-centered care have been well-documented. Engaging patients in their care and communicating with them in patient-centered ways has been shown to positively impact adherence to treatment recommendations, management of chronic disease, and quality of life (e.g., Arora, 2003; Epstein, Fiscella, Lesser, & Stange, 2010; Finney Rutten et al., 2015; Stewart et al., 2000). A patient-centered approach is essential in the care of older adults. For example, Ouchida and Lachs (2015) argued that in order to facilitate effective communication in the older patient-provider context, providers need to elicit individual goals and preferences; doing so is essential to avoid under- or over-treatment.

Patient-centered care is recommended in all areas of healthcare provision (Epstein & Street, 2007). Indeed, although most research has addressed the importance of physician-patient communication, older adults encounter a variety of medical providers, particularly nurses and physician assistants, who can have positive impacts on the health and well-being of older adults through their communication. Carpiac-Claver & Levy-Storms (2007) examined the communication of nurse aides with long-term care residents, finding that their affective and instrumental communication has the potential to improve quality of care and life of residents, but that nurse training should be improved to address how nurse aides can best relate to their residents. Furthermore, Calvin, Frazier, and Cohen's (2007) study illustrated that nurses and physicians who demonstrated the characteristics of genuinely caring for their older adult patients, communicating respect, and clearly sharing health information with them were extremely valuable. Having reliable information was very important to older adult patients in their study, and they trusted their nurses and physicians to provide the information they needed to manage their health and make sound decisions. Although communication between patients and their nurses and physician assistants is less prolific than research examining physician-patient communication, evidence suggests that patient-centered approaches are generally valuable in the healthcare of older adults and can positively impact aging.

As individuals age, they visit a greater number of providers more frequently (Nie, Wang, Tracy, Moineddin, & Upshur, 2010). Necessarily, coordinating care between multiple providers and health self-management can be complex in older age. Ruggiano,

Shtompel, and Edvardsson (2015) examined how older adults with chronic conditions manage care coordination. Their findings demonstrate the complex and challenging process that is involved with managing chronic conditions in older adulthood. After a self-assessment of health to decide whether to seek support to coordinate care, older adults must research, analyze, and synthesize information related to their condition, symptoms, and potential interventions and services. The latter often depended on resources and social network support. After self-assessment and making informed decisions about care, the coordination of services can take place, during which time communication between service providers must be facilitated. Inherent in the multi-stage process is the importance of communication in successfully managing each stage in order to make sound decisions, and effectively transitioning to the next stage in order to secure appropriate care. Ruggiano et al. (2015) highlighted the importance of providers using language that emphasizes psychosocial aspects of managing their conditions in order to minimize barriers to older adults' participation in care coordination. Doing so allows providers to gather an accurate picture of the experiences of older adults that might be influential for identifying appropriate chronic care and treatment options. Furthermore, a psychosocial approach to communicating about their chronic care helps older adults to value their role in self-management and encourages them to participate in care coordination. Moreover, a patient-centered approach to discerning appropriate paths for management of older adults' chronic conditions provides physicians with information about barriers that patients may have to engaging in self-care.

Older adults indicate that they are generally satisfied with their providers. For example, Lee and Kasper (1998) found that among community-dwelling persons age 65 and older, 90% expressed satisfaction with their physicians, and Tannenbaum, Nasmith, and Mayo (2003) demonstrated that older women are similarly satisfied with their healthcare providers. In the context of emergency medical treatment, older adults rated their physicians and nurses positively, indicating that providers answer questions clearly (Nerney et al., 2001). Research has shown that older-patient satisfaction is associated with physicians' taking time with patients, negatively worded physician-asked questions, and shared laughter (Greene, Adelman, Friedmann, & Charon, 1994). Nonetheless, evidence also suggests that provider-patient relationships and interaction can be problematic (Calvin et al., 2007). The women in Tannenbaum et al.'s (2003) study reported satisfaction with their providers, but they also indicated that physicians did not always have time to listen to them and often did not provide needed health information to them. Greene et al. (1994) found that physicians' patience with and respect for patients were not significantly correlated with patient satisfaction.

Some of the issues reported by older patients in their interactions with their providers stem from ageism. Ageism permeates the attitudes of medical providers, is inherent in the structure of the healthcare system, and in turn influences the attitudes of older patients about themselves (Ouchida & Lachs, 2015). Ageist attitudes of providers are evident early in their careers. Nursing students perceive that older adults are lonely and eager to talk, lack motivation, are sometimes demanding and manipulative, and have diminished autonomy (Tuohy, 2003). Samra, Griffiths, Cox, Conroy, Gordon, and Gladman (2015) found that medical students and physicians experience negative emotions about working with older patients, such as feeling anxious about interacting with them, as well as helplessness or hopelessness about their health. Research has shown that such pervasive ageist attitudes among healthcare providers can lead physicians to dismiss a treatable pathology as a characteristic of old age or, inversely, treat changes associated with aging as a disease (Kane et al., 2004). Ouchida and Lachs (2015) argue that age discrimination can also result in overtreatment if physicians recommend treatment based on chronological age without taking into consideration individual functioning and comorbidities. Conversely, Davis et al.'s (2011) examination of medical providers' expectations regarding aging patients, which included primary care physicians, nurse practitioners, and physician assistants, suggested that pain, fatigue, cognitive impairment, depression, and anxiety may go undertreated because healthcare providers erroneously attribute such symptoms solely to normative processes of aging. Samra et al. (2015) found that the some students and junior doctors in their study were frustrated with the medical system, which they perceived reflected the societal belief that medical resources, such as time, money, and physician effort, were better spent on younger patients and impacted their ability to provide high standards of care for older patients. Ageism has profound implications for the healthcare of older adults, including the type of care they request, are offered, and receive (Ouchida & Lachs, 2015).

Older patients report that physicians tend to assume that they are physically and cognitively impaired, as evidenced by the way that they patronize and talk down to them (Palmore, 2001), and such patronizing talk has been shown to foster dependency in older adults (e.g., McGilton, 2004; Walk, Fleishman, & Mandelson, 2000; Williams, Kemper, & Hummert, 2003). Although healthcare providers are wise to be aware of age-related limitations in older adulthood, providers can enhance communication with their aging patients by respecting that age-related decline ranges widely among older adults, and even those experiencing cognitive changes are not necessarily functionally impaired (Ouchida & Lachs, 2015). When providers gather information about the communicative needs of older patients and accordingly and respectfully tailor interactions with them, provider-patient interaction can be enhanced, paving the way for optimal medical care for older adults.

4. Resilience and Successful Aging

Given the demographic imperative of a rapidly aging society and the growing number of older adults aging with multiple chronic conditions, it has become increasingly important to find ways to help older adults age well. To that end, in recent years scholars have focused on learning ways to promote resilience among older adults and on developing interventions that can improve their ability to cope, facilitate better quality of life, and prevent or delay decline (see Frye & Keyes, 2010; Ramsey & Bleiszner, 2013; Reswick, Gwyther, & Roberto, 2011). Resilience is commonly defined as a dynamic process of adaptation to adversity. Clark, Burbank, Greene, Owens, and Riebe (2011) characterized resilience as a multifaceted, dynamic relationship between an older adult's reactions and responses to stressors and adversities in the environment. Indeed, researchers have increasingly recognized the importance of collective resources and the role of social and physical environments in supporting resilience in later life (Frye & Keyes, 2010; Reswick et al., 2011; Wiles & Jayasinha, 2013). For many, successful aging requires that older adults balance age-related challenges with hopeful promises of growing old. Examinations of resilience help explain how people recover from distressing events, persist through extreme adversities, and negotiate everyday aspirations and challenges that aging often reveals or exposes (Reswick et al., 2011). Importantly, people should not reduce resilience to merely coping with such adversity; it also includes learning, growing, and being positively transformed by challenging circumstances (Beck & Socha, 2015; Clark et al., 2011). Indeed, in some cases, resilience is the capacity to not only handle adversities but also to learn, grow, and be positively transformed by them (Manning, 2013, 2014). To demonstrate this wider context of resilience, we next examine how changing circumstances in later life—notably aging in community and redefining retirement—both require and support resilience, which people acquire in various ways throughout the lifespan and which serves as an increasingly necessary component of successful aging.

A. Aging in community

Where and how older adults live have profound implications for aging successfully into late life. Research confirms overwhelmingly that most Americans want to age in place, a term that refers to the ability to live at home safely, independently, and comfortably, regardless of age, income, or ability (Federal Interagency Forum on Aging-Related Statistics, 2016). This desire stands in direct opposition to institutional care, whose image is largely fueled by stereotypes and feared by many as the only alternative to optimal aging. In reality, however, only about 5% of all older adults live in long-term care residences, while millions of older Americans struggle to stay in homes or local communities that are not designed to accommodate their changing needs (Blanchard, 2013). Ultimately, limited mobility and supportive service options may isolate older adults, leaving them—without meaningful social connection and support—to "suffer the same three plagues that afflict residents in nursing homes—loneliness, boredom, and helplessness" (Blanchard, 2013, p. 1).

The cultural narrative of decline has perpetuated a problematic continuum that positions institutional long-term care at one end and an idealized vision of aging in place at the other, with few perceived options in between (Thomas & Blanchard, 2013). As people

reimagine this narrative, so too can they imagine options for where and how to live while growing old. With intention and planning, a growing number of movements across the country have created ways for older adults to live in community with more control, companionship, dignity, and choice than generations past experienced (Baker, 2014). These alternatives offer the environmental provisions and supportive services needed for aging individuals to sustain their overall well-being and perceived quality of life (Baker, 2014; Blanchard, 2013; Bookman, 2008). Perhaps most significantly, these communities recognize and prioritize the importance of interdependence and connection for all citizens, including the most vulnerable, across the lifespan.

In its 2005 public policy report on the relationship between community connectedness and successful aging, AARP defined a livable community as one with affordable and appropriate housing, supportive community features and services, and adequate mobility options to facilitate both personal independence and the meaningful social engagement of residents. The report claimed livable communities are vital to the successful aging of people over the age of 50 and extended a six-point call to action to help focus attention on community needs for individuals of all ages and abilities. According to these recommendations, communities should (a) encourage community engagement by facilitating various forms of social involvement; (b) promote the design and modification of homes that meet the physical needs of older adults; (c) encourage stability by ensuring diverse and affordable housing environments; (d) promote community features intended to enhance inclusiveness for all individuals; (e) promote safe driving throughout the life span with supportive driver education and improved travel environments; and (f) enhance mobility options, including public transportation and walking, for individuals with varied functional capabilities and preferences (AARP, 2005). These central constructs have facilitated the creative practices of a number of different types of livable communities, some of which we detail in the following paragraphs. Still, while finding the ideas promising, researchers caution against viewing livable communities as a panacea. According to Bookman (2008), "If elders are to have a community to belong to that supports their needs and gives meaning to their lives, we are going to have to make many changes in the way our communities—both physically and socially—are organized" (p. 420). Thus, while resilience matters for successful aging, so too do purposeful efforts to normalize and welcome the skills and wisdom of older adults in public life.

Caring relationships that enhance positive growth, life purpose, and communal well-being provide a cornerstone for livable communities (Greenfield, Scharlach, Lehning, & Davitt, 2012). This "neighbors helping neighbors" philosophy incorporates various types of formal and informal social capital in both intentional and naturally occurring communities (Blanchard, 2013; Bookman, 2008; Yamasaki, 2015). To illustrate, Blanchard (2013) cited a number of integral beliefs for creating aging-in-community projects that benefit citizens of all ages and abilities, including (a) aging is a normal part of life rather than a problem; (b) good neighbors balance independence with interdependence and enhance feelings of belonging; (c) good neighbors value reciprocity to strengthen social ties and provide meaningful purpose; (d) providing a broad range of care options and senior-friendly services can be enhanced by partnering with organizations within the larger community; and (e) informal relationships over time build trust, connectedness, and social capital (pp. 32–33). Indeed, research consistently suggests that age-friendly communities foster both connection and contribution, with a community's respect for older adults contributing significantly to available opportunities and quality of life (Bookman, 2008; Emlet & Moceri, 2012; Greenfield et al., 2012).

Livable communities take a number of forms, including intentional age-segregated communities and cooperative housing where older adults take a proactive approach to aging through communal coping and conscious efforts to age better together (Blanchard, 2013; Glass & Vander Plaats, 2013). However, the two fastest growing models—naturally occurring retirement community (NORC) and Village—are largely intergenerational, even with pocket neighborhoods, buildings, or centers comprised solely of or intended solely for older adults. Both models emphasize civic engagement, promote social relationships, and offer services that enhance resident access to resources, all of which contribute to older adults' physical health and psychosocial well-being (Greenfield et al., 2012). Perhaps most significantly, they recognize the strengths of and nurture the connections among residents, associations, and organizations already present within the local community. For example, Yamasaki (2015) explored aging in community with older adults who lived in the same rural town where they had lived

most—if not all—of their lives. These participants viewed service, socialization, and support as vital to small town living. As a NORC, the small town also provided these participants with a number of practical, medical, social, and supportive services through intergenerational relationships and a variety of organizations, including nonprofit agencies, the senior center, a satellite healthcare clinic, an assisted living community, and multiple churches. Combined with a culture of altruism and collective spirit of stewardship, these resources fostered social connections that built community and nurtured a sense of responsibility across generations, and they helped the community's residents remain connected and engaged as they age (Yamasaki, 2015).

B. Redefining retirement

As we have highlighted, interdependence and engagement—with opportunities for reciprocity between older adults and their communities—define key qualities for aging in community. Research links civic engagement, including meaningful connections, volunteer and paid opportunities, the prioritization of aging issues, and political involvement, to both healthy communities and successful aging (Gasiorek & Giles, 2013; Henkin & Zapf, 2007; Morrow-Howell, 2010). The research also documents the benefits of mutual reciprocity, with older adults reporting increased sense of purpose, satisfaction, and engagement while younger community members benefit from the knowledge, service, and skill sets of older members (Emlet & Moceri, 2012; Hinterlong & Williamson, 2007; McBride, 2007; Wiles & Jayasinha, 2013). While volunteering has long been recognized as a cornerstone of civic engagement and an important activity in later life (Morrow-Howell, 2010), new ways of thinking about retirement have changed how older adults engage. Whereas people once regarded work and retirement as a full-start/full-stop process, they now position them more often on a continuum that shifts according to life course phase (Bookman, 2008). For example, people may change careers in midlife or work part-time for years after retiring from their primary role. The line between paid work and volunteerism is also fluid, with people using skills from their work in community service projects and vice versa (Bookman, 2008). These evolving constructs of both aging in community and living in retirement continue to transform perceptions and experiences of later life in nuanced ways that can foster successful aging.

Older Americans have a strong history of volunteering. Indeed, many adults engage in service well into their retirement years, and volunteer rates do not decline significantly until later life when health concerns make volunteer engagement more difficult (Morrow-Howell, O'Neill, & Greenfield, 2011). The rate of volunteering among older adults has increased steadily for three decades with a median time commitment of approximately 90 hours per year for people over the age of 65 (Gasiorek & Giles, 2013; Morrow-Howell, 2010). An estimated 40% of older adults who volunteer report involvement in formal volunteering activities, while another 40% provide help to their community or to someone other than a family member (Morrow-Howell, 2010). With this increased involvement comes a collective shift from an ethic of staying busy to an important way of giving back to the community (Emlet & Moceri, 2012; Gasiorek & Giles, 2013). Research demonstrates that older adults will more likely volunteer for religious organizations and health, social, or community service agencies and that they will more likely be involved in relational activities, such as being a mentor, tutor, or friendly visitor (e.g., Morrow-Howell et al., 2011; Wiles & Jayasinha, 2013). Increased Internet-based social participation by older adults has also contributed to engagement with virtual volunteerism (Mukherjee, 2010). This type of participation involves tasks such as updating websites, writing reports, preparing public relations materials, consulting on budgeting, contributing to an organization's social media, and mentoring younger people; it is especially ideal for participants with chronic illnesses or mobility issues that would otherwise prohibit their engagement (Mukherjee, 2010).

Researchers theorize that the volunteer role becomes especially salient in later life as other social roles are generally lost (Gasiorek & Giles, 2013; Morrow-Howell, 2010; Morrow-Howell et al., 2011). Volunteer participation following the death of a spouse or loss of both work and the social ties associated with it has been found to have positive effects on mental health, subjective well-being, self-efficacy, and life satisfaction (Gasiorek & Giles, 2013; Morrow-Howell, 2010). In one study, older adults with strong social and emotional connections to their community assumed new identities through their care for place, including caretaker, guardian, and advocate, thereby further enhancing their sense of attachment and belonging (Wiles & Jayasinha, 2013). Similarly, Kaskie, Imhof, Cavanaugh, and Culp (2008) found

that civic engagement serves as a formal retirement role for older adults who actively serve in paid or volunteer positions, often because they are not prepared to retire entirely; they see civic engagement as a way to maintain their social status and contribute to the social capital of their community.

C. Pathways to resilience

According to Ramsey and Bleiszner (2013), "The balance between gains and losses shifts over time, but the concept of *plasticity*—the ongoing potential for learning and adaptation—suggests that many older adults are capable of responding creatively to life's changes and adjusting effectively to functional and emotional losses" (p. 26; emphasis in original). The capacity to respond and adjust effectively comes from a person's "resilience repertoire" (Clark et al., 2011, p. 53), meaning the supply of skills and resources used to temper the negative consequences of challenging events or to facilitate positive growth and development during periods of adversity. People generally accumulate this repertoire over a lifetime, and it becomes increasingly important for older adults to maintain subjective perceptions of well-being and quality of life as they age (Beck & Socha, 2015). While a number of resources influence an individual's capacity for resilience, three that especially contribute to and gain meaning throughout the lifespan—religion and spirituality, creativity, and humor—are highlighted herein.

Religion and spirituality play a distinctive and important role for many individuals across the lifespan, and religious and spiritual coping can form a positive source of resilience for older adults (Faigin & Pargament, 2011; Manning, 2014; Ramsey & Bleiszner, 2013). Research shows that religion and spirituality can offer consolation or comfort, provide a frame of reference to promote self-efficacy and active problem-solving, and help individuals surrender control and draw meaning from stressful circumstances. Ramsey and Bleiszner (2013) claimed that reconfiguration—the capacity to turn suffering into personal growth—holds the most salience for resiliency and successful aging, as religion and spirituality contribute to meaning making or the cognitive activities that result in changed attitudes, beliefs, and practices. To illustrate, Manning (2013) examined how older women use their spirituality as a tool to promote and maintain resilience in later life. She found that spirituality served as a unique resource for these women to make sense of their identity, reframe the negative to the positive, and promote and enhance their health and well-being, which resulted in an overall positive experience of aging. Enduring hardship, challenge, and adversity while using their spirituality as a framework for making meaning and processing allowed these women not only to cope with challenge but also to persevere in a manner that resulted in positive development, growth, and positive transformation. This process ultimately led to their perceived well-being and subjective feelings of life satisfaction, meaning, and purpose (Manning, 2013, 2014).

Religion can also bolster resiliency in older adults through enhanced systems of social support (Faigin & Pargament, 2011). Research demonstrates the fundamental importance of (a) church membership for the health and well-being of older adults (Krause, 2009) and (b) faith-based organizations for social capital, livable communities, and successful aging (AARP, 2005; Putnam, 2000). Older adults over the age of 65 constitute three times as many congregants in Protestant churches than people under 35, and more than half of these affiliated older adults attend weekly worship services, volunteer within the congregation, regularly serve nonmembers in the community, and are more inclined to trust their clergy's guidance (Achenbaum, 2005). Moreover, Jewish, Muslim, African American, Native American, and other ethnic congregations are particularly noted for the spiritual health of and considerable attention paid to their aging members (Achenbaum, 2005). Opportunities through the church to both receive and provide support contribute to vital components of successful aging, including positive affect, meaningful involvement, and social connectedness.

Creativity is also linked to the resiliency of older adults. Miller and Cohen (2016) described how the concept of creative aging can enable people not only to cope but also to grow beyond the limitations imposed by both illness and aging. According to Miller and Cohen (2016), everyone—no matter how old, how ill, or how cognitively impaired—has the capacity to grow, learn, and keep living to the very end. From this perspective, aging is a time of potential, and creativity enhances the skills needed for engaging new and challenging realities, embracing uncertainty with courage, and in so doing, discovering newly adapted and stronger selves (Miller & Cohen, 2016). For these reasons, Basting (2009), drawing from her work in the fields of the arts and aging, advocated for imagination as a strategy for changing attitudes toward and care

practices for older adults living with dementia. Doing so enables people with dementia and their caregivers to move past the overwhelming fear associated with dementia in order to engage fully in the present and to connect in meaningful ways (Roush et al., 2011).

Narrative gerontologists claim that older adults' capacity for autobiographical reasoning—for making sense of past or present events in terms of their lives as a whole—becomes more sophisticated with advancing years (Randall, Baldwin, McKenzie-Mohr, McKim, & Furlong, 2015). People who score high on generativity tend to tell redemptive sequences (i.e., negative experiences result in positive outcomes) when remembering difficult life events, while people who score low on generativity usually tell stories characterized by contamination sequences (i.e., a positive beginning leads to a negative end). Given the association between generativity and resiliency, Randall et al. (2015) endorsed narrative strategies such as reminiscence, life review, guided autobiography, and other activities in which deep storytelling is elicited through deep story listening to "help us own and honor our own lives, warts and all, as the special sagas they surely are; strategies, in short, that help us tell our stories in ways that make us stronger" (p. 160). To illustrate, Yamasaki (2009) conducted a narrative analysis of Effie Lee Wilder's five novels that she wrote and published in her late 80s and early 90s. By crafting narratives of characters much like herself who resided within a fictionalized retirement home much like her own, Wilder served as a living testimony for what it means to be older. Her published narratives revealed deliberate choices to present the joys, challenges, and heartaches of old age to a mainstream population that, in many ways, actively resists growing old. As such, Wilder not only made sense of her own experiences through story but also guided others who will someday follow by demonstrating that age is actively constructed from myriad possibilities. Her novels demonstrated that individuals can assume authority over how they age through personal stories, told in a narrative context of possibility, that contradict negative cultural narratives of age. Indeed, they also exemplified that many experiences in later life can, in fact, be positive (see Randall et al., 2015).

Finally, research demonstrates positive relationships among humor, coping efficacy, and life satisfaction for older adults (Celso, Ebener, & Burkhead, 2003; Wanzer, Sparks, & Bainbridge-Frymier, 2009). Sparks-Bethea (2001) noted that older adults strategically employed humorous communication as a means of coping with life stress, easing tensions, and increasing solidarity during social interaction. Likewise, Wanzer et al. (2009) found that humor helped older adults cope with the challenges associated with aging, enabled them to reframe difficult situations, and served as a means for relating to and interacting with family, friends, and younger people. In particular, older adults who scored higher in humor orientation, which is recognized as the extent to which an individual appreciates and uses humor during social interactions, tended to be more communicatively competent and had greater skill in handling difficult or stressful situations (Wanzer et al., 2009). For these older adults, humor builds resiliency for navigating adversity in ways that facilitate their capacity for successful aging.

Conclusion

Although age continues to be associated with deficit and decline, the lived experiences of older adults are multifaceted, and communication research works to capture this heterogeneity while also addressing the influential role of communication in the ability of older adults to successfully age. As we've demonstrated throughout this review, communication holds a central place for wellness across the lifespan. Indeed, close relationships, social connections, and meaningful engagement enable adults to maintain life satisfaction and maximize health and well-being as they age, just as dominant discourses of aging influence—and often problematize—how people define, perceive, and experience old age. Thus, we join with other scholars who call for continued research to explore the nuanced realities of older adults in ways that (a) challenge ageist stereotypes to change misconceptions about the experiences of aging, (b) provide insights into ways that people can develop resources to promote and enhance strength and resilience in later life, and (c) actively strengthen the social environment in which people can successfully age (see Manning, 2013; Nussbaum & Fisher, 2011; Ramsey & Bleiszner, 2013). The most fruitful research will continue to disrupt the false binary of older adults as either

dependent or busy and instead recognize a more complex middle ground in which people talk about and act upon the experience of growing old in light of both its realities and its promises.

References

AARP. (2005). *Beyond 50.05: A report to the nation on livable communities: Creating environments for successful aging*. Washington, DC: AARP Public Policy Institute.

Achenbaum, W. A. (2005). *Older Americans, vital communities: A bold vision for societal aging*. Baltimore, MD: The Johns Hopkins University Press.

Aday, R. H., Kehoe, G. C., & Farney, L. A. (2006). Impact of senior center friendships on aging women who live alone. *Journal of Women & Aging*, *18*(1), 57–73.

Adelman, R., Greene, M., & Ory, M. (2000). Communication between older patients and their physicians. *Clinics in Geriatric Medicine*, *16*, 1–23.

Antonucci, T. C., & Akiyama, H. (1995). Convoys of social relations: Family and friendship within a life span context. In R. Bleiszner & V. H. Bedford (Eds.), *Handbook of aging and the family* (pp. 355–371). Westport, CT: Greenwood Press.

Antonucci, T. C., & Akiyama, H. (1997). Social support and the maintenance of competence. In S. L. Willis, K. W. Schaie, & M. Hayward (Eds.), *Social mechanisms for maintaining competence in old age* (pp. 182–191). New York: Springer.

Arora, N. K. (2003). Interacting with cancer patients: The significance of physicians' communication behavior. *Social Science & Medicine, 57*, 791–806.

Avers, D., Brown, M., Chui, K. K., Wong, R. A., & Lusardi, M. (2011). Use of the term elderly. *Journal of Geriatric Physical Therapy, 34*, 153–154.

Babrow, A. S. (1992). Communication and problematic integration: Understanding diverging probability and value, ambiguity, ambivalence, and impossibility. *Communication Theory*, *2*, 95–130.

Babrow, A. S. (2001). Uncertainty, value, communication, and problematic integration. *Journal of Communication, 51*, 553–573.

Baker, B. (2014). *With a little help from our friends: Creating community as we grow older*. Nashville, TN: Vanderbilt University Press.

Ball, M. B., Whittington, F. J., Perkins, M. M., Patterson, V. L., Hollingsworth, C., King, S. V., & Combs, B. L. (2000). Quality of life in assisted living facilities: Viewpoints of residents. *Journal of Applied Gerontology, 19*, 304–325.

Baltes, P. B., & Baltes, M. M. (1990). *Successful aging: Perspectives from the behavioral sciences*. New York, NY: Cambridge University Press.

Bangerter, L. R., & Waldron, V. R. (2014). Turning points in long distance grandparent-grandchild relationships. *Journal of Aging Studies*, *29*, 88–97. doi:10.1016/j.jaging.2014.01.004

Barbato, C. A., & Perse, E. M. (1999). 'I don't care if you are 65, you are still my baby!': Examining parents' communication motives throughout the life-span. *Communication Research Reports*, *16*(2), 147–156.

Barker, J. C. (2002). Neighbors, friends, and other nonkin caregivers of community-living dependent elders. *Journal of Gerontology: Social Sciences, 57B*, S158–S167.

Barker, V., Giles, H., & Harwood, J. (2004). Inter- and intragroup perspectives on intergenerational communication. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of communication and aging research* (2nd ed., pp. 139–165). Mahwah, NJ: Lawrence Erlbaum.

Basting, A. D. (1998). *The stages of age: Performing age in contemporary American culture*. Ann Arbor, MI: The University of Michigan Press.

Basting, A. D. (2009). *Forget memory: Creating better lives for people with dementia*. Baltimore, MD: The Johns Hopkins University Press.

Beck, G. A., & Socha, T. J. (Eds.). (2015). *Communicating hope and resilience across the lifespan*. New York, NY: Peter Lang.

Beckenhauer, J., & Armstrong, J. (2009). Exploring relationships between normative aging, technology, and communication. *Marriage & Family Review*, *45*, 825–844.

Bedford, V. H. (1996). Sibling relationship troubles and well-being in middle and old age. *Family Relations: Interdisciplinary Journal of Applied Family Studies*, *47,* 369–376.

Berg, C. A., & Upchurch, R. (2007). A developmental-contextual model of couples coping with chronic illness across the adult life span. *Psychological Bulletin, 133,* 920–954. doi: 10.1037/0033–2909.133.6.920

Berkowsky, R. W., Cotton S. R., Yost E. A., & Winstead V. P. (2013). Attitudes towards and limitations to ICT use in assisted and independent living communities: Findings from a specially-designed technological intervention. *Educational Gerontology*, *39*, 797–811. doi:10.1080/03601277.2012.734162

Birditt, K. S., Miller, L. M., Fingerman, K. L., & Lefkowitz, E. S. (2009). Tensions in the parent and adult child relationship: Links to solidarity and ambivalence. *Psychology and Aging, 24,* 287–295. doi: 10.1037/a0015196. PMCID: 2690709

Blanchard, J. M. (Ed.). (2013). *Aging in community*. Chapel Hill, NC: Second Journey Publications.

Blaschke, C. M., Freddolino, P. P., & Mullen, E. E. (2009). Ageing and technology: A review of the research literature. *British Journal of Social Work, 39*(4), 641–656.

Bookman, A. (2008). Innovative models of aging in place: Transforming our communities for an aging population. *Community, Work & Family, 11*, 419–438.

Bookwala, J. (2005). Role of marital quality in physical health during the mature years. *Journal of Aging and Health*, *17*(1), 85–104.

Bookwala, J., & Jacobs, J. (2004). Age, marital processes, and depressed affect. *The Gerontologist*, *44*, 328–338.

Borglin, G., Edberg, A-K., & Hallberg, I. R. (2005). The experience of quality of life among older people. *Journal of Aging Studies, 19*, 201–220.

Bourassa, K. J., Memel, M., Woolverton, C., & Sbarra, D. A. (2015). A dyadic approach to health, cognition, and quality of life in aging adults. *Psychology and Aging, 30*(2), 449–461. doi: 10.1037/pag0000025

Bradley, N., & Poppen, W. (2003). Assistive technology, computers and Internet may decrease sense of isolation for homebound elderly and disabled persons. *Technology and Disability*, *15*, 19–25.

Braithwaite, D. O., & Baxter, L. A. (2006). *Engaging theories in family communication: Multiple perspectives.* Thousand Oaks, CA: Sage.

Breheny, M., Stephens, C., & Spilsbury, L. (2013). Involvement without interference: How grandparents negotiate intergenerational expectations in relationships with grandchildren. *Journal of Family Studies*, *19*(2), 174–184.

Brody, G. H. (1998). Sibling relationship quality: Its causes and consequences. *Annual Review of Psychology*, *49*, 1–24.

Bryant, L. L., Corbett, K. K., & Kutner, J. S. (2001). In their own words: A model of healthy aging. *Social Science & Medicine, 53*, 927–941.

Bulcroft, K., & Bulcroft, R. (1985). Dating and courtship in later life: An exploratory study. In W. A. Peterson & J. Quadagno (Eds.), *Social bonds in later life* (pp. 155–128). Beverly Hills, CA: Sage.

Bulcroft, K., & O'Conner, M. (1986). The importance of dating relationships on quality of life for older persons. *Family Relations*, *35*, 397–401.

Burgess, A. (2015). Interconnectedness: The grandparents' role in childbearing and parenting. *International Journal of Childbirth Education*, *30*(1), 68–73.

Burleson, B. R. (2009). Understanding the outcomes of supportive communication: A dual-process approach. *Journal of Social and Personal Relationships*, *26*, 21–38. doi:10.1177/0265407509105519

Calkins, M. P., & Keane, W. (2008). Tomorrow's assisted living and nursing homes: The converging worlds of residential long-term care. In S. M. Golant & J. Hyde (Eds.), *The assisted living residence: A vision for the future* (pp. 86–118). Baltimore, MD: The Johns Hopkins University Press.

Calvin, A. O., Frazier, L., & Cohen, M. Z. (2007). Examining older adults' perceptions of health care providers: identifying important aspects of older adults' relationships with physicians and nurses. *Journal of Gerontological Nursing*, *33*(5), 6–12.

Cannuscio, C., Block, J., & Kawachi, I. (2003). Social capital and successful aging: The role of senior housing. *Annals of Internal Medicine, 139*, 395–400.

Carder, P. C. (2002). The social world of assisted living. *Journal of Aging Studies, 16*, 1-18.

Carpiac-Claver, M. L., & Levy-Storms, L. (2007). In a manner of speaking: Communication between nurse aides and older adults in long-term care settings. *Health Communication*, *22*(1), 59–67. doi:10.1080/10410230701310307

Carstensen, L. L. (1991). Selectivity theory: Social activity in life-span context. *Annual Review of Gerontology and Geriatrics*, *11*, 195–217.

Carstensen, L. L. (1992). Social and emotional patterns in adulthood: Support for socioemotional selectivity theory. *Psychology and Aging*, *7*, 331–338.

Carstensen, L. L. (1998). A life-span approach to social motivation. In J. Heckhausen & C. Dweck (Eds.) *Motivation and self-regulation across the life span* (pp. 341–364). New York, NY: Cambridge University Press.

Carstensen, L. L. (2006). The influence of a sense of time on human development. *Science*, *312*, 1913–1915. doi:10.1126/science.1127488

Carstensen, L. L., & Fredrickson, B. F. (1998). Socioemotional selectivity in healthy older people and younger people living with the human immunodeficiency virus: The centrality of emotion when the future is constrained. *Health Psychology*, *17*, 1–10.

Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*, *54*, 165–181.

Carstensen, L. L., Levenson, M. R., & Gottman, J. M. (1995). Emotional behavior in long-term marriage. *Psychology and Aging, 10,* 140–149. doi:10.1037/0882-7974.10.1.140

Carstensen, L. L., & Mikels, J. A. (2005). At the intersection of emotion and cognition: Aging and the positivity effect. *Current Directions in Psychological Science*, *14*, 117–121. doi: 10.1111/j.0963-7214.2005.00348.x

Carstensen, L. L., Mikels, J. A., & Mather, M. (2006). Fifteen: Aging and the intersection of cognition, motivation, and emotion. In J. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (6th ed. pp. 343–362). doi:10.1016/B978-012101264-9/50018-5

Cassel, C., & Leipzig, R. (2003). *Geriatric medicine: An evidence based approach* (4th ed.). New York: Springer-Verlag.

Cavanaugh, J. C. (1999). Theories of aging in the biological, behavioral, and social sciences. In J. C. Cavanaugh & S. K. Whitbourne (Eds.), *Gerontology: An interdisciplinary perspective* (pp. 1–28). New York: Oxford University Press.

Celso, B. G., Ebener, D. J., & Burkhead, E. J. (2003). Humor, coping, health status, and life satisfaction among older

adults residing in assisted living facilities. *Aging & Mental Health, 7*, 438–445.

Chang, P. F., Choi, Y. H., Bazarova, N. N., & Lockenhoff, C. E. (2015). Age differences in online social networking: Extending socioemotional selectivity theory to social network sites. *Journal of Broadcasting & Electronic Media*, *59*(2), 221–239.

Charles, S. T., & Carstensen, L. L. (2007). Emotion regulation and aging. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 307–327). New York, NY: Guilford Press.

Chesley, N., & Johnson, B. E. (2014). Information and communication technology use and social connectedness over the life course. *Sociology Compass*, *8*(6), 589–602.

Choi, N. G., & DiNitto, D. M. (2013). The digital divide among low-income homebound older adults: Internet use patterns, eHealth, literacy, and attitudes toward computer/Internet use. *Journal of Medical Internet Research*, *15*, e93.

Cicirelli, V. G. (1981). Kin relationships of childless and one-child elderly in relation to social services. *Journal of Gerontological Social Work, 4*(1), 19–33.

Cicirelli, V. G. (1992). *Family caregiving: Autonomous and paternalistic decision making.* Newbury Park, CA: Sage.

Cicirelli, V. G. (1995). *Sibling relationships across the life span.* New York, NY: Pantheon Books.

Cicirelli, V. G., & Nussbaum, J. F. (1989). Relationships with siblings in later life. In J. F. Nussbaum (Ed.), *Life-span communication: Normative processes* (pp. 283–299). Hillsdale, NJ: Erlbaum.

Clark, P. G., Burbank, P. M., Greene, G., Owens, N., & Riebe, D. (2011). What do we know about resilience in older adults? An exploration of some facts, factors, and facets. In B. Resnick, L. Gwyther, & K. Roberto (Eds.), *Resilience in aging: Concepts, research, and outcomes* (pp. 51–66). New York, NY: Springer.

Cohn, D. (2010). *At long last, divorce*. Retrieved February 8, 2017 from http://www.pewresearch.org/2010/06/04/at-long-last-divorce/

Cohn, D. (2011). *Marriage rate declines and marriage age rises*. Retrieved February 8, 2017 from http://www.pewsocialtrends.org/2011/12/14/marriage-rate-declines-and-marriage-age-rises/

Colvin, J., Chenoweth, L., Bold, M., & Harding, C. (2004). Caregivers of older adults: Advantages and disadvantages of Internet-based social support. *Family Relations*, *53*, 49–57.

Connidis, I. A., & Campbell, L. D. (1995). Closeness, confiding, and contact among siblings in middle and late adulthood. *Journal of Family Issues*, *16*(6), 722–745.

Cook, W., & Kenny, D. (2005). The actor-partner interdependence model: A model of bidirectional effects in developmental studies. *International Journal of Behavioral Development, 29,* 101–109. http://dx.doi.org/ 10.1080/01650250444000405

Cornwell, E. Y., & Laumann, E. O. (2015). The health benefits of network growth: New evidence from a national survey of older adults. *Social Science & Medicine, 125*, 94–106.

Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of Health and Social Behavior, 50*, 31–48.

Cox, C. B. (2005). *Community care for an aging society: Issues, policies, and services*. New York, NY: Springer.

Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness, and health among older adults. *Journal of Aging and Health*, *24*, 1346–1363. doi:10.1177/0898264312460275

Cresci, M. K., & Novak, J. M. (2012). Information technologies as health management tools: Urban elders' interest and ability in using the Internet. *Educational Gerontology, 38*(7), 491–506. doi: 10.1080/03601277.2011.567185

Cruikshank, M. (2013). *Learning to be old: Gender, culture, and aging* (3rd ed). Lanham, MD: Rowman & Littlefield.

Cukrowicz, K. C., Franzese, A. T., Thorp, S. R., Cheavens, J. S., & Lynch, T. R. (2008). Personality traits and perceived social support among depressed older adults. *Aging and Mental Health, 12*, 662–669.

Cutrona, C. E. (1996). *Social support in couples*. Thousand Oaks, CA: Sage.

Davey, A., Savla, J., Janke, M., & Anderson, S. (2009). Grandparent-grandchild relationships: From families in contexts to families as contexts. *International Journal of Aging and Human Development*, *69*(4), 311–325.

Davies, B. (1993). Sibling bereavement: Research-based guidelines for nurses. *Seminars in Oncology Nursing*, *9*, 107–113.

Davis, M., et al. (2011). Primary care clinician expectations regarding aging. *The Gerontologist 51*(6), 856–866.

de Jong Gierveld, J., van Groenou, M. B., Hoogendoorn, A. W., & Smit, J. H. (2009). Quality of marriages in later life and emotional and social loneliness. *Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, *64B*(4), 497–506.

DeFalco, A. (2010). *Uncanny subjects: Aging in contemporary narrative*. Columbus, OH: The Ohio State University.

Dickson, F. C., Hughes, P. C., & Walker, K. L. (2005). An exploratory investigation into dating among later-life women. *Western Journal of Communication*, *69*(1), 67–82. doi:10.1080/10570310500034196

Dumbrell, D., & Steele, R. (2014). Social media technologies for achieving knowledge management amongst older adult communities. *Procedia - Social and Behavioral Sciences*, *147* (3rd International Conference on Integrated Information, IC-ININFO), 229–236. doi:10.1016/j.sbspro.2014.07.165

Dutta, M. J. (2008). Culture, social capital, and health. *Communicating health: A culture-centered approach* (pp. 205–219). Cambridge, UK: Polity Press.

Eckert, J. K., Carder, P. C., Morgan, L. A., Frankowski, A. C., & Roth, E. G. (2009). *Inside assisted living: The search for home*. Baltimore, MD: The Johns Hopkins University Press.

Eckert, J. K., Zimmerman, S., & Morgan, L. A. (2001). Connectedness in residential care: A qualitative perspective. In S. Zimmerman, P. D. Sloane, & J. K. Eckert (Eds.), *Assisted living: Needs, practices, and policies in residential care for the elderly* (pp. 292–313). Baltimore, MD: The Johns Hopkins University Press.

Edwards, H. (2001). Family caregiving, communication, and the health of care receivers. In M. L. Hummert & J. F. Nussbaum (Eds.), *Aging, communication, and health: Linking research and practice for successful aging* (pp. 203–224). Mahwah, NJ: Lawrence Erlbaum.

Emlet, C. A., & Moceri, J. T. (2012). The importance of social connectedness in building age-friendly communities. *Journal of Aging Research*. Retrieved February 19, 2017 from http://dx.doi.org/10.1155/2012/173247

Epstein, R. M., Fiscella, K., Lesser, C. S., & Stange, K. C. (2010). Why the nation needs a policy push on patient-centered health care. *Health Affairs*, *29*, 1489–1495.

Epstein, R. M., & Street, R. L. (2007). *Patient-centered communication in cancer care: Promoting healing and reducing suffering*. National Cancer Institute, NIH publication No. 07-6225. Bethesda, MD: National Institute of Health.

Eysenbach, G., & Jadad, A. R. (2001). Consumer health informatics in the Internet age. In A. Edwards & G. Elwyn (Eds.), *Evidence-based patient choice* (pp. 289–307). Oxford, UK: Oxford University Press.

Fahey J. O., & Shenassa E. (2013). Understanding and meeting the needs of women in the postpartum period: The perinatal maternal health promotion model. *Journal of Midwifery & Women's Health, 58*, 613–621.

Faigin, C. A., & Pargament, K. I. (2011). Strengthened by the Spirit: Religion, spirituality, and resilience through adulthood and aging. In B. Resnick, L. Gwyther, & K. Roberto (Eds.), *Resilience in aging: Concepts, research, and outcomes* (pp. 163–180). New York, NY: Springer.

Federal Interagency Forum on Aging-Related Statistics. (2016). *Older Americans 2016: Key indicators of well-being*. Washington, DC: U.S. Government Printing Office.

Field, D., & Minkler, M. (1988). Continuity and change in social support between young-old and old-old or very-old age. *Journal of Gerontology*, *43*, 100–106.

Fingerman, K. L. (2001). A distant closeness: Intimacy between parents and their children in later life. *Generations, 25*, 26–33.

Fingerman, K. L., Chen, P. C., Hay, E. L., Cichy, K. E., & Lefkowitz, E. S. (2006). Ambivalent reactions in the parent and offspring relationship. *Journals of Gerontology & Psychological Sciences*, *61*B, 152–160.

Fingerman, K. L., & Hay, E. L. (2004). Intergenerational ambivalence in the context of the larger social network. In K. Pillemer & K. Luescher (Eds.), *Intergenerational ambivalence: New perspectives on parent-child relations in later life* (pp. 133–152). Amsterdam: Elsevier/JAI Press.

Fingerman, K. L., Hay, E. L., & Birditt, K. S. (2004). The best of ties, the worst of ties: Close, problematic, and ambivalent social relationships. *Journal of Marriage and Family*, *66*, 792–808. doi: 10.1111/j.0022-2445.2004.00053.x

Finney Rutten, L. J., Agunwamba, A. A., Beckjord, E., Hesse, B. W., Moser, R. P., & Arora, N. K. (2015). The relation between having a usual source of care and ratings of care quality: Does patient-centered communication play a role? *Journal of Health Communication*, *20*(7), 759–765. doi:10.1080/10810730.2015.1018592

Fisher, C. L., & Nussbaum, J. F. (2015). Maximizing wellness in successful aging and cancer coping: The importance of family communication from a socioemotional selectivity theoretical perspective. *Journal of Family Communication*, *15*(1), 3–19. doi:10.1080/15267431.2014.946512

Floyd, K., & Parks, M. R. (1995). Manifesting closeness in the interactions of peers: A look at siblings and friends. *Communication Reports*, *8*(2), 69–76.

Folwell, A. L., Chung, L. C., Nussbaum, J. F., Sparks-Bethea, L., and Grant, J. (1997). Differential accounts of closeness in older adult sibling relationships. *Journal of Social and Personal Relationships*, *14,* 843–849.

Foos, P. W., & Clark, M. C. (2008.) *Human aging* (2nd ed.). Boston, MA: Allyn & Bacon.

Forster, L. E., & Stoller, E. P. (1992). The impact of social support on mortality: A seven-year follow-up of older men and women. *Journal of Applied Gerontology*, *11*, 173–186.

Fowler, C. (2009). Motives for sibling communication across the lifespan. *Communication Quarterly, 57*(1), 51–66.

Fowler, C., Fisher, C. L., & Pitts, M. J. (2014). Older adults' evaluations of middle-aged children's attempts to initiate discussion of care needs. *Health Communication*, *29*(7), 717–727. doi:10.1080/10410236.2013.786278

Fowler, C., Gasiorek, J., & Giles, H. (2015). The role of communication in aging well: Introducing the communicative ecology model of successful aging. *Communication Monographs, 82*, 431–457.

Fox, S., & Rainie, L. (2002). *Vital decisions: How Internet users decide what information to trust when they or their loved ones are sick.* Pew Internet & American Life Project. Retrieved Jan 15, 2017, from http://www.pewinternet.org/2002/05/22/vital-decisions-a-pew-internet-health-report/

Fredrickson, B. L., & Carstensen, L. L. (1990). Choosing social partners: How old age and anticipated endings make people more selective. *Psychology and Aging*, *5*, 335–347.

Fry, P., & Keyes, C. (Eds.). (2010). *New frontiers in resilient aging: Life-strengths and well-being in late life*. New York, NY: Cambridge University Press.

Gasiorek, J., & Fowler, C. (2016). Profiling younger adults' communication about aging. *Journal of Communication Studies, 67*, 163–182.

Gasiorek, J., Fowler, C., & Giles, H. (2015). What does successful aging sound like? Profiling communication about aging. *Human Communication Research, 41*, 577–602.

Gasiorek, J., Fowler, C., & Giles, H. (2016). Communication and successful aging. In J. F. Nussbaum (Ed.), *Communication across the life span* (pp. 35–50). New York, NY: Peter Lang Publishing.

Gasiorek, J., & Giles, H. (2013). Communication, volunteering, and aging: A research agenda. *International Journal of Communication, 7*, 2659–2677.

Gill, E. A., & Morgan, M. (2011). Home sweet home: Conceptualizing and coping with the challenges of aging and the move to a care facility. *Health Communication*, *26*(4), 332–342. doi:10.1080/10410236.2010.551579

Gill, E. A., & Morgan, M. (2012). Older parents and adult daughters: A comparison of communication and coping during the decision to move to a care facility. *Research on Aging, 34*(6), 714–737.

Glass, A. P., & Vander Plaats, R. S. (2013). A conceptual model for aging better together intentionally. *Journal of Aging Studies, 27*, 428–442.

Goetting, A. (1986). The developmental tasks of siblingship over the life cycle. *Journal of Marriage and the Family*, *48*, 703–714.

Golant, S. M. (2003). Conceptualizing time and space in environmental gerontology: A pair of old issues deserving new thought. *The Gerontologist, 43*, 638–648.

Gold, D. T. (1989). Sibling relationships in old age: A typology. *International Journal of Aging and Human Development*, *28*, 37–51.

Goldman, N., Korenman, S., & Weinstein, R. (1995). Marital status and health among the elderly. *Social Science & Medicine*, *40*, 1717–1730.

Goldsmith, D. J., & Albrecht, T. L. (2011). Social support, social networks, and health. In T. L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed., pp. 335–348). New York, NY: Routledge.

Graham, J. (2012, April 19). 'Elderly' no more. Retrieved February 12, 2017 from *New York Times*: https://newoldage.blogs.nytimes.com/2012/04/19/elderly-no-more/?_r=0

Grainger, K. (2003). Communication and the institutionalized elderly. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of communication and aging research* (2nd ed., pp. 479–497). Mahwah, NJ: Erlbaum.

Greenberg, S., Motenko, A., Roesch, C., & Embleton, N. (1999). Friendship across the life cycle: A support group for older women. *Journal of Gerontological Social Work*, *32*(4), 7–23.

Greene, M. G., Adelman, R. D., Friedmann, E., & Charon, R. (1994). Older patient satisfaction with communication during an initial medical encounter. *Social Science & Medicine*, *38*, 1279–1288.

Greenfield, E. A., Scharlach, A., Lehning, A. J., & Davitt, J. K. (2012). A conceptual framework for examining the promise of the NORC program and Village models to promote aging in place. *Journal of Aging Studies, 26*, 273–284.

Greenwood, S., Perrin, A., & Duggan, M. (2016, November 11). Social Media Update 2016. Retrieved December 14, 2016 from http://www.pewinternet.org/2016/11/11/social-media-update-2016/

Greif, G. L. (2009). Understanding older men and their male friendships: A comparison of African American and white men. *Journal of Gerontological Social Work, 52*, 618-632. doi:10.1080/01634370902914711

Guse, L. W., & Masesar, M. A. (1999). Quality of life and successful aging in long-term care: Perceptions of residents. *Issues in Mental Health Nursing, 20*, 527–539.

Haboush, A., Warren, C. S., & Benuto, L. (2012). Beauty, ethnicity, and age: Does internalization of mainstream media ideals influence attitudes towards older adults? *Sex Roles, 66*, 668–676.

Halliwell, D., & Franken, N. (2016). "He was supposed to be with me for the rest of my life": Meaning-making in bereaved siblings' online stories. *Journal of Family Communication*, *16*(4)*,* 337–354.

Harwood, J. (1999). Age identity and television viewing preferences. *Communication Reports, 12*, 85–90.

Harwood, J. (2000). Communicative predictors of solidarity in the grandparent–grandchild relationship. *Journal of Social and Personal Relationships, 17*, 743–766.

Harwood J. (2004). Relational, role, and social identity as expressed in grandparents' personal websites. *Communication Studies*, *55*, 300–318. doi: 10.1080/10510970409388621

Harwood, J. (2007). *Understanding communication and aging: Developing knowledge and awareness*. Thousand Oaks, CA: Sage.

Haun, J., Rittman, M., & Sberna, M. (2008). The continuum of connectedness and social isolation during post stroke recovery. *Journal of Aging Studies, 22*, 54–64.

Hawes, C., Phillips, C. D., Rose, M., Holan, S., & Sherman, M. (2003). A national survey of assisted living facilities. *The Gerontologist, 43*, 875–888.

Hawkley, L. C., & Capitanio, J. P. (2015). Perceived social isolation, evolutionary fitness, and health outcomes: A lifespan approach. Retrieved February 9, 2017 from http://rstb.royalsocietypublishing.org/content/370/1669/20140114

Henkin, N., & Zapf, J. (2007). How communities can promote civic engagement of people age 50-plus. *Generations: Civic Engagement in Late Life, 30*(4), 72–77.

Henry, N. J. M., Berg, C. A., Smith, T. W., & Florsheim, P. (2007). Positive and negative characteristics of marital interaction and their association with marital satisfaction in middle-aged and older couples. *Psychology and Aging*, *22*, 428–441.

Henwood, K. L. (1995). Adult parent-child relationships: A view from feminist and discursive social psychology. In J. F. Nussbaum & J. Coupland (Eds.)*, Handbook of communication and aging research* (pp. 167–183). Mahwah, NJ: Lawrence Erlbaum.

Hepworth, M. (2004). Images of old age. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of communication and aging research* (2nd ed., pp. 3–29). Mahwah, NJ: Erlbaum.

Hickman, J. M., Caine, K. E., Pak, R., Stronge, A. J., Rogers, W. A., & Fisk, A. D. (2009). What factors lead to healthcare miscommunications with older patients? *Journal of Communication in Healthcare*, *2*(2), 103–118.

Hill, R., Betts, L. R., & Gardner, S. E. (2015). Older adults' experiences and perceptions of digital technology: (Dis)empowerment, wellbeing, and inclusion. *Computers in Human Behavior, 48*, 415–423. doi: 10.1016/j.chb.2015.01.062

Hillier, S., & Barrow, G. M. (1999). *Aging, the individual, and society*. Belmont, GA: Wadsworth Publishing Company.

Hinterlong, J. E., & Williamson, A. (2007). The effects of civic engagement of current and future cohorts of older adults. *Generations: Civic Engagement in Late Life, 30*(4), 10–17.

Holladay, S. J., & Seipke, H. L. (2007). Communication between grandparents and grandchildren in geographically separated relationships. *Communication Studies*, *58*, 281–297. doi: 10.1080/10510970701518371

Holstein, R. C., & Lundberg, G. D. (2003). Use of the Internet for health information and communication. *Journal of the American Medical Association*, *290*(17), 2255–2258.

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLOS Medicine*, *7*, 1–20.

Hooyman, N. R., & Kiyak, H. A. (1999). *Social gerontology: A multidisciplinary approach*. Needham Heights, MA: Allyn & Bacon.

Hoppmann, C., Gerstorf, D., & Luszcz, M. (2011). Dyadic interrelations in lifespan development and aging: How does 1 + 1 make a couple? *Gerontology, 57,* 144–147. http://dx.doi.org/10.1159/000320324

Howie, L. O., Troutman-Jordan, M. M., & Newman, A. M. (2014). Social support and successful aging in assisted living residents. *Educational Gerontology, 40*(1), 61–70. doi:10.1080/03601277.2013.768085

Hubbard, G., Tester, S., & Downs, M. G. (2003). Meaningful social interactions between older people in institutional care settings. *Ageing & Society, 23*, 99–114.

Hummert, M. L. (1990). Multiple stereotypes of elderly and young adults: A comparison of structure and evaluations. *Psychology and Aging*, *5*, 183–193.

Hummert, M. L. (1994). Stereotypes of the elderly and patronizing speech. In M. L. Hummert, J. M. Wiemann, & J. F. Nussbaum (Eds.), *Interpersonal communication and older adulthood: Interdisciplinary research* (pp. 162–184). Newbury Park, CA: Sage.

Hummert, M. L. (2007). As family members age: A research agenda for family communication. *Journal of Family Communication*, *7*, 3–21.

Hummert, M. L. (2010). Age group identity, age stereotypes, and communication in a life span context. In H. Giles, S. A. Reid, & J. Harwood (Eds.), *The dynamics of intergroup communication* (pp. 41–52). New York, NY: Peter Lang.

Hummert, M. L., Garstka, T. A., Ryan, E. B., & Bonnesen, J. L. (2004). The role of age stereotypes in interpersonal communication. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of communication and aging research* (2nd ed., pp. 91–114). Mahwah, NJ: Erlbaum.

Hummert, M. L., & Morgan, M. (2001). Negotiating decisions in the aging family. In M. L. Hummert & J. F. Nussbaum (Eds.), *Aging, communication, and health* (pp. 177–201). Hillsdale, NJ: Lawrence Erlbaum.

Hummert, M. L., Nussbaum, J. F., & Wiemann, J. M. (1994). Interpersonal communication and older adulthood: An introduction. In M. L. Hummert, J. M. Wiemann, & J. F. Nussbaum (Eds.), *Interpersonal communication in older adulthood: Interdisciplinary theory and research* (pp. 1–14). Thousand Oaks, CA: Sage.

Hyde, Z., Flicker, L., Hankey, G., Almeida, O., McCaul, K., Chubb, S. A., et al. (2010). Prevalence of sexual activity and associated factors in men aged 75 to 95 years. *Annals of Internal Medicine*, *153*, 693–702.

Iseki, A., & Ohashi, K. (2014). Relationship in Japan between maternal grandmothers' perinatal support and their self-esteem. *Nursing & Health Sciences*, *16*(2), 157–163. http://doi.org/10.1111/nhs.1207

Jackson, J. S., & Antonucci, T. C. (1992). Social support processes in health and effective functioning of the elderly. In M. L. Wykle, E. Kahana, & J. Kowal (Eds.), *Stress and health among the elderly* (pp. 72-95). New York: Springer.

Jones, D. C., & Vaughan, K. (1990). Close friendships among senior adults. *Psychology and Aging*, *5*(3), 451–457. doi:10.1037/0882-7974.5.3.451

Kafetsios, K., & Sideridis, G. D. (2006). Attachment, social support and well-being in young and older adults. *Journal of Health Psychology*, *11*, 863–875.

Kane, R. A. (1990). Everyday life in nursing homes: "The way things are." In R. A. Kane & A. L. Caplan (Eds.), *Everyday ethics: Resolving dilemmas in nursing home life* (pp. 3–20). New York, NY: Springer.

Kane, R. A. (2001). Long-term care and a good quality of life: Bringing them closer together. *The Gerontologist, 41*, 293–304.

Kane, R. L., & Kane, R. A. (2001). What older people want from long-term care, and how they can get it. *Health Affairs, 29*, 114–127.

Kane, R. L., Ouslander, J. G., & Abrass, I. B. (2004). *Essentials of clinical geriatrics* (5th ed.). New York: McGraw Hill.

Kaskie, B., Imhof, S., Cavanaugh, J., & Culp, K. (2008). Civic engagement as a retirement role for aging Americans. *The Gerontologist, 48*, 368–377.

Katz, S., & Marshall, B. (2003). New sex for old: Lifestyle, consumerism, and the ethics of aging well. *Journal of Aging Studies*, *17*(1), 3–16.

Kelley, H. H., & Thibaut, J. W. (1978). *Interpersonal relations: A theory of interdependence.* New York, NY: Wiley.

Kemp, C. L., Ball, M. M., & Perkins, M. M. (2016). Couples' social careers in assisted living: Reconciling individual and shared situations. *Gerontologist*, *56*(5), 841–854.

Kemper, P., Komisar, L., & Alecxih, L. (2005). Long-term care over an uncertain future: What can retirees expect? *INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 42*(4), 335–350.

Kennedy, D., Sylvia, E., Bani-Issa, W., Khater, W., & Forbes-Thompson, S. (2005). Beyond the rhythm and routine: Adjusting to life in assisted living. *Journal of Gerontological Nursing, 31*, 17–23.

King, V., & Elder, G. H., Jr. (1997). The legacy of grandparenting: Childhood experiences with grand-parents and current involvement with grandchildren. *Journal of Marriage and Family, 59,* 848–859.

Koch-Weser, S., Bradshaw, Y. S., Gualtieri, L., & Gallagher, S. S. (2010). The Internet as a health information source: Findings from the 2007 Health Information National Trends Survey and implications for health communication. *Journal of Health Communication*, *15*(Suppl. 3), 279–293.

Krause, N. M. (2009). *Aging in the church: How social relationships affect health*. West Conshohocken, PA: Templeton Foundation Press.

Kryla-Lighthall, N., & Mather, M. (2009). The role of cognitive control in older adults' emotional well-being. In V. Bengston, M. Silverstein, N. Putney, and D. Gans (Eds.) *Handbook on theories of aging* (pp. 323–344). New York: Springer Press.

Lang, F. R. (2000). Endings and continuity of social relationships: Maximizing intrinsic benefits within personal networks when feeling near to death? *Journal of Social and Personal Relationships*, *17*, 157–184.

Lang, F. R. (2001). Regulation of social relationships in later adulthood. *Journals of Gerontology: Psychological Sciences*, *56*, 321–326.

Lang, F. R. (2004). The filial task in midlife: Ambivalence and the quality of adult children's relationships with their older parents. In K. Pillemer & K. Luscher (Eds.), *Intergenerational ambivalences: New perspectives on parent-child relations in later life* (pp. 183–206). Boston, MA: Elsevier.

Lang, F. R., & Carstensen, L. L. (1994). Close emotional relationships in late life: Further support for proactive aging in social domain. *Psychology and Aging*, *9*, 315–324.

Lang F. R., & Carstensen, L. L. (1998). Social relationships and adaptation in late life. In A. S. Bellack & M. Hersen (Eds.), *Comprehensive clinical psychology* (Vol. 7, pp. 55–72). Oxford, UK: Pergamon.

Lang, F. R., & Carstensen, L. L. (2002). Time counts: Future time perspective, goals, and social relationships. *Psychology and Aging, 17*(1), 125–139.

Larson, R. W., & Almeida, D. M. (1999). Emotional transmission in the daily lives of families: A new paradigm for studying family process. *Journal of Marriage and the Family, 61,* 5–20. doi: 10.2307/353879

Larson, R., Mannell, R., & Zuzanek, J. (1986). Daily well-being of older adults with friends and family. *Psychology and Aging*, *1*, 117–126.

Lawton, L., Silverstein, M., & Bengston, V. (1994). Affection, social contact, and geographic distance between adult children and their parents. *Journal of Marriage and the Family*, *56*(1), 57–68.

Lee, D. T. F., Woo, J., & Mackenzie, A. E. (2002). A review of older people's experiences with residential care placement. *Journal of Advanced Nursing, 37*, 19–27.

Lee, G. R., & Shehan, C. L. (1989). Retirement and marital satisfaction. *Journal of Gerontology*, *44*, 226–230.

Lee, Y., & Kasper, J. D. (1998). Assessment of medical care by elderly people: General satisfaction and physician quality. *Health Services Research*, 32, 741–758.

LeRouge, C. M., Tao, D., Ohs, J., Lach, H. W., Jupka, K., & Wray, R. (2014). Challenges and opportunities with empowering Baby Boomers for personal health information management using consumer health information technologies: An ecological perspective. *AIMS Public Health*, *1*(3), 160–181. doi: 10.3934/publichealth.2014.3.160

Levenson, R. W., Carstensen, L. L., & Gottman, J. M. (1994). Influence of age and gender on affect, physiology, and their interrelations: A study of long-term marriages. *Journal of Personality and Social Psychology, 67*(1), 56–68.

Levi, S. R., & Macdonald, J. L. (2016). Progress on understanding ageism. *Journal of Social Issues, 72*, 5–25.

Löckenhoff, C. E., & Carstensen, L. L. (2004). Socioemotional selectivity theory, aging, and health: The increasingly delicate balance between regulating emotions and making tough choices. *Journal of Personality, 72*, 1395–1424. doi:10.1111/j.1467-6494.2004.00301.x

Lorig, K. (2012). Patient-centered care depends on the point of view. *Health Education and Behavior*, *39*, 523–525. doi:10.1177/1090198112455175

Lustria, M. A., Smith, S. A., & Hinnant, C. C. (2011). Exploring digital divides: An examination of eHealth technology use in health information seeking, communication and personal health information management in the USA. *Health Informatics Journal, 17*(3), 224-243. doi:10.1177/1460458211414843

Macias, W., & McMillan, S. (2008). The return of the house call: The role of Internet-based interactivity in bringing health information home to older adults. *Health Communication*, *23*, 34–44.

Mancini, A. D., & Bonanno, G. A. (2006). Marital closeness, functional disability, and adjustment in late life. *Psychology & Aging*, *21*(3), 600–610. doi:10.1037/0882-7974.21.3.600

Manning, L. K. (2013). Navigating hardships in old age: Exploring the relationship between spirituality and resilience in later life. *Qualitative Health Research, 23*, 568–575.

Manning, L. K. (2014). Enduring as lived experience: Exploring the essence of spiritual resilience for women in late life. *Journal of Religion and Health, 53*, 352–362.

Mansson, D. H. (2013). Affectionate communication and relational characteristics in the grandparent-grandchild relationship. *Communication Reports*, *26*(2), 47–60. doi:10.1080/08934215.2013.798670

Mansson, D. H. (2014). Grandparents' expressed affection for their grandchildren: Examining the grandparents' own psychological health. *Communication Research Reports*, *31*(4), 329–338. doi:10.1080/08824096.2014.963218

Mares, M. L. & Fitzpatrick, M. A. (2004). Communication in close relationships of older people. In J. F. Nussbaum and J. Coupland (Eds.), *Handbook of communication and aging* (2nd ed., pp. 231–250). Mahwah, NJ: Lawrence Erlbaum.

McBride, A. M. (2007). Civic engagement, older adults, and inclusion. *Generations: Civic Engagement in Late Life, 30*(4), 66–71.

McElhany, L. J. (1992). Dating and courtship in the later years. *Generations*, *16*, 21–23.

McFadden, S. H., & McFadden, J. T. (2011). *Aging together: Dementia, friendship, and flourishing communities*. Baltimore, MD: The Johns Hopkins University Press.

McGilton, K. S. (2004). Relating well to persons with dementia: A variable influencing staffing and quality of care outcomes. *Alzheimer's Care Quarterly*, *5*(1), 63–72.

Meegan, S. P., & Berg, C. A. (2002). Contexts, functions, forms, and processes of collaborative everyday problem solving in older adulthood. *International Journal of Behavioral Development*, *26*, 6–15. doi: 10.1080/01650250143000283

Melenhorst, A. S., Rogers, W. A., & Bouwhuis, D. G. (2006). Older adults' motivated choice for technological innovation: Evidence for benefit-driven selectivity. *Psychology and Aging, 21,* 190–195.

Ménard, A. D., Kleinplatz, P. J., Rosen, L., Lawless, S., Paradis, N., Campbell, M., & Huber, J. D. (2015). Individual and relational contributors to optimal sexual experiences in older men and women. *Sexual and Relationship Therapy*, *30*(1), 78–93.

Michael, Y. L., Berkman, L. F., Colditz, G. A., & Kawachi, I. (2001). Living arrangements, social integration, and change in functional health status. *American Journal of Epidemiology*, *153*, 123–131.

Mikkelson, A. C. (2006). Communication in the adult sibling relationship. In K. Floyd & M. T. Morman (Eds.), *Widening the family circle: New research on family communication* (pp. 21–35). Thousand Oaks, CA: Sage.

Miller, L. W., & Cohen, G. D. (2016). *Sky above clouds: Finding our way through creativity, aging, and illness*. New York, NY: Oxford University Press.

Miller, S. W. (2011). Medications and elders: Quality of care or quality of life? *Generations*, *35*(4), 19–24.

Miller-Day, M. (2011). *Family communication, connections, and health transitions: Going through this together*. New York, NY: Peter Lang.

Milner, C., Van Norman, K., & Milner, J. (2012). The media's portrayal of ageing. In J. R. Beard, S. Biggs, D. E. Bloom, . . . S. J. Olshansky (Eds.), *Global population ageing: Peril or promise* (pp. 24–29). Geneva: World Economic Forum.

Minagawa Y., & Saito Y. (2014). An analysis of the impact of cell phone use on depressive symptoms among Japanese elders. *Gerontology*, *60*, 539–547. doi:10.1159/000363059

Minkler, M., & Langhauser, C. (1988). Assessing health differences in an elderly population: A five-year follow-up. *Journal of the American Geriatric Society*, *36*(2), 113–118.

Mitchell, J. M., & Kemp, B. J. (2000). Quality of life in assisted living homes: A multidimensional analysis. *Journal of Gerontology: Psychological Sciences, 55B*, P117–P127.

Mitzner, T. L., Boron, J. B., Fausset, C. B., Adams, A. E., Charness, N., Czaja, S. J., & Sharit, J. (2010). Older

adults talk technology: Technology usage and attitudes. *Computers in Human Behavior*, *26*, 1710–1721.

Morgan, L. A., Eckert, J. K., Piggee, T., & Frankowski, A. C. (2006). Two lives in transition: Agency and context for assisted living residents. *Journal of Aging Studies, 20*, 123–132.

Morgan, M., & Hummert, M. L. (2000). Perceptions of communicative control strategies in mother-daughter dyads across the lifespan. *Journal of Communication*, *50*, 48–64.

Morris, D. B. (1998). *Illness and culture in the postmodern age*. Berkeley, CA: University of California Press.

Morrow-Howell, N. (2010). Volunteering in later life: Research frontiers. *Journal of Gerontology: Social Sciences, 65B*, 461–469.

Morrow-Howell, N., O'Neill, G., & Greenfield, J. C. (2011). Civic engagement: Policies and programs to support a resilient aging society. In B. Resnick, L. Gwyther, & K. Roberto (Eds.), *Resilience in aging: Concepts, research, and outcomes* (pp. 147–162). New York, NY: Springer.

Moyer, J. M. (2014, July 9). Elders, oldsters, and old-timers: What's your preferred term for 'senior citizen'? Retrieved February 12, 2017 from *The Washington Post*: https://www.washingtonpost.com/news/morning-mix/wp/2014/07/09/elders-oldsters-and-old-timers-whats-your-preferred-term-for-senior-citizen/?utm_term=.1f93769bcbe4

Mukherjee, D. (2010). An exploratory study of older adults' engagement with virtual volunteerism. *Journal of Technology in Human Services, 28*, 188–196.

Murray, E., Lo, B., Pollack, L., Donelan, K., Catania, J., White, M., et al. (2003). The impact of health information on the Internet on the physician-patient relationship: Patient perceptions. *Archives of Internal Medicine*, *163*, 1727–1733.

Myers, S. A., & Goodboy, A. K. (2006). Perceived sibling use of verbally aggressive messages across the lifespan. *Communication Research Reports*, *23*, 1–11.

National Institute on Aging. (2015). *Growing older in America: The health & retirement study*. Retrieved February 9, 2017 from: https://www.nia.nih.gov/health/publication/growing-older-america-health-and-retirement-study/

Nerney, M. P., Chin, M. H., Jin, L., Karrison, T. G., Walter, J., Mulliken, R., Miller, A., Hayley, D. C., & Friedmann, P. D. (2001). Factors associated with older patients' satisfaction with care in an inner-city emergency department. *Annals of Emergency Medicine*, *38*, 140–145.

Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *The Journal of Primary Prevention, 33*, 137–152.

Nie, J. X., Wang, L., Tracy, S., Moineddin, R., & Upshur, R. E. G. (2010). A population-based cohort study of ambulatory care service utilization among older adults. *Journal of Evaluation in Clinical Practice*, *16*, 825–831. doi:10.1111/j.1365-2753.2009.01218.x

Nussbaum, J. F. (1983). Perceptions of communication content and life satisfaction among the elderly. *Communication Quarterly*, *31*(4), 313–319.

Nussbaum, J. F. (1985). Successful aging: A communication model. *Communication Quarterly*, *33*(4), 262–269.

Nussbaum, J. F. (2007). Life span communication and quality of life. *Journal of Communication, 57*, 1–7.

Nussbaum, J. F. (Ed.). (2014). *The handbook of lifespan communication*. New York: Peter Lang.

Nussbaum, J. F. (Ed.). (2016). *Communication across the life span*. New York: Peter Lang.

Nussbaum, J. F., & Fisher, C. L. (2011). Successful aging and communication wellness: A process of transition and continuity. In Y. Matsumoto (Ed.), *Faces of aging: The lived experiences of the elderly in Japan* (pp. 263–272). Palo Alto, CA: Stanford University Press.

Nussbaum, J. F., Hummert, M. L., Williams, A., & Harwood, J. (1996). Communication and older adults. In B. R. Burleson (Ed.), *Communication yearbook 19* (pp. 1–48). New York: Routledge.

Nussbaum. J. F., Pecchioni, L. L., Robinson, J. D., & Thompson, T. L. (2000). *Communication and aging* (2nd ed.). Mahwah, NJ: Erlbaum.

Nussbaum, J. F., Pitts, M. J., Huber, F. N., Raup Krieger, J. L., & Ohs, J. E. (2005). Ageism and ageist language across the life span: Intimate relationships and non-intimate interactions. *Journal of Social Issues*, *61*, 285–303.

O'Bryant, S. (1988). Sibling support and older widows' well-being. *Journal of Marriage and the Family, 50*, 173–183.

O'Connor, B. P. (1995). Family and friend relationships among older and younger adults: Interaction motivation, mood, and quality. *International Journal of Aging and Human Development*, *40*, 9–29.

O'Hanlon, A., & Coleman, P. (2004). Attitudes towards aging: Adaptation, development, and growth into later years. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of communication and aging research* (2nd ed., pp. 31–63). Mahwah, NJ: Erlbaum.

Opalinski, L. (2001). Older adults and the digital divide: Assessing results of a web-based survey. *Computers in Human Services*, *18*(3–4), 203–221.

Ouchida, K. M., & Lachs, M. S. (2015). Not for doctors only: Ageism in healthcare. *Generations*, *39*(3), 46–57.

Palmore, E. (2001). The ageism survey: First findings. *The Gerontologist*, *41*(5), 572–575.

Patrick, J. H., Cottrell, L. E., & Barnes, K. A. (2001). Gender, emotional support, and well-being among the rural elderly. *Sex Roles*, *45*(1/2), 15–29.

Patterson, B. R. (1995). Communication network activity: Network attributes of the young and elderly. *Communication Quarterly*, *43*, 155–166.

Patterson, B. R. (2007). Relationship development revisited: A preliminary look at communication in friendship over the lifespan. *Communication Research Reports*, *24*(1), 29–37. doi:10.1080/08824090601128109

Patterson, B. R., Bettini, L., & Nussbaum, J. F. (1993). The meaning of friendship across the life-span: Two studies. *Communication Quarterly*, *41*(2), 145–160.

Pecchioni, L. L. (2001). Implicit decision-making in family caregiving. *Journal of Social and Personal Relationships*, *18*, 219–237.

Pecchioni, L. L., & Nussbaum, J. F. (2001). Mother-adult daughter discussions of caregiving prior to dependency: Exploring conflicts among European-American women. *Journal of Family Communication*, *1*, 133–150.

Pecchioni, L. L., Wright, K. B., & Nussbaum, J. F. (2005). *Life-span communication*. Mahwah, NJ: Erlbaum.

Pennebaker J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, *8*, 162–166.

Petrecca, L. (2002). Savvy, aging boomers buy into pharma mantra. *Advertising Age*, *73*(27), S8.

Pew Research Center. (2014). *Rising share of never-married adults, growing gender gap*. Retrieved February 9, 2017 from http://www.pewsocialtrends.org/2014/09/24/record-share-of-americans-have-never-married/st-2014-09- 24-never-married-01/

Pew Research Center. (2016). *Changing attitudes on gay marriage.* Retrieved February 9, 2017 from http://www.pewforum.org/2016/05/12/changing-attitudes-on-gay-marriage/

Pew Research Center. (2017). *Internet/Broadband fact sheet*. Retrieved February 9, 2017 from http://www.pewinternet.org/fact-sheet/internet-broadband/

Pienta, A., Hayward, M. D., & Jenkins, K. R. (2000). Health consequences of marriage for the retirement years. *Journal of Family Issues*, *21*, 559–586.

Pinquart, M. (2003). Loneliness in married, widowed, divorced, and never-married older adults. *Journal of Social and Personal Relationships, 20*(1), 31–53. doi: 10.1177/02654075030201002.

Ponzetti, J. J., & James, C. M. (1997). Loneliness and sibling relationships. *Journal of Social Behavior and Personality*, *12*, 103–112.

Pitts, M. J., Krieger, J. L., & Nussbaum, J. F. (2005). Finding the right place: Social interaction and life transitions among the elderly. In E. B. Ray (Ed.), *Health communication in practice: A case study approach* (pp. 233–242). Mahwah, NJ: Erlbaum.

Polivka, L. (2006). Community residential care for the elderly: What do we know? What should we do? *Aging research and policy report*. Tallahassee, FL: Florida Policy Exchange Center on Aging, University of South Florida.

Potts, M. K. (1997). Social support and depression among older adults living alone: The importance of friends within and outside of a retirement community. *Social Work*, *42*, 348–362.

Pruchno, R. A., Wilson-Genderson, M., Rose, M., & Cartwright, F. (2010). Successful aging: Early influences and contemporary characteristics. *The Gerontologist, 50*, 821–833.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York, NY: Simon & Schuster.

Quadagno, J. (2002). *Aging and the life course: An introduction to social gerontology*. Boston: McGraw-Hill.

Ramsey, J., & Bleiszner, R. (2013). *Spiritual resiliency and aging: Hope, relationality, and the creative self*. Amityville, NY: Baywood.

Randall, W., Baldwin, C., McKenzie-Mohr, S., McKim, E., & Furlong, D. (2015). Narrative and resilience: A comparative analysis of how older adults story their lives. *Journal of Aging Studies, 34*, 155–161.

Rauer, A. J., Sabey, A., & Jensen, J. F. (2014). Growing old together: Compassionate love and health in older adulthood. *Journal of Social & Personal Relationships*, *31*(5), 677–696.

Rawlins, W. K. (1992). *Friendship matters: Communication, dialectics, and the life course*. Hawthorne, NY: Aldine.

Rawlins, W. K. (2004). Friendships in later life. In J. F. Nussbaum & J. Coupland J. (Eds.), *Handbook of communication and aging* (2nd ed., pp. 273–299). Mahwah, NJ: Erlbaum.

Reeder, H. M. (1996). The subjective experience of love through adult life. *The International Journal of Aging and Human Development*, *43*(4), 325–340.

Reichstadt, J., Sengupta, G., Depp, C. A., Palinkas, L. A., & Jeste, D. V. (2010). Older adults' perspectives on successful aging: Qualitative interviews. *American Journal of Geriatric Psychiatry, 18*, 567–575.

Reid, J., Schmied, V., & Beale, B. (2010). 'I only give advice if I am asked': Examining the grandmother's potential to influence infant feeding decisions and parenting practices of new mothers. *Women & Birth*, *23*(2), 74–80.

Resnick, B., Gwyther, L., & Roberto, K. (Eds.). (2011). *Resilience in aging: Concepts, research, and outcomes*. New York, NY: Springer.

Richardson, M., Zorn, T. E., & Weaver, C. K. (2011). Older people and new communication technologies. *Communication Yearbook*, *35*, 121–152.

Rittenour, C. E., Myers, S. A., & Brann, M. (2007). Commitment and emotional closeness in the sibling relationship. *Southern Communication Journal*, *72*(2), 169–183.

Robinson, T., & Anderson, C. (2006). Older characters in children's animated television programs: A content analysis of their portrayal. *Journal of Broadcasting & Electronic Media, 50*, 287–304.

Robinson, T., Callister, M., Magoffin, D., & Moore, J. (2007). The portrayal of older characters in Disney

animated films. *Journal of Aging Studies, 21*, 203–213.

Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: A meta-analytic review. *Psychological Bulletin, 140*, 140–187.

Rocca, K. A., & Martin, M. M. (1998). The relationship between willingness to communicate and solidarity with frequency, breadth, and depth of communication in the sibling relationship. *Communication Research Reports*, *15*, 82–90.

Roh, S., Burnette C. E., Lee K. H., Lee Y., Easton S. D., & Lawler M. J. (2015). Risk and protective factors for depressive symptoms among American Indian older adults: Adverse childhood experiences and social support. *Aging & Mental Health*, *19*(4), 371–380. doi:10.1080/13607863.2014.938603.

Ross, C. (1995). Reconceptualizing marital status as a continuum of attachment. *Journal of Marriage and the Family, 57,* 750–755.

Ross, H., Woody, E., Smith, M., & Lollis, S. (2000). Young children appraisals of their sibling relationships. *Merrill-Palmer Quarterly*, *46*, 441–464.

Roush, R. E., Braun, M., Basting, A. D., Winakur, J., Rosenberg, F., & McFadden, S. H. (2011). Using the arts to promote resiliency among persons with dementia and their caregivers. In B. Resnick, L. Gwyther, & K. Roberto (Eds.), *Resilience in aging: Concepts, research, and outcomes* (pp. 105–120). New York, NY: Springer.

Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist, 37*, 433–440.

Ruggiano, N., & Edvardsson, D. (2013). Person-centeredness in home-and community-based long-term care: Current challenges and new directions. *Social Work in Health Care*, *52*, 846–861. doi: 10.1080/00981389.2013.827145

Ruggiano, N., Shtompel, N., & Edvardsson, D. (2015). Engaging in coordination of health and disability services as described by older adults: Processes and influential factors. *Gerontologist*, *55*(6), 1015. doi:10.1093/geront/gnt208

Ruppel, E. K., Blight, M. G., Cherney, M. R., & Fylling, S. Q. (2016). An exploratory investigation of communication technologies to alleviate communicative difficulties and depression in older adults. *Journal of Aging and Health*, *28*(4), 600–620.

Ryan, A. K., & Willits, F. K. (2007). Family ties, physical health, and psychological well-being. *Journal of Aging & Health*, *19*, 907–920.

Ryan, E. B., Giles, H., Bartolucci, G., & Henwood, K. (1986). Psycholinguistic and social psychological components of communication by and with the elderly. *Language and Communication, 6*, 1–24.

Sabin, E. P. (1993). Social relationships and mortality among the elderly. *Journal of Applied Gerontology*, *12*, 44–60.

Samra, R., Griffiths, A., Cox, T., Conroy, S., Gordon, A., & Gladman, J. F. (2015). Medical students' and doctors' attitudes towards older patients and their care in hospital settings: A conceptualisation. *Age and Ageing*, *44*(5), 776–783. doi:10.1093/ageing/afv082

Schulz, R., Hebert, R. S., Dew, M. A., Brown, S. L., Scheier, M. F., Beach, S. R., . . ., & Nichols, L. (2007). Patient suffering and caregiver compassion: New opportunities for research, practice, and policy. *The Gerontologist*, *47*, 4–13.

Scott, J. P. (1990). Sibling interaction in later life. In T. H. Brubaker (Ed.)*, Family relationships in later life* (2nd ed., pp. 86–99). Newbury Park, CA: Sage.

Seeman, T. E., Singer, B. H., Ryff, C. D., Love, G. D., & Levy-Storms, L. (2002). Social relationships, gender, and allostatic load across two age cohorts. *Psychosomatic Medicine*, *64*, 395–406.

Seibert, D., Mutran, E., & Reitzes, D. (1999). Friendship and social support: The importance of role identity to aging adults. *Social Work*, *44*(6), 522–533.

Shanas, E. (1980). Older people and their families: The new pioneers. *Journal of Marriage and Family, 42*, 9–15.

Shapiro, A. (2004). Revisiting the generation gap: Exploring the relationships of parent/adult-child dyads. *International Journal of Aging & Human Development, 58,* 127–146.

Shaw, R., Gullifer, J., & Shaw, R. (2014). "I think it's a communal thing": Men's friendships in later life. *Journal of Men's Studies*, *22*(1), 34–52. doi:10.3149/jms.2201.34

Shepard, C. A., Giles, H., & LePoire, B. A. (2001). Communication accommodation theory. In W. P. Robinson & H. Giles (Eds.), *The new handbook of language and social psychology* (pp. 33–56). Hoboken, NJ: John Wiley & Sons.

Silverstein, M., Chen, X., & Heller, K. (1996). Too much of a good thing? Intergenerational social support and the psychological well-being of older parents. *Journal of Marriage & Family*, *58*, 970–982. doi:10.2307/353984

Silverstein, M., & Giarrusso, R. (2010). Aging and family life: A decade review. *Journal of Marriage and Family*, *72*(5), 1039–1058.

Smelser, N. (1998). The rational and the ambivalent in the social sciences. *American Sociological Review, 63*, 1–16.

Soliz, J. (2008). Intergenerational support and the role of grandparents in post-divorce families: Retrospective accounts of young adult grandchildren. *Qualitative Research Reports in Communication*, *9*(1), 72–80. doi:10.1080/17459430802400373

Soliz, J., & Giles, H. (2014). Relational and identity processes in communication: A contextual and meta-analytical review of communication accommodation theory. In E. Cohen (Ed.), *Communication yearbook 38* (pp. 107–143). New York, NY: Routledge.

Sparks-Bethea, L. (2001). The function of humor within the lives of older adults. *Qualitative Research Reports in Communication, 2*, 49–56.

Stevens, N., & van Tilburg, T. (2000). Stimulating friendship in later life: A strategy for reducing loneliness among older women. *Educational Gerontology*, *26*(1), 15–35. doi:10.1080/036012700267376

Stewart, M. (2001). Towards a global definition of patient centred care. *BMJ*, *322*(7284), 444–445.

Stewart, M., Meredith, L., Brown, J. & Galajda, J. (2000). The influence of older patient–physician communication on health and health-related outcomes. *Clinics of Geriatric Medicine*, *16*(1), 25–36.

Street, D., Burge, S., Quadagno, J., & Barrett, A. (2007). The salience of social relationships for resident well-being in assisted living. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, *62B*(2), S129–S134.

Stryker, S. (1980). *Symbolic interactionism: A social structural version*. Menlo Park: Benjamin Cummings.

Stryker, S., & Serpe, R. T. (1994). Identity salience and psychological centrality: Equivalent, overlapping, or complementary concepts? *Social Psychology Quarterly*, *57*, 16–35.

Tannenbaum, C., Nasmith, L., & Mayo, N. (2003). Understanding older women's health care concerns: A qualitative study. *Journal of Women & Aging*, *15*(1), 3–16.

Taylor, A. C., Robila, M., & Lee, H. S. (2005). Distance, contact, and intergenerational relationships: Grandparents and adult grandchildren from an international perspective. *Journal of Adult Development*, *12*(1), 33–41. doi:10.1007/s10804-005-1280-7

Taylor, P. (Ed.). (2009). *Growing old in America: Expectations vs. reality*. Washington, DC: Pew Research Center. Retrieved February 9, 2017 from: http://www.pewsocialtrends.org/files/2010/10/Getting-Old-in-America.pdf

Thoits, P. A. (1991). On merging identity theory and stress research. *Social Psychology Quarterly, 2*, 101–112.

Thomas, P. A. (2010). Is it better to give or to receive? Social support and the well-being of older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *65B*, 351–357.

Thomas, W. H., & Blanchard, J. M. (2013). Moving beyond place: Aging in community. In J. M. Blanchard (Ed.), *Aging in community* (pp. 7–17). Chapel Hill, NC: Second Journey Publications.

Thompson, T., & Nussbaum, J. F. (1988). Intimate relationships and the elderly. In C. W. Carmichael, C. Botan, & R. Hawkins (Eds.), *Human communication and the aging process* (pp. 95–110). New York: Waveland.

Thompson, T. L., Robinson, J. D., & Beisecker, A. E. (2004). The older patient-physician interaction. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of communication and aging research* (2nd ed., pp. 451–477). Mahwah, NJ: Lawrence Erlbaum.

Thompson, W. K., Charo, L., Vahia, I. V., Depp, C., Allison, M., & Jeste, D. V. (2011). Association between higher levels of sexual function, activity, and satisfaction and self-rated successful aging in older postmenopausal women. *Journal of The American Geriatrics Society*, *59*(8), 1503–1508. doi:10.1111/j.1532-5415.2011.03495.x

Tomison, A. (1999). *Creating the vision: Communities and connectedness*. Invited address to the OzChild Child Exp, 22 April, 1999, Melbourne.

Tracy, J. P., & DeYoung, S. (2004). Moving to an assisted living facility: Exploring the transitional experience of elderly individuals. *Journal of Gerontological Nursing, 30*(10), 26−33.

Trethewey, A. (2001). Reproducing and resisting the master narrative of decline. *Management Communication Quarterly*, *15*(2), pp. 183–226.

Tuohy, D. (2003). Student nurse-older person communication. *Nurse Education Today*, *23*, 19–26.

Uchino, B. N., Cacioppo, J. T., & Kiecolt-Glaser, J. K. (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms. *Psychological Bulletin*, *119*, 488–531.

Uchino, B. N., Kiecolt-Glaser, J. K., & Cacioppo, J. T. (1994). Construals of pre-illness relationship quality predict cardiovascular response in family caregivers of Alzheimer's disease victims. *Psychology and Aging, 9*, 113–120. doi:10.1037=0882-7974.9.1.113

Umstattd Meyer, M. R., Janke, M. C., & Beaujean, A. A. (2014). Predictors of older adults' personal and community mobility: Using a comprehensive theoretical mobility framework. *Gerontologist*, *54*(3), 398–408.

Von Knoop, C., Lovich, D., Silverstein, M. B., & Tutty, M. (2003). Vital signs: E-health in the United States. Retrieved February 15, 2002, from the Boston Consulting Group Web site: http://www.bcg.com/ publications/files/Vital_Signs_Rpt_Jan03.pdf

Vroman, K. G., Arthanat, S., & Lysack, C. (2015). "Who over 65 is online?": Older adults' dispositions toward information communication technology. *Computers in Human Behavior*, *43*, 156–166. doi:http://dx.doi.org/10.1016/j.chb.2014.10.018

Walk, D., Fleishman, R., & Mandelson, J. (2000). Functional improvement of elderly residents of institutions. *The Gerontologist*, *43*, 242–247.

Walker, R. B., & Luszcz, M. A. (2009). The health and relationship dynamics of late-life couples: A systematic review of the literature. *Ageing & Society*, *29*, 455–480.

Walther, J. B. (1996). Computer-mediated communication: Impersonal, interpersonal, and hyperpersonal interaction. *Communication Research*, *23*(1), 3–43.

Wanzer, M. B., Sparks, L., & Frymier, A. B. (2009). Humorous communication within the lives of older

adults: The relationships among humor, coping efficacy, age, and life satisfaction. *Health Communication, 24*, 128–136.

Wenzel, K. A., & Poynter, D. (2014). "I'm mother! I can take care of myself!": A contrapuntal analysis of older parents' relational talk with their adult children. *Southern Communication Journal*, *79*(2), 147–170. doi:10.1080/1041794X.2014.881540

White, J., & Weatherall, A. (2000). A grounded theory analysis of older adults and information technology. *Educational Gerontology*, *26*(4), 371–386.

Wilder, S. E. (2016). Communication practices and advice in later-life widowhood: We just talked about what it is like to not have your buddy. *Communication Studies*, *67*(1), 111–126. doi:10.1080/10510974.2015.1119171

Wiles, J. L., & Jayasinha, R. (2013). Care for place: The contributions older people make to their communities. *Journal of Aging Studies, 27*, 93–101.

Wilkins, S. T., & Navarro, F. H. (2001). Has the web really empowered healthcare consumers? *Marketing Health Services*, *21*(3), 5–9.

Williams, K., Kemper, S., & Hummert, M. L. (2003). Improving nursing home communication: An intervention to reduce elderspeak. *The Gerontologist*, *43*, 242–247.

Winningham, R. G., & Pike, N. L. (2007). A cognitive intervention to enhance institutionalized older adults' social support networks and decrease loneliness. *Aging & Mental Health*, *11*, 716–721.

Winstead, V., Anderson, W. A., Yost, E. A., Cotten, S. R., Warr, A., & Berkowsky, R. W. (2013). You can teach an old dog new tricks: A qualitative analysis of how residents of senior living communities may use the web to overcome spatial and social barriers. *Journal of Applied Gerontology*, *32*(5), 540–560. doi:10.1177/0733464811431824

Woloski Wruble, A. C., Oliel, Y., Leefsma, M., & Hochner Celnikier, D. (2010). Sexual activities, sexual and life satisfaction, and successful aging in women. *The Journal of Sexual Medicine*, *7*(7), 2401–2410.

Wood, R. G., Goesling, B., & Avellar, S. (2009). *The effects of marriage on health: A synthesis of recent research evidence*. Mathematica Policy Research. Retrieved February 9, 2017 from https://www.mathematica-mpr.com/our-publications-and-findings/publications/the-effects-of-marriage-on-health-a-synthesis-of-recent-research-evidence

Woodward, A. T., Freddolino, P. P., Blaschke-Thompson, C. M., Wishart, D. J., Bakk, L., Kobayashi, R., & Caitlin, T. (2011) Technology and aging project: Training outcomes and efficacy from a randomized field trial. *Ageing International*, *36*(1), 46–65.

Woodward, K. M. (2006). Performing age, performing gender. *NWSA Journal 18*, 162–189.

Wright, K. B. (1999). Computer-mediated support groups: An examination of relationships among social support, perceived stress, and coping strategies. *Communication Quarterly*, *47*(4), 402–414.

Wright, K. B., & Patterson, B. R. (2006). Socioemotional selectivity theory and the macrodynamics of friendship: The role of friendship style and communication in friendship across the lifespan. *Communication Research Reports*, *23*(3), 163–170. doi:10.1080/08824090600796377

Wynia, M. K., & Osborn, C. Y. (2010). Health literacy and communication quality in health care organizations. *Journal of Health Communication*, *15*, 102–115. doi:10.1080/10810730.2010.499981

Xu, Y., & Burleson, B. R. (2004). The association of experienced spousal support with marital satisfaction: Evaluating the moderating effects of sex, ethnic culture, and type of support. *Journal of Family Communication*, *4*(2), 123–145.

Yamasaki, J. (2009). Though much is taken, much abides: The storied world of aging in a fictionalized retirement home. *Health Communication, 24*, 588–596.

Yamasaki, J. (2013). The poetic possibilities of long-term care. In L. M. Harter & Associates, *Imagining new normals: A narrative framework for health communication* (pp. 107–124). Dubuque, IA: Kendall/Hunt Publishing Company.

Yamasaki, J. (2014). Age accomplished, performed, and failed: Liz Young as old on *The Biggest Loser*. *Text and Performance Quarterly, 34*, 354–371.

Yamasaki, J. (2015). Aging with service, socialization, and support: The work of church-based stories in a lifetime community. *Journal of Aging Studies, 35*, 65–73.

Yamasaki, J., & Hovick, S. R. (2015). "That was grown folks' business": Narrative reflection and response in older adults' family health history communication. *Health Communication, 30*, 221–230.

Yamasaki, J., & Sharf, B. F. (2011). Opting out while fitting in: How residents make sense of assisted living and cope with community life. *Journal of Aging Studies, 25*, 13–21.

Ybarra, M. L., & Suman, M. (2006). Help seeking behavior and the Internet: A national survey. *International Journal of Medical Informatics*, *75*(1), 29–41.

Zhang, Y. B., Harwood, J., Williams, A., Ylänne-McEwen, V., Wadleigh, P. M., & Thimm, C. (2006). The portrayal of older adults in advertising: A cross-national review. *Journal of Language and Social Psychology, 25*, 264–282.

Book Reviews

Babe, Robert. *Wilbur Schramm and Noam Chomsky Meet Harold Innis: Media, Power, and Democracy*. Lanham MD: Lexington Books, 2015. Pp. xi-xxiii, 275. ISBN 978-0-7391-2368-3 (cloth) $105.00; 978-0-7391-2369-0 (paper) $49.99; 978-1-4985-0682-3 (eBook) $49.99.

The thesis of Robert Babe in this book is that Harold Innis, as the founder of communication studies in Canada, has not received the recognition beyond Canadian borders as has his U.S. counterpart, Wilbur Schramm. Babe adds Chomsky into this discussion because he represents for Babe perhaps the best example of critical communication research in the U.S. As a critical researcher himself, Babe makes the argument for Innis' critical bona fides and heavily critiques Schramm for his mainstream approach. However, Babe does not clearly answer the question as to why Innis has not received sufficient or equivalent recognition in the U.S. as the founder of communication study in Canada. In the end, he leaves it an open question for the reader to make a conclusion.

This book makes the case by first comparing the biographies of Innis and Schramm who were relative contemporaries (Innis 1894–1952, Schramm 1907–1987) and then examining the different research careers of each author. The question Babe raises in the Introduction is why Innis is not recognized in the U.S. in the history of communication research that began to proliferate during the 1950s and has continued to be an area of growth until the present (see Simonson, Peck, Craig, & Jackson, 2013, for a massive collection of histories of different kinds of communication studies). The concern of the author is "If [Innis'] acclaim *is* warranted [in Canada], why has he not achieved much recognition abroad, particularly in the U.S.?"(p. xv). This question will drive the rest of the book; the method of answering the question will primarily be one of exegesis of the four books that Innis published toward the end of his life, as compared with Schramm's own work throughout his career in communication research (1944–1987). Chomsky will play the role of contrast within the U.S. to Schramm and be compared favorably with Innis in the final major section of the book.

Thus establishing his main approach of the book as a comparative set of readings of the three authors, Babe spends the first section giving a brief biography of Innis and an overview of his writings. Innis is primarily remembered for his pioneering work in the economics of Canadian development through his "staples" theory of growth with the study of railroads (though not a staple), then of fur, timber, wheat, and cod fish. It was a massive compilation of historical research between 1923 and the early 1940s that established Innis' reputation in Canada and beyond as a major figure in economics. In 1944, he began to expand on the study of the wood and paper industry and its impact on newspapers and public opinion. This in turn opened his horizons to the emerging field of communication studies that also began to appear in the U.S. at this time. But unlike his counterparts in the U.S., led by Paul Lazarsfeld and colleagues, who used quantitative methods and theories of effect of media on audiences, Innis took an historical and institutional approach and focused on the political economy of the communication media. Although turning to communication late in his career, Innis used the last few years of his life to write two monumental studies *Empire and Communication* (1950) and *The Bias of Communication* (first published as papers in 1951 and later as a book in 1971 after his death in 1952). He was also writing papers concerning the biases of communication media (especially newspapers) as a result of industrialization and commodification and its impact on culture. In short, Innis anticipated much of the critical research that was to emerge in Canada and the U.S. and even the UK in the 1960s and 1970s by more than a decade.

Innis' biography indicates that he came to a critical view of the economy in his studies at Chicago under Frank Knight and indirectly from Thorsten Veblen who in the roaring 1920s were critical of what they saw emerging in the U.S. With the Depression this critical view brought other critical economists and social scientists onto the scene, but Innis was already establishing his reputation as an iconoclast before it became popular in the U.S. and Canada. His years of suffering from wounds suffered in the First World War made him into a skeptic and inclined him to view all theory and research as open to bias. His personal reputation in economic history was not built on his accommodating to the mainstream in economics nor in later communication studies. Three elements, however, may help to explain why in communication research, Innis remains underappreciated outside of Canada. As Babe, who is a scholar and strong proponent of Innis' place in communication history, admits, Innis' style of writing, especially in his communication research, is often obscure and incoherent for readers. Although Babe argues that this style may be intentional, it is a difficult argument to make, and, in any case, it is one objective reason why Innis' impact may have been limited. A second reason may also be his placing Athens and its classic philosophers like Plato and Socrates as the high tide of democracy and culture, not a position shared by many Canadian communication scholars. Finally, Innis was pessimistic about the future of society and its institutions; that may have made Innis perceived as backward looking and a disenchanted idealist. There does

not seem to be, according to Babe, any final agreement even among Canadian scholars about what Innis was trying to say or whether there was a way forward for communication media.

The premise of the book next takes the reader to look at Wilbur Schramm. He is recognized as the founder of communication study in the U.S. and as a founder (though indirectly) in many other countries around the world. Here the author's argument makes clear that he wants a straw man to contrast with Innis. The first clue is that he depends almost exclusively on one author, Timothy Glander (2000), to summarize Schramm's career and research (up to the 1960s). He does not intend to take a look at Schamm's research as a whole, which began in the late 1940s and continued until his death at 80 in 1987. The argument that Babe makes is to contrast Innis with Schramm in terms of their approaches to communication research, and in this the author makes his point. They are two very different individuals who both came to communication study after successful careers in other fields (Innis as an economist and Schramm as a literary scholar and creative writer and founder of the Iowa Writers Workshop). Temperamentally, the two could not be more different. Innis suffered what today we may term as PTSD during and after WWI and was a skeptic and given to pessimism. Schramm overcame a severe stutter before entering communication research. He developed a clear writing style and an optimism that remained throughout his life. The interpretation of Schramm and his research does not seem to come from personal understanding of Schramm's life and, more importantly, his writings but primarily from the work of Glander who has his own bias in the interpretation of his sources. Although Glander is thorough in his own research sources, he is without nuance in his conclusions. He studies Schramm narrowly in research related to the Cold War period of 1948–1960 without looking beyond this research to the much larger corpus that did not relate to the Cold War.

The methodology that Babe employs is literary in large part, looking for a quote to use to make conclusions without reference to the work as a whole. The argument, for instance, that Schramm's clarity of style and his use of rhetoric in making his arguments is somehow inferred as a connection to Schramm's position on the limited effects argument of the 1950s makes little sense. Most of critiques of Schramm seem stereotyped and guilty of the bias against which Innis himself argued. The larger point to be made concerning the role that Schramm played in the establishment of communication study was that his position as a quantitative researcher and an adherent of a social science approach to the study of communication does not mean that the field remained what it was during the two decades between 1950 and 1970. The history of the founding of this field was certainly marked by a narrow view that was as much influenced by bias as were other theoretical approaches. But the field changed after 1970 and continues to change as other influences push the margins of research. Schramm was certainly a person of his time and place and temperament, and as the field grew from the mid-20th century to today, it is a very different landscape from what appeared in the foundational decades. But the question remains of why Schramm is recognized (and often criticized) as a founding figure and Innis is not. Unfortunately, Babe does not answer the question that he posed in the Introduction.

The final section on Noam Chomsky is interesting in that historians of communication study do not usually include Chomsky in communication studies and its history. The point Babe wishes to make is that during the Vietnam War period, Chomsky, widely recognized as a linguistic and cognitive scholar, was beginning to protest the war. This led Chomsky to focus on how the various actors (governmental and private) had persuaded the public to support the war and to conclude that the media played an important role. This insight in later years led Chomsky to continue to focus on political and social issues and to implicate the media in misleading public opinion. This resulted in a theory of "manufactured consent" which remains an accepted part of current communication study. How it relates to the founding of the communication field in the U.S. is not made clear. The somewhat tortured favorable comparison with Innis leaves the reader wondering how this answers the question of why people do not properly recognize Innis as a founder of the field outside of Canada.

The book has a large bibliography, copious notes after each chapter, and a detailed index. Babe shows his scholarship especially as an Innis expert. I would have liked him to directly answer his own question about Innis' lack of recognition as a founder beyond Canada.

—Emile G. McAnany, Emeritus
Santa Clara University

References

Glander, T. (2000). *Origins of mass communication research during the Cold War: Educational effects and contemporary implications*. Mahwah NJ: Lawrence Erlbaum.

Simonson, P., Peck, J., Craig, R., & Jackson, J. (Eds.). (2013). *The handbook of communication*. New York: Routledge.