



Growing older, feeling younger

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*I have resolved to dedicate
to you [Scipio a young friend]
an essay on Old Age.*

Marcus Tullius Cicero 44BC



OVERVIEW

Subjective age studies have consistently shown that self-perception of age or 'felt age' is a powerful predictor of a person's well-being. The current study gathered data from the members of National Seniors Australia on their felt age, how old they feel as opposed to their chronological age, with 75 per cent indicating they feel younger than they are. By world standards, Australia is a 'longevity' society, ranked 8th in the world for life expectancy. It seems that we are growing older, yet feeling younger.

The 2017 National Seniors Social Survey (NSSS) (Wave 6) asked two consecutive questions about age: 'What is your age?' and 'But what age do you feel you are?'. Some felt older (6 per cent), some the same (19 per cent), and the majority (75 per cent) felt younger.

The survey:

The National Seniors study reported here was an online survey designed to collect information as part of the National Seniors Social Survey (Wave 6). It asked participants about their experiences, intentions and attitudes across a range of areas including health and social wellbeing, finance, work, and retirement.

A total of 53,058 National Seniors members residing in all states and territories of Australia with an email address were invited to complete the survey. A total of 5,770 surveys were completed, a response rate of 11 per cent.

What the research tells us:

The data gathered in the NSSS (Wave 6) shows that **men are 30 per cent less likely than women to feel younger, which is a significant difference**. Women feel younger than their age more so than men. Some time ago, Sontag called this the 'double standard of ageing' (Sontag, 1972): 'Men are "allowed" to age, without penalty, in several ways that women are not'. Thus, women endure a greater penalty from being identified as 'old' than do men, and perhaps this is reflected in the rates at which women identify themselves as feeling younger.

The other significant predictors overall are:

- Age – the older you are, the more likely to feel younger;
- Being employed in paid work – 44 per cent more likely to feel younger;
- Having friends – 59 per cent more likely;
- Being in good health versus poor – 349 per cent, or 3.5 times more likely;
- The greater the sense of purpose, the younger you feel; and
- The more depressed, the less likely to feel younger.

The NSSS results indicated that self-rated health is by far the dominant predictor of feeling younger. The English Longitudinal Study of Ageing (ELSA, 2016) used 'feeling younger' to predict mortality over eight years which was 14% for those who felt younger, 19% for those who felt the same and 25% for those feeling older.

It's been known for some time that **self-rated health is a powerful predictor of longer life** and has effects independent of other objective medical predictors. It was of interest then to look at what predicted good self-rated health in the survey.

The dynamics of ageing and 'ageism'

- Australians are living longer due to improvements in diet, public health and medical technology, and by world standards Australia is already a 'longevity' society. Australian men rank 7th and Australian women 9th in the world for life expectancy, with an overall position of 8th in the world.
- While 'ageism' has emerged with increased longevity, older people are feeling younger than their age. They are uncomfortable with the stereotypes that are associated with their chronological age, and feel, dress, act and seek to look younger.
- The Australian Aged Care Roadmap aims to 'promote positive social attitudes about aged care' to enable people to 'prepare positively for their future care needs' which is the right direction for policy.
- Felt age can be shaped by many factors. Aches and pains, serious illness, physical appearance, or a lack of vigor and physical limitations may cause people to 'feel their age' or feel older, while physical fitness and well-being, mental alertness, and a sense of life purpose and control of life circumstances might encourage people to feel younger than their chronological age.
- Feeling your age is also influenced by social attitudes about the elderly. Negative views about older people may affect how old a person behaves and feels - for example, beliefs that the elderly are slow or not mentally agile.
- 'Felt age' allows people to distance themselves from such stereotypes.

What can be done about this

- Australian Governments need to get their messaging right when they act to redefine ageing. Pension and service eligibility changes are usually expressed in terms of cost rather than improving health and changing aspirations. If the private sector can get this right why can't the government?
- Communities, groups and branches need to be aware that feeling younger isn't 'just a feeling' but has real consequences for health and well-being. There are very positive consequences of feeling younger which need to be encouraged by community action. People do need to be 'given permission' to feel younger. It is a positive thing rather than something to be surprised or embarrassed about.
- The bigger task for the whole community is to redefine ageing. There needs to be a redefinition of middle age to at least age 75 rather than trying to be 'anti-ageing' or trying to change the cultural assumptions around ageing.

This paper examines some of the myths and stereotypes about growing older, as older Australians seek to reframe old age into a longer middle age, and governments redefine ageing in pension eligibility and other services in Australia. It asks whether there is a problem with the current messaging that presents the ageing population as a cost burden.

The paper addresses the practical question: if feeling younger is beneficial, why are we surprised about this and, what can be done to promote it?

GETTING OLDER, FEELING YOUNGER

The ageing of the Australian population is a powerful demographic, economic and political force, but there is another, less visible, contrapuntal change in progress:

Historically, older people were valued and respected members of society ... Scholars have noted a contemporary shift towards a general devaluing of older persons in modern societies especially in Western cultures (Levy & Macdonald, 2016).

Australians are experiencing contrary changes. The population is growing rapidly at older ages, and is politically and economically stronger than ever before. At the same time awareness of discrimination against older people is also stronger than ever, with a shift away from traditional, social values. Sargent-Cox comments succinctly:

Age is a fluid social construct in which we are all intimately bound as we move through the lifespan ... Unlike other 'isms', individuals negotiate shifts from the 'in-group' of youth to the 'out-group' of old age. Yet we are all immersed, largely unconsciously, in this ubiquitous but too often unrecognised 'ism' that needs to be named and challenged (Sargent-Cox, 2017).

Despite being 'fluid', age is a core feature of our personal identity, anchored in life stages, such as starting work or retiring, or with the start of chronic bad health, or the positive events, such as the birth of a grandchild. Because we prefer the positive, when a life event has a negative social value, we do feel negative emotions about it.

With our changing demography, more Australians are experiencing 'the slings and arrows of outrageous fortune', as Shakespeare wrote, in being demographically strong but socially devalued and, continuing the reference to the *Hamlet* soliloquy, 'To be, or not to be [old], that is the question'.

The Australian population has aged

While regarded as a youthful country, as sung in our national anthem 'for we are young and free', the population of Australia has aged. The median age is now 38. It was 23 in 1911, 28 in 1966, and 37 in 2011. The baby boomer generation is 'maturing'. One in six are now aged over 65, compared to one in seven in 2011, and only one in 25 in 1911. An additional 84,000 Australians are aged 85 years and older than in the 2011 Census. Today, people who are 85 years and older comprise 2.1 per cent of the Australian population. The population of centenarians, people who live to or beyond 100 years, grew to 3,500 in 2016.

Women are living longer than men. Of Australians 65 or older, 54 per cent are women and 46 per cent are men. Of those people aged 85 and older, 63 per cent are women and 37 per cent are men. Longevity for women brings with it new risks: in living longer, they are more likely to be living alone due to the death of a spouse or divorce, and often experience financial hardship and loneliness.

Australians are surviving longer into old age, due to improvements in diet, public health and medical technology and, by world standards, Australia is already a 'longevity' society. Australian men rank 7th and Australian women 9th in the world for life expectancy with an overall position of 8th in the world. Looking to our north, this is about seven years longer for men and six for women compared to China, whose life expectancy has been high for a developing country. China, following the patterns in Korea and Japan, will age very rapidly in the coming decades. The pace of Australian ageing is slower than other countries in the top 10, moderated in part by an extended post-war baby boom, and somewhat by immigration. It is notable that immigration has less impact as the population grows.

Life expectancy at birth (years):

Table 1: Life expectancy at birth (years), UN World Population Prospects 2015

Rank	Country	Overall	Male	Female
1	Hong Kong	83.74	80.91	86.58
2	Japan	83.31	80.00	86.49
3	Italy	82.84	80.27	85.23
4	Switzerland	82.66	80.43	84.74
5	Singapore	82.64	79.59	85.61
6	Iceland	82.30	80.73	83.84
7	Spain	82.28	79.42	85.05
8	Australia	82.10	79.93	84.28
9	Israel	82.07	80.18	83.82
10	Sweden	81.93	80.10	83.71
71	China	75.43	73.97	77.02

Ageing has been a major topic of public discussion in Australia since the 1980's. There have been a series of Commonwealth Treasury Intergenerational Reports about the changing demography which have highlighted, some have said 'over-emphasised' in a negative way, the burdens of Australia's ageing society. According to the most recent report: 'In the coming decades, all levels of government will face growing fiscal pressures as the population ages and expectations for greater government support of ageing-related programs increase' (Commonwealth of Australia, 2015). As well there has also been an alarmist rhetoric about the urgency and threatening nature of the 'tidal wave' of ageing Australians, and claims of intergenerational unfairness and even conflict in what they call the 'age of entitlement'. (Daley & Wood, 2014).

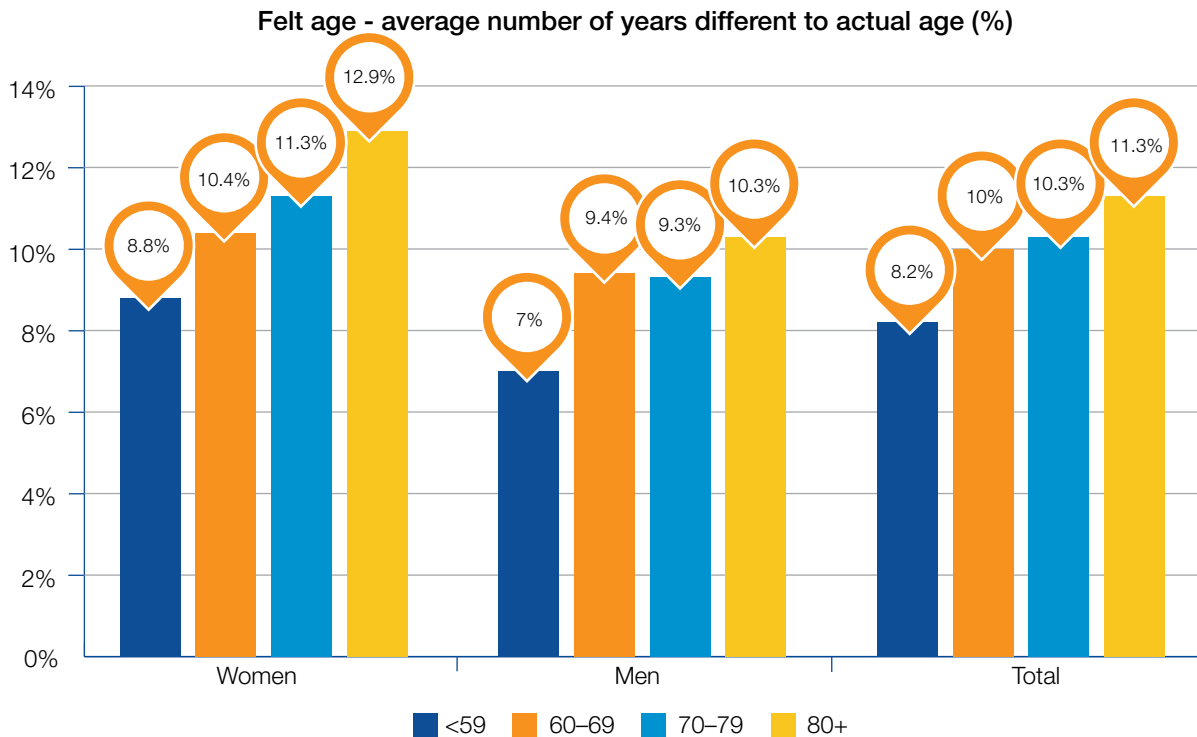
Age is a fluid construct and it has become common not to identify, by dress or actions, with our chronological age in order to express a different age. There are conflicting social forces at work in this. 'Ageism' has emerged with population ageing, so increased longevity is being counterpoised by older people feeling younger than their age. They are not comfortable with the stereotypes that are associated with their chronological age, and feel, dress, act and seek to look younger.

We're older but feeling younger

Reflecting the ageing of the Australian population, the 2016 Census headline summarised the demographic consequences of increasing longevity as: '85 is the new 65' (Australian Bureau of Statistics, 2017). Is this true and what does it mean? The recent National Seniors Social Survey (NSSS) (Wave 6) asked two consecutive questions relevant to this: 'What is your age?' and 'But what age do you feel you are?' (closed 12/6/17, see Appendix 1). Some felt older (6 per cent), some the same (19 per cent), and the majority, three quarters (or 75 per cent), felt younger. The average age difference felt across all respondents was exactly 10 years. The average for women was 1.4 years more than men, and women were higher in each age category showing that they feel

younger than their age more so than men. Some time ago, Sontag called this the ‘double standard of ageing’: ‘Men are “allowed” to age, without penalty, in several ways that women are not’ (Sontag, 1972). Thus, women endure a greater penalty from being identified as ‘old’ than do men, and perhaps this is reflected in the rates at which women identify themselves as feeling younger. So rather than the ABS demographic calculation that ‘85 is the new 65’, the felt, attitudinal answer is less by 10 years, namely: ‘75 is the new 65’.

Figure 1: Felt age, NSSS (Wave 6) 2017



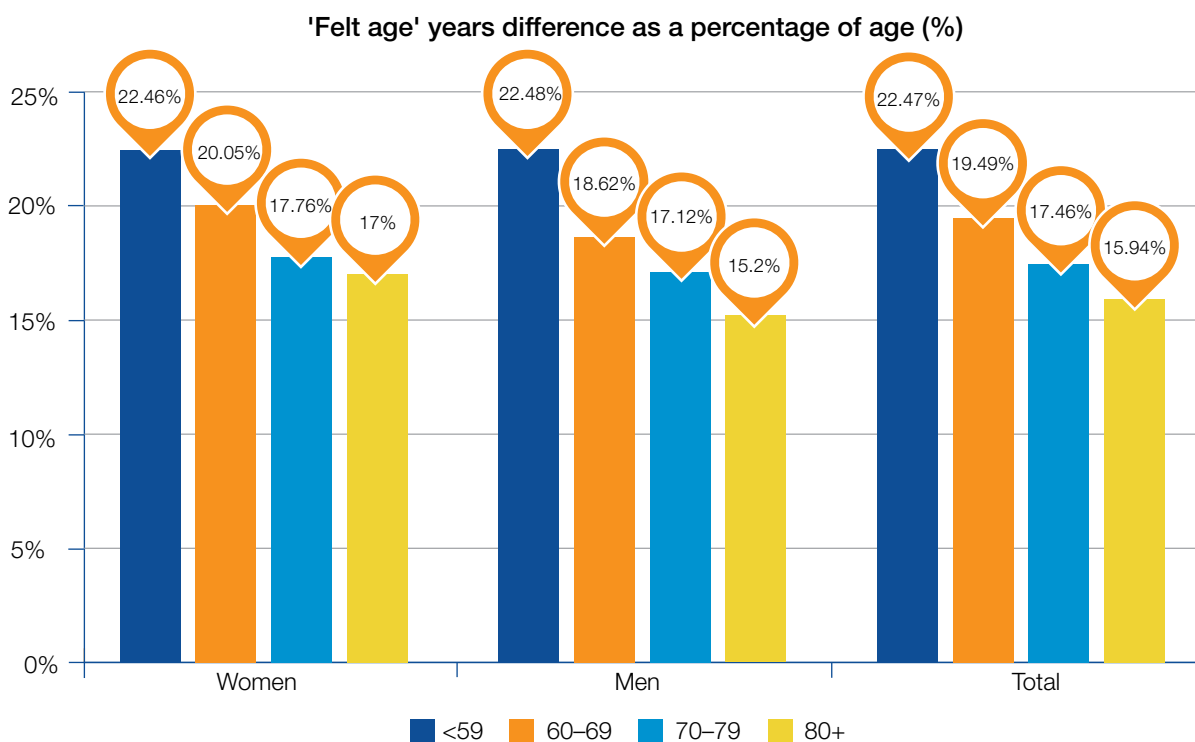
The identical questions were asked in the large English Longitudinal Study of Ageing (ELSA, 2016). ELSA examined data from 6,489 participants and measured their self-perceived age by asking, ‘How old do you feel you are?’. At the start of the study, the average age of their participants was 65.8 and 66 per cent reported feeling three or more years younger than their age. By contrast about 75 per cent of our Australian NSSS respondents felt at least three years younger. Only 25.6 per cent of ELSA participants reported feeling close to their age. This group was 19 per cent in our survey. The remaining 4.8 per cent of ELSA participants said they felt more than a year older, which was very close to the 6 per cent in our survey. The percentage difference, three quarters felt younger in Australia, and two thirds in England, may be due to the National Seniors survey being more recent, 2017 compared to 2004, different sampling strategies or cultural differences.

How do we explain feeling younger than we are?

A Danish study (Rubin & Berntsen, 2006) interviewed people aged 20-97 years about their ‘felt age’. They found on average that those younger than 25 had older felt ages, and those older than 25 had younger ages. They argue that younger people under 25 years ‘feel older’ to reach desirable adulthood, but after that age people want to feel younger so as not to be ‘old’. The desire to feel younger was consistent from about age 40 in their study. The older people were, the younger they felt, which is also consistent with denying the negative stereotypes of old age.

The authors did not agree with the 'age denial' explanation. When they calculated the felt age difference as a proportion of actual age, subjective age was stable at about a 20 per cent difference across the lifespan. They argued that this isn't the consequence of 'age denial' but rather of people calculating their felt age relative to an 'attractor age' where there are many normative life events. They estimated this age was around 25 years where work, marriage, having children and other events mark us as 'adults'. A range of demographic variables had minimal effect on the variance across ages, so they argued that feeling younger isn't 'age denial' but a generic, underlying lifespan effect. It isn't clear, however, what positive force attracts older people to the point of gaining adulthood, rather than being driven there to avoid negative stereotypes of older ages.

Figure 2: 'Felt age' years difference as a percentage of age, NSSS (Wave 6) 2017



The NSSS (Wave 6) results were surprisingly close to the 20 per cent effect, but rates declined with age. The oldest group, 80+ years, had the lowest proportion, which was an artefact of having a largest denominator age. It is plausible that we don't 'feel' our age from our birth, of which we have no memory, but 'feel' our age from some felt memory of adulthood. There are, as well, negative forces in age stereotypes that drive us in this direction. Over time life stages, such as adulthood, have become more fluid rather than being fixed at specific ages such as 25 or 65, which also weakens the argument for a specific 'attractor' age. The felt difference isn't mathematical, but deeply emotional and embedded in lived realities of health, well-being and longevity.

What predicts our feelings about age?

A person's sense of their own age contrasted with public stereotypes can be shaped by many factors. For some, it might be aches and pains, or more serious illness, for others their physical appearance or a sense that they lack vigor and are physically limited. Feeling your age is also influenced by social attitudes about the elderly. Negative views about older people, for example that the elderly are physically slow or not mentally agile, may affect how a person behaves and feels. A recent Australian media survey of 800 adults aged 18-90 found that younger people 18-32 thought old age began around 60 years whereas those 70+ said around 80 years (Freedom Age Care, 2017). The baby boomers 50-79 didn't 'feel old' since that occurred after people turned 80 years whereas the 18-22 year olds thought it began at age 57. The baby boomers were old to them which does have an effect on their perceptions of people. 'Felt age' allows people to distance themselves from unattractive stereotypes.

In the NSSS (Wave 6) survey we examined a wide range of predictors of feeling younger versus not (Appendix 2). For all respondents, men are 30 per cent less likely than women to feel younger, which is a significant difference. The other significant predictors overall are:

- Age – the older you are, the more likely to feel younger;
- Being employed in paid work – 44 per cent more likely to feel younger;
- Having friends – 59 per cent more likely;
- Being in good health versus poor – 349 per cent or 3.5 times more likely;
- The greater the sense of purpose, the younger you feel; and
- The more depressed, the less likely to feel younger.

Being employed is an interesting example of a 'proximate' experience enabling people to feel younger, since one of the traditional life stages signalling ageing is 'retirement'. Having a circle of friends not only has known health benefits but also indicates positive social interaction and information flows. A gender difference is associated with this factor, as explained below.

Other subjective age studies have also shown gender to be a factor. Montepare called for further research to explore gender-related correlates, notably the 'double standard' for gender with ageing:

Whereas physical functioning predicted men's subjective age, health satisfaction predicted women's subjective age, suggesting that different aspects of physical cues may play different roles in men's and women's age identities (Montepare, 2009).

We should also note the factors that were removed from the final models because they had no significant effect. These were: living alone, having living children, having living relatives, level of wealth or assets, owning your house, level of loneliness, number of significant life events in the past five years, and socio-economic status measured by the ABS SEIFA codes (Australian Bureau of Statistics, 2013). Considering what wasn't significant, it appears that:

- Indicators of wealth, such as level of assets, owning your house, and level of socio-economic status, aren't significant factors in feeling younger, but good health has a strong effect;
- Having living children or relatives doesn't matter, while having friends does;
- Living alone, loneliness, and the number of significant life events do not affect felt age, while a sense of purpose does.

Clearly, the dominant factor in predicting feeling younger is good health. People were 3.5 times more likely to feel younger if they rated themselves to be in good health versus poor health. Health trumps wealth!

A Norwegian study (Bergland, Nicolaisen, & Thorsen, 2013), covered perceptions of age for people aged 40 to 79 years. Older chronological age, good physical health, and a high level of personal mastery (perceived control of those aspects of life that people consider personally important) predicted younger subjective age.

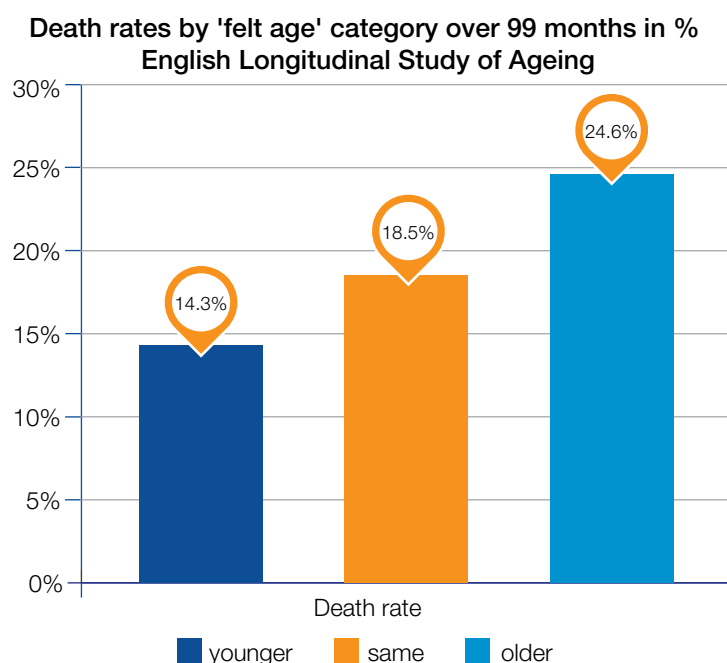
Level of education was also a predictor in some age groups but this was not noted in our study. A French study (Demullier, Terracciano, & Stephan, 2012) found self-rated health, extraversion, and openness to experience were associated with younger subjective age. Further, a Polish study (Mirucka, Bielecka, & Kisieleska, 2016) found subjective age was a strong predictor of positive feelings, satisfaction with life, and self-esteem, over and above self-rated health. With increasing age, health self-ratings, positive feelings, and personality traits are important in feeling younger.

To add to the international evidence, in the English ELSA study, feeling younger was linked to better physical and mental health, better brain function, a healthier lifestyle, and more social activity (ELSA, 2016). ELSA also found that feeling older was influenced by becoming a parent at an early age, experiencing stress, and developing serious health problems such as cancer. Cancer, however, did not predict feeling older while cardiovascular health did. This may be an insight into what factors people bring into their assessments because the disease symptoms are usually different. The strong effects of good physical and mental health are then supported across many different countries. Overall, the subjective or felt age effects are consistent across 18 culturally diverse and disparate, developed countries (Barak, 2009).

Why does good self-rated health predict feeling younger?

Using similar regression techniques to the ELSA study, the NSSF results indicated that self-rated health is by far the dominant predictor of feeling younger than your age. It is of interest that the English ELSA study took its analysis further and used 'feeling younger' to predict probability of survival over eight years. Over an average follow-up period of 99 months, the researchers tracked all-cause mortality and deaths from heart disease and cancer.

Figure 3: Death rates by 'felt age' as a percentage of that category ELSA 2016



In March 2013, ELSA found mortality rates of 14.3 per cent for people who felt younger, 18.5 per cent for those who felt close to their actual age, and 24.6 per cent for those who felt older. People who felt three or more years younger than their age were significantly less likely to die from heart disease, compared to those who felt their age or older.

Only 4.5 per cent of participants who felt younger died of heart disease, while 5.6 per cent of participants who felt close to their age, and 10.2 per cent of participants who felt more than one year older than their age, died of cardiovascular disease. The study found no connection between self-perceived age with death by cancer. The strong link between self-perceived age and fatal cardiovascular disease was sustained after the authors adjusted for health and

lifestyle factors, such as history of illness, disability, physical activity, and alcohol use. Feeling younger was linked to reduced mortality independently of objective health indicators. This ELSA result isn't surprising, given the effect of self-rated health on feeling younger, since it's been known for some time that self-rated health is a powerful predictor of longer life and has effects independent of other objective medical predictors.

It was of interest then to turn the ‘lens’ around the other way in our work and look at what predicted good self-rated health in the survey. The factors that predict whether someone reported being in good rather than poor health (Appendix 2) are:

- Paid employment – 29 per cent more likely;
- Having living immediate family members – 41 per cent more likely;
- Higher savings – 9 per cent more likely;
- The less significant negative life events¹, the more likely; and
- The less depressed the more likely.

Table 2: *Change in survival time in months after 20 years of follow-up (Simons, Simons, Friedlander, & McCallum, 2009)*

	Women (months)	Men (Months)	
Not married	-4	-14	The strong effect from having living family members may explain how people construct their self-ratings, namely of rating themselves against their family and friends, not just on what doctors say. If your family members are still alive, you know that you belong to a healthy group relative to peers, as well as having a potential strong social support system. Age, gender and having living children were not significant factors in the model. Other non-significant variables entered in the first step and then removed were: marital status, education level, living alone, friends, being a home owner, loneliness, and the ABS SEIFA index.
Current smoker	-25	-41	
Any alcohol intake	+12	+12	
BP >200 or >100	-17	-20	
Diabetes mellitus	-30	-24	
Tertile 1 of peak expiratory flow	-36	-22	
Prior CHD	-2	-18	
Atrial fibrillation	-45	-20	
Impairment in >1 activities of daily living	-17	-19	
Self-rating of health as fair or poor	-14	-11	

Finally, it is not only what people feel but what they are doing to remain healthy that affects perceptions of health. In an Australian study, Sargent-Cox et. al (2014) found that not smoking was associated with better self-rated health, moderate physical activity was associated with less decline in it, and overall the ratings became poorer with increasing age (Sargent-Cox, Cherbuin, Morris, Butterworth, & Anstey, 2014). In the USA, Stephan and colleagues found that younger subjective age recorded in 2008 was associated with better recall performance and slower decline in recall, indicating a clear connection with ‘cognitive ageing’ (Stephan, Sutin, Caudroit, & Terracciano, 2016). Canadian research (Mock & Eibach, 2011) looking at this in reverse found that older subjective age predicted lower life satisfaction and higher negative feelings. Self-ratings of health reflected these effects, with personal changes as age advanced leading to increased need for help.

¹ The life events were: serious illness or death of a spouse; divorce, separation or any other major change in relationship status; serious illness or death of a close family member; personal injury, hospitalisation or diagnosis of serious illness; and retirement, redundancy, or job loss.

Discussion

Evidence exists of a developed-country phenomenon of ‘age denial’, which may occur in different ways in less developed countries. Most people over 50, more so women than men, are distancing themselves from current ageist stereotypes and feeling younger than they think they should at their age. As discussed, subjective age studies have identified an ‘attractor age’ of age 25, towards which most people tend to be drawn: those younger than 25 tend to feel older (a desire to be more ‘adult’); those older than 25 tend to feel younger (usually 20 per cent younger than their actual age). While it is not clear in the evidence gathered in this study, there may be an effect of an attractor age. However, it is argued here that feeling younger appears to be attractive as an alternative to the negative stereotypes of old age. Age gradings are becoming more fluid and specific life stages are increasingly blurred. Edgar and Edgar (2017) argue that middle age now extends to age 75 based on the realities that people are living longer, retiring from work later, and remaining active and valuable contributors to the community well into and beyond their 50s and 60s.

Ory and colleagues labelled five common myths that are at the core of these stereotypes (Ory, Hoffman, Hawkins, & Mockenhaupt, 2003):

- To be old is to be sick;
- You can’t teach an old dog new tricks;
- The secret to successful ageing is to choose your parents wisely;
- The lights may be on but the voltage is low; and
- The elderly don’t pull their weight.

The most common forms of ageism include derogatory comments, jokes or cards disregarding older people and their views; health professional interactions attributing ailments to the person’s age and being told ‘you are too old for that’; denial of service; and being ignored or treated with less dignity. A recent media survey of 800 adults aged 18 to 90 (Freedom Age Care 2017) reported a new focal point for ageist comments: difficulty with understanding new technology. This was reported as a sign of ageing more frequently than wrinkles and physical signs of ageing.

Ageist stereotypes are internalised and negatively affect health directly or through consequences such as the poor uptake of qualified health professionals to work in the sector, presenting serious long-term workforce shortages. Holding the idea that older people are frail and set in their ways is known to be detrimental to health. Research has shown that when an older adult holds negative attitudes about ageing, they die sooner (Levy & Macdonald, 2016).

The clash of social values and language occurs across several key life-stage concepts. A major one is the notion of ‘retirement’, which has in it a sense of withdrawal or ‘dropping out’ rather than being active throughout the full life course. Erickson proposes that we ‘retire retirement’ (Erickson, 2008). In a lighter vein, we struggle with language such as ‘Congratulations, you’re 64 years old’ and insert the word ‘young’ instead. While most would say that people should be valued regardless of age, some attitudes are unrecognised and invisible in all of us. Clearly, we need to challenge the negative stereotypes people hold about older adults to relieve such tensions. Self-perceptions are powerful predictors of real life events and feeling younger and feeling positive about your health are closely related. They cannot be dismissed as ‘mere feelings’. This fact is taken seriously by commercial marketers (Bolden-Barett, 2017) and needs serious attention in government messaging and within the community.

Case Study: Retired woman, former teacher in Australia and overseas, born 1948, about to turn seventy – extracts from her email.

Happy in retirement

“I retired ten years ago, when I was sixty. Volunteering and the friendships I have made through this have been special, as is the sense of belonging to the organisation where I volunteer. I feel as if I am still ‘out there in the world!’”

Feels 10 years younger than she is

“I feel younger as if I am turning sixty and not seventy. I feel as if I have skipped a decade somewhere along the way! I am fitter now than I have ever been; early morning jogging and walking and weight-bearing exercises at the gym.”

Wants to go back to work

“After ten years of retirement, I became aware that I still had more to contribute towards teaching. After I retired, I completed another degree in counselling. The stimulation and interest I gained from this led me to feel that working, part-time, would allow me to fulfil my wish to still be contributing to my profession as well as enabling me time to pursue my other interests.”

Re-registration and in-service required

“In order to go back to work I had to re-register in my profession and attend various in-service sessions to satisfy these registration requirements. I spent a lot of years gaining my qualifications and it seems a shame that as I have the energy and health and the desire to contribute, I could be deterred from doing this because of my age and in some cases, society’s attitude to older people. Mature people have a lot of experience, knowledge and life skills and have a lot to offer!”

Registered in a number of jurisdictions but no offers

“I feel that Australia is quite an ageist society. Even my children made the comment “A seventy-year-old going back to work seems very wrong!” I think that until our society understands that many seventy-year-old people have a lot more to contribute and have considerable life experience skills to share, there will be negative attitudes towards older people working. Employers also may fear that employing older people comes with risks of illness, lack of strength or stability.”

How this feels

“It makes me feel sad because this is second attempt for me. I tried to find work after my counselling degree but couldn’t get a job then either. I know that I was valued when pursuing my former profession before my retirement and the fact that I am now a decade older does not mean that this striving for excellence has disappeared. It makes me feel that seniors’ life-skills are not valued and recognised. I also feel concerned for our country if the ‘baby boomers’, and there are so many of us, are not valued, recognised and have their willingness to contribute to the work force acknowledged.”

Still looking for career-retirement balance

“I value my friendships very much and I believe the conversations we share contribute greatly to maintaining a flexible and outgoing approach to my life. Working, part-time, would allow me to fulfil my wish to still be contributing to my profession as well as enabling me time to pursue my other interests. It seemed like perfect career/retirement balance to me! “

What we can do about promoting feeling younger?

What can Government do about promoting ‘feeling younger’ to see its positive effects? Government officials addressed this in the Australian Aged Care Roadmap, short-term action in the domain *How do consumers prepare and engage with their aged care*, which is to ‘promote positive societal attitudes about aged care’. The seven-year destination for this objective is that ‘consumers, their families and carers are proactive in preparing for their future care needs and are empowered to do so’. However the evidence here is that several other policy target areas would clearly enhance feeling younger, for example health and employment promotion. National Seniors has recently gone live with its Healthy Ageing hub to allow older Australians to deal with health and lifestyle issues with validated evidence.

With the prevalence of the myths about ageing, spending on the ‘old’ in prevention was previously seen as a wasted resource or lower priority choice. This has changed dramatically, with a concern about cost providing the rationale for promoting healthy ageing and re-ablement. Many programs are available to older Australians but the challenge is to change behaviour against the context of an increasingly sedentary lifestyle. Similarly, there are improvements from a low base in employment rates; older Australians are generally working longer, with gender gaps in workforce participation reducing over time (Brooke, 2017). There remains an unmet need for increased employment opportunities for seniors, and an enhanced sense of purpose in life that hasn’t been addressed to the extent that’s needed.

Governments in Australia and around the world, for example Japan and Korea, are redefining ageing to manage costs in their long-term care insurance systems (McCallum & Rees, 2017). However, this doesn’t necessarily convey the positive message about feeling and acting younger. Australia no longer has a fixed retirement age, but many still choose to retire when they become eligible for the Age Pension, so ‘retirement’ still strongly signals being old.

A current case of redefinition of ageing, then, is the Age Pension age which was 65, and rose to 65.5 in July 2017. It will rise in stages to 67 in July 2023 and it was Coalition policy to raise it to 70. The Age Pension eligibility age is listed below:

Table 3: Age Pension eligibility in Australia

Age Pension eligibility age		One of the reasons given by the government for the increase in the Age Pension age is Australia’s ageing population. Their 2015 Intergenerational Report projected that in 2054-55 the number of people aged 65 or over will be more than double today’s figure, which will create much greater fiscal pressure (Commonwealth of Australia, 2015). What is also clear from our survey data is that many people feel they are younger than the previously determined eligibility ages, therefore it would be creating unnecessary dependency to continue with
Date of birth	Age Pension eligibility age	
Before 1 July 1952	65	
1 July 1952 - 31 December 1953	65 years and 6 months	
1 January 1954 - 30 June 1955	66 years	
1 July 1955 - 31 December 1956	66 years and 6 months	
From 1 January 1957	67 years	

these eligibility ages if they also want to act younger. The evidence here indicates that this would be more strongly supported if people were able to find work in later life. However, the problem with current government messaging is that it is presented first as an economic, cost-burden driven change, rather than one brought about by changing self-perceptions of ageing associated with better functional ability. We can expect more of these changes to redefine ageing within care and support policies with, we hope, more socially and emotionally sensitive messaging that the reasons lie in improved disability-free life expectancy and feeling younger.

If commercial marketers use this approach routinely, why isn't the government? It does need to be remembered, however, that not everyone feels younger, particularly those in poorer health, and this group needs fair treatment despite other people feeling younger.²

As well as an interest for Governments, the findings here have potential use within communities and groups as a screening question for health and its consequences. In the first place, we may need to give permission to people to feel younger without being embarrassed or feeling odd. Older people who 'feel old' may be able to slow the ageing process by adopting a fresh outlook. Subjective age studies suggest that perceptions of age 'powerfully shape people's well-being':

In modern cultures, youthfulness is a prized status, and accordingly ageism and negative stereotypes of ageing flourish in society. Eschewing 'oldness' and preserving a youthful identity may, therefore, lead to empowering strategies people use to counteract the negative cultural message associated with aging (Bergland, Nicolaisen, & Thorsen, 2013).

Individuals who feel older than their actual age could be encouraged with messages promoting positive health behaviours and attitudes towards ageing. For example, if you don't smoke and you eat well and exercise, you will probably feel younger than your chronological age. This has positive consequences for feelings of well-being and longevity. This 'cheering up' and encouraging people to have a sense of purpose is best achieved within families, communities and familiar groups. Government or non-intimate others are not useful in this activity. It's up to family and friends. As already indicated, the job for government is to explain its policy changes in terms of how people perceive themselves and not according to stereotypes of chronological age or negatively regarded life stages.

Finally the biggest issue is that Australian society is changing faster than policies and community attitudes can keep up with. People are living longer, retiring from work later, and remaining active and valuable contributors to the community well into and beyond their 50s and 60s. So dealing with age-ism requires a redefining of an extended middle age for Australians rather than anti-ageing measures or redefining old age. Employment, relationships, education, housing, finances, lifestyles, health and aged care, need reinvention for individuals, families and in social policy. The new cultural understanding of later life as a longer middle age needs to reflect people living fulfilled lives, contributing to their communities and, most importantly, not succumbing to outdated notions of winding down, retiring too early, or stepping back from life. This is the task for all of us when we sing proudly 'for we are young and free'. As Cicero wrote two thousand and sixty one years ago: "*There is no fixed borderline for old age, and you are making good and proper use of it as long as you can satisfy the call of duty and disregard death.*"

² The NSSS (Wave 6) also collected data on attitudes to pension entitlement. The majority of respondents agree that the government has a responsibility to provide the Age Pension to those who need it.

A FINAL THOUGHT

We may think that our surveys and modern psychology ‘discovered’ the issues raised here. In 44BC, two thousand and sixty one years ago, Marcus Tullius Cicero, then in his sixties, wrote on these same issues. We conclude with some sections of his essay Cato Maior de Senectute. In 44 BC the word ‘men’ was used for ‘people’, men and women, and the translation here is older style English appropriate for the text.

I have resolved to dedicate to you [Scipio a young friend] an essay on Old Age.

When I come to think it over, I find that there are four reasons for old age being thought unhappy: First that it withdraws us from active employments; second, that it enfeebles the body; third, that it deprives us of nearly all physical pleasures; fourth, that it is the next step to death.

Old men, it will be said, are fretful, fidgety, ill-tempered, and disagreeable. If you come to that they are also avaricious. But these are faults of character, not of the time of life.

First on ‘active employments’ he talks about Scipio’s father who was his friend:

If he had lived to his hundredth year, would he have regretted having lived to be old? For he would, of course, not have been practising rapid marches nor using swords at close quarters – but only counsel, reason, and senatorial eloquence. Old men retain their intellects well enough, if only they keep their minds active and fully employed.

Second on ‘bodily strength’ he writes:

The course of life is fixed, and nature admits of it being run but one way, and only once; and to each part of our life there is something specially seasonable; so that the vulnerability of children, as well as the high spirit of youth, the soberness of maturer years, and the ripe wisdom of old age – all have a certain natural advantage which should be secured in its proper season. Feebleness is not a weakness to be set down as peculiar to old age: it is one shared by ill-health.

We must look after our health, use moderate exercise, take just enough food and drink to recruit, not overload, our strength. Nor is it the body alone that must be supported, but the intellect and soul much more.

Third on the lack of sensual pleasures he writes:

Even granting that youth enjoys these pleasures with more zest; a man in the last row of the theatre does get pleasure; so, youth because it looks at pleasures at closer quarters, perhaps enjoys itself more, yet even old age looking at them from a distance, does enjoy itself well enough.

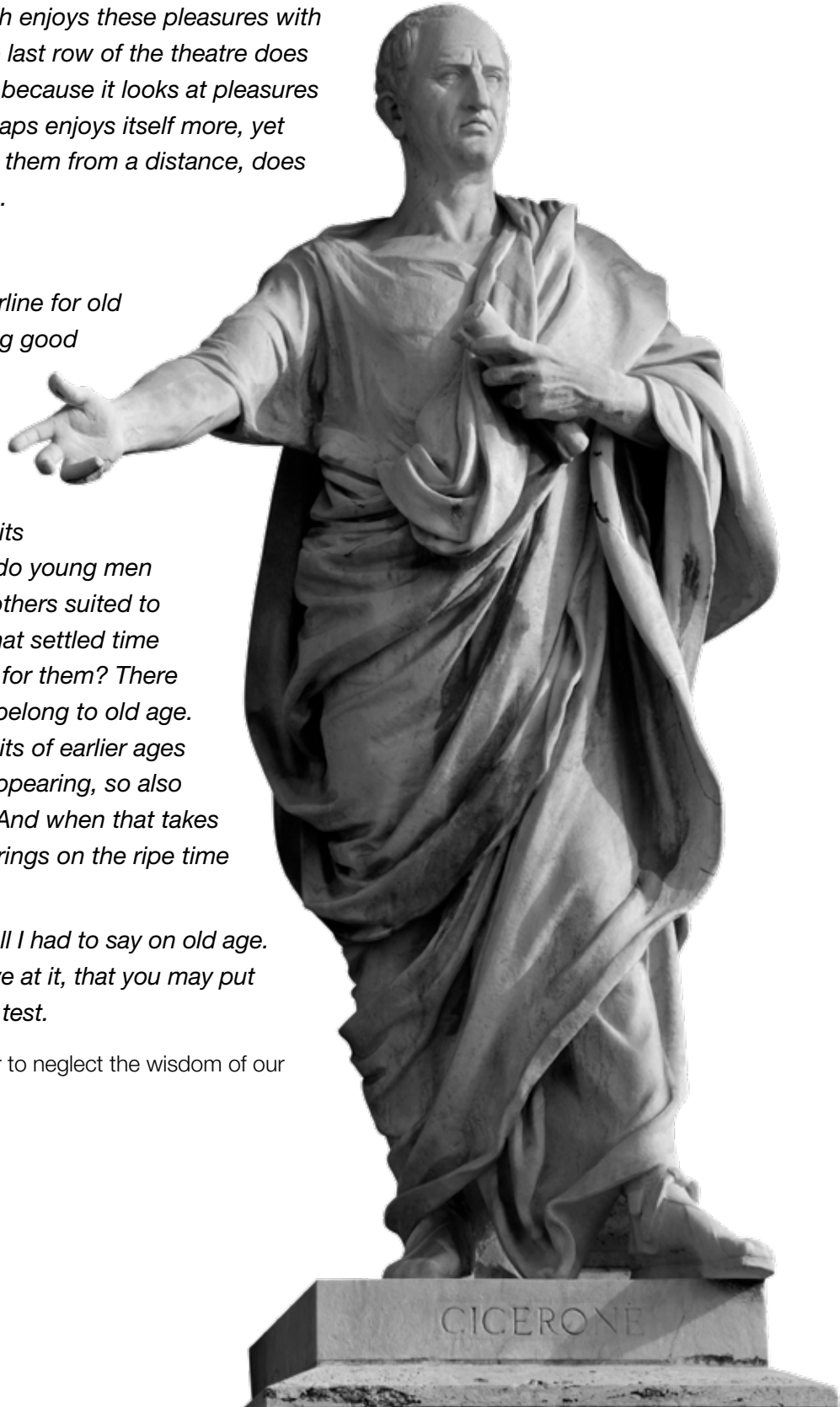
Fourth on death:

There is no fixed borderline for old age, and you are making good and proper use of it as long as you can satisfy the call of duty and disregard death.

There are certain pursuits adapted to childhood; do young men miss them? There are others suited to early manhood: does that settled time called 'middle age' ask for them? There are some finally which belong to old age. Therefore, as the pursuits of earlier ages have their time for disappearing, so also have those of old age. And when that takes place, a satiety of life brings on the ripe time for death.

My dear Scipio, this is all I had to say on old age. I pray that you may arrive at it, that you may put my words to a practical test.

This essay is a timely reminder never to neglect the wisdom of our elders, even our ancient thinkers.



APPENDIX 1: DATA

1 Design

The National Seniors Social Survey (NSSS) (Wave 6) was cross-sectional in design and conducted by National Seniors Research Director Professor John McCallum using a questionnaire survey of National Seniors Australia members aged 50 and over. The study was approved by the Bellberry Human Research Ethics Committee of South Australia on 17 May 2017, application number 2017-04-293.

2 Data

Data in this report were collected using the National Seniors Social Survey (NSSS) (Wave 6), designed by National Seniors Research staff. The survey was conducted from 24 May 2017 to 11 June 2017. The NSSS (Wave 6) asked participants about their experiences, intentions and attitudes across a range of areas including health and social wellbeing, finance, work, and retirement.

The survey was a self-complete instrument, delivered online for the first time, and collected using the survey instrument, Survey Monkey. It consisted of the following modules:

About yourself

A range of questions used to obtain information from respondents about their demographic and socio-economic characteristics.

Work and retirement

This module asked participants about their work situation, such as their employment or retirement status, reasons for not being in paid work, and work preferences.

Finances and decision-making

Questions that asked about expected levels of savings and investments in retirement, general financial literacy, strategies for dealing with financial distress, attitudes towards investments, and the use of trusted intermediaries in financial, health and lifestyle decision-making.

Savings and finances in retirement

This module contained questions about anxiety regarding retirement savings and investments, the desire to leave an inheritance for the next generation, access to retirement funds, knowledge about increases to life expectancy, financial planning for increased lifespan, and preferences regarding retirement annuities.

Social activity and health

Participants were asked about their social activities, social networks and engagement with others, loneliness, the social cohesion of their community, their life satisfaction, mood, and life purpose, the impact of life events, and the level of intergenerational conflict and support.

3 Method

A total of 53,058 National Seniors members residing in all states and territories of Australia with an email address were invited to complete the survey. The survey invitation was emailed, and contained a link to the survey instrument.

Table 4: NSA members compared with 2016 Census data

The age breakdown of NSA members as of May 2017, compared with the 2016 Census data is as follows:

	NSSS Frequency	NSSS %	All NSA members%	Census 2016%
50-59	793	13.8	18.64	37.4
60-69	2497	43.2	39.96	31.3
70-79	1996	34.6	28.78	19.4
80+	484	8.4	12.62	11.9
Total Answers	5770			

4 Analysis

A total of 5,770 surveys were completed, a response rate of 11 per cent. The software package SPSS was used to analyse the data.

Data was collected to be compared with major international studies of ageing populations, including the Health and Retirement Study (HRS) from the US, and the English Longitudinal Study of Ageing (ELSA) from the UK. The NSSS (Wave 6), therefore, introduced similar psychosocial and lifestyle questions, including:

- The CESD-10 instrument to measure depression (The Center for Epidemiologic Studies, n.d.)
- Self-reported health evaluations (Shadbolt, Wang, & McCallum, 1994)
- Measures for social participation and engagement (Hultsch, Hertzog, Small, & Dixon, 1999)
- Assessment of social network and social integration (Schuster, Kessler, & Aseltine, 1990)
- The loneliness score (Hughes, Waite, Hawkey, & Cacioppo, 2004)
- A measure for neighbourhood social disorder and cohesion (Kelley-Moore, Cagney, Skarupski, Everson-Rose, & Mendes de Leon, 2016)
- Subjective age (Rubin & Berntsen, 2006) (Montepare, 2009)
- The purpose in life dimension (Ryff, 1995)
- A modified Holmes and Rahe Life Events Stress Scale.

Unlike chronological age, 'felt' age has no fixed boundaries or evidenced base. To avoid entry errors and frivolous responses biasing results, any responses greater than 30 years above or below actual age were treated as missing values which is in line with published work on this topic. The NSSS (Wave 6) also sought to measure financial literacy based on the OECD financial literacy framework (Kempson, 2011) as it relates to day-to-day money management, financial planning, choosing appropriate products, and financial knowledge and understanding.

5 Sample

Table 5: Basic characteristics of NSSS sample, 2012-2017 (%):

	2012	2013	2014	2015	2017
Age (unweighted)					
50-64	48.0	42.2	44.7	43.9	33.3
65-79	40.9	42.8	43.8	43.3	58.3
80+	11.2	15.0	11.6	12.8	8.4
Gender (unweighted)					
Female	54.3	55.9	53.3	54.2	56.2
Male	45.7	44.1	46.7	45.8	43.8
State (unweighted)					
NSW	29.9	28.8	29.5	30.7	21.8
VIC	25.8	25.8	25.9	24.7	14.9
QLD	17.1	18.1	17.4	18.7	42.2
SA	9.6	9.5	9.3	9.3	4.5
WA	10.3	11.1	10.1	11.2	8.9
TAS	4.1	4.1	3.5	3.0	2.5
ACT	2.2	2.0	2.3	2.0	3.7
NT	1.0	0.6	0.6	0.4	1.5
Education (weighted)					(unweighted)
Not completed high school	52.1	50.1	49.0	42.3	32.2
Completed high school	47.9	49.9	51.0	57.7	67.8
Other qualification					(unweighted)
Yes	-	-	-	-	77.5
No	-	-	-	-	22.5
Highest level of qualification					(unweighted)
Certificate	-	-	-	-	24.8
Diploma	-	-	-	-	26.1
Bachelor degree	-	-	-	-	26.5
Masters/Doctorate	-	-	-	-	13.2
Other	-	-	-	-	9.4
Employment	(weighted)				(unweighted)
Currently in the paid workforce	43.2	41.5	40.3	40.5	27.0
Not currently in the paid workforce	56.8	58.5	59.7	59.5	73.0
Place of residence	(weighted)				(unweighted)
Capital city	48.7	47.8	50.5	48.6	48.0
Major regional centre (above 80,000)	-	-	-	-	20.1
Regional centre (above 25,000)	-	-	-	-	12.8
Town (above 3000)	-	-	-	-	11.0
Village or rural property	-	-	-	-	8.1
Not capital city	51.3	52.2	49.5	51.4	-
Country of birth	(weighted)				(unweighted)
Australia	77.6	80.9	80.8	79.6	75.0
Other	22.5	19.1	19.2	20.4	25.0
Marital Status	(weighted)				(unweighted)
Married/de facto/living with partner	62.3	63.7	63.6	63.5	63.8
Divorced/separated/never married/widowed	36.4	35.8	36.4	36.7	33.0
Other	1.4	0.5	0.0		3.2
Total					100%

APPENDIX 2: LOGISTIC REGRESSIONS

An initial logistic regression with a larger number of predictors was reduced by removing non-significant predictors. We then produced reduced models to observe the size of effects overall and for women and men separately for all then for women and men separately.

Table 6: Logistic regression on feeling younger versus not – all, NSSS (Wave 6) 2017

All	B	Sig.	% difference - Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
gender male	-.408	.000	.665	.551	.803
age	.036	.000	1.036	1.023	1.050
married	.116	.248	1.123	.923	1.366
education level	-.047	.437	.954	.847	1.075
paid work	.366	.001	1.442	1.158	1.796
friends	.461	.031	1.585	1.044	2.406
good health	1.250	.000	3.491	2.866	4.252
sense of purpose	.049	.000	1.050	1.029	1.072
depression	-.033	.001	.967	.948	.986
Constant	-2.695	.000	.068		

Table 7: Logistic regression on feeling younger versus not – women, NSSS (Wave 6) 2017

Women	B	Sig.	% difference - Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
^a age	.038	.000	1.038	1.018	1.059
married	.132	.309	1.141	.885	1.472
education level	-.029	.739	.971	.816	1.155
paid work	.373	.015	1.452	1.075	1.961
friends	.540	.088	1.717	.922	3.196
good health	1.335	.000	3.800	2.905	4.971
sense of purpose	.030	.043	1.030	1.001	1.060
depression	-.038	.007	.962	.936	.989
Constant	-2.862	.002	.057		

Table 8: Logistic regression on feeling younger versus not – men, NSSS (Wave 6) 2017

Men	B	Sig.	% difference - Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
age	.034	.000	1.035	1.016	1.053
married	.121	.456	1.128	.822	1.548
education level	-.055	.513	.946	.803	1.116
paid work	.365	.027	1.440	1.041	1.991
friends	.363	.209	1.437	.816	2.531
good health	1.148	.000	3.153	2.355	4.220
sense of purpose	.070	.000	1.072	1.042	1.104
depression	-.029	.040	.971	.944	.999
Constant	-3.769	.000	.023		

Table 9: Logistic regression on good self-rated versus poor self-rated health– all, NSSS (Wave 6) 2017

	B	Sig.	% difference - Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
gender male	-.034	.682	.967	.822	1.137
age	-.006	.331	.994	.982	1.006
paid work	.258	.014	1.294	1.055	1.588
children	.189	.064	1.208	.989	1.476
family	.344	.002	1.411	1.139	1.748
high saving	.089	.000	1.093	1.053	1.134
sense of purpose	.063	.000	1.065	1.046	1.083
-ive life event sum	-.348	.000	.706	.655	.761
depression	-.105	.000	.900	.885	.915
Constant	1.677	.003	5.348		

APPENDIX 3: WHAT NATIONAL SENIORS RESEARCH DOES

National Seniors Research gives voice to members and provides Membership, Marketing, and Advocacy staff with rigorously researched documents and analysis of members' views, reviews of international literature and subsequent opportunities for development of research findings into care and support activities. The end purpose of National Seniors Research is to advance the social welfare of ageing Australians.

The research office conducts surveys, focus groups, and discussion panels, web-based literature reviews, and produces internal documents and published reports, which are disseminated widely, particularly to members, as well as to the public. It provides independent research services to government and some industry partners in which it retains its control over membership privacy and the independence of its products. National Seniors Research will continue to collect data from annual surveys, qualitative interviews of members, and forum discussions, for the purposes of advocating for our members and providing government and other interested groups with evidence for policy decisions.

An ageing population requires a strong focus on healthy ageing and wellness. If Australians are to age well, it is necessary for policy and infrastructure to be based on the real experiences of older Australians. National Seniors Research provides evidence on how members are faring across a range of areas. It contributes to the current discussion in Australia on enhancing the ageing experience of our population.

National Seniors Research activities work within international and national frameworks endorsed by Australia. The World Health Organization (WHO) defines healthy ageing as 'the process of developing and maintaining the functional ability that enables well-being in older age'. The framework for this is outlined in the WHO Global Strategy on Ageing and Health, and the Regional Framework for Action on Ageing and Health in the Western Pacific covering four key topics: age friendly environments; healthy ageing focused on function; reorienting health systems; and strengthening research evidence. National Seniors Research plays a role in 'strengthening research evidence', and has direct contacts with WHO Western Pacific Region Office.

Within Australia the Productivity Commission Report Caring for Older Australians (June 2011) has been updated as the Legislated Review of Aged Care 2017 by David Tune, Chair of the Aged Care Sector Committee, on which the National Seniors CEO is a member. The Living Longer, Living Better Aged Care Reform Package followed the earlier Productivity Commission Report, and more reforms will follow the new review. Two major Roadmaps also set important directions for research: The Aged Care Roadmap and the Technology Roadmap for the Australian Aged Care Sector. NSA Research Director represents the CEO on the Modernising Health and Aged Care Payments Services Program, preparing major changes to payment systems in aged care. NSA Research works to support and reform major new initiatives with a current emphasis on Consumer Directed Care.

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