

## Don't [Have to] Talk to Strangers: Findings from an Intergenerational Oral History Project

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Oral history can be used in gerontology classrooms to promote positive shifts in undergraduate students' attitudes toward older adults and aging. The purpose of this study was to assess whether students who complete an oral history interview with older adults with whom they are unfamiliar experience greater positive shifts in attitudes toward older adults and the aging process as compared to those who interview older adults they know. Eight-five participants were randomly assigned to a 'Family' group or a 'Stranger' group. Attitudes toward older adults and the aging process were measured at four points over the course of the semester. Results revealed that both groups experienced a positive shift in attitudes, but that shift was not greater in one group over the other. The project was equally effective in improving attitudes when conducted with strangers or with people with whom students were familiar.

*Key Terms:* Oral History; Attitudes toward Old Adults; Attitudes toward Aging; A-O-A

More than 40 years ago, Robert Butler defined ageism as "the systematic stereotyping of and discrimination against people because they are old" and described the phenomenon as analogous to racism or sexism (Butler, 1969, p. 243). Ageism is problematic on many levels. Negative attitudes toward older adults may discourage younger people from choosing careers in the field of aging, which will be of growing concern in the coming years (Lovell, 2006). By the year 2030, there will be a lack of nurses, physicians, pharmacists, dentists, and other health care providers serving the older adult population (Institute of Medicine, 2008). Additionally, negative attitudes may translate into unfair treatment of people in work or personal situations (Stillman, Braitman & Grant, 2002; Uncephar & Areal, 2000) and can affect the quality of healthcare older adults receive. Research has shown that physical and occupational therapists develop less aggressive goals for older patients compared to younger patients, even when their functional and

physical levels are the same (Barta-Kvitek et al., 1986; Horowitz, Savino & Krauss, 1999). Physicians are 20% less likely to ask an older adult about feeling depressed, 6% less likely to ask if an older adult is suicidal, and 25% less likely to refer an older person to a mental health provider (Fischer, Wei, Solberg, Rush & Heinrich, 2003).

Furthermore, what happens when the perpetrators of ageism become a part of the group which they were once prejudiced against (Martens et al., 2005; Nelson, 2005)? How do people put aside ageist attitudes when they themselves become older adults? Since avoiding premature death is considered a shared social norm across generations and societal boundaries (Harris, 2007), it may benefit the younger generation to find ways to embrace older adults and what it means to be part of the group that most one day will join (Martens et al., 2005).

For these reasons, attitudes toward older adults and the aging process are often addressed in gerontology courses. Infusing gerontology coursework in undergraduate academic programs may increase student preference to work with older adults (Avers, 2014; Lun, 2011), and providing education about aging may improve attitudes (Funderbunk, Damron-Rodriguez, Storms & Solomon, 2006; King, Roberts, & Bowers, 2013). Students appear to prefer experiences that involve direct interaction with older adults (Anderson-Hanley, 1999) and provision of intergenerational interactions may help students begin to debunk commonly held myths and stereotypes and to view older adults within the context of their whole lives (Anderson-Handley, 1999).

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One type of intergenerational activity that has been used by gerontologists is oral history. Oral history is a technique used as a means of obtaining personal recollections through in-depth interviews for the purpose of preserving historical information (Yow, 2005). Research indicates that the use of oral history can promote positive shifts in attitudes toward older adults and aging (Ligon, Ehlman, Moriello, & Welleford, 2009; Ehlman, Ligon, Moriello, Welleford & Schuster, K., 2011). A theoretical base for understanding how and why these attitudinal shifts occur can be found in the theory of transformational learning (Mezirow, 1978).

Transformational learning is defined as “the process of using a prior interpretation to construe a new or a revised interpretation of the meaning of one’s experience in order to guide future action” (Mezirow, 1996, p. 162). Transformational learning is more than adding facts to one’s repertoire; it involves changing the way we view the world and ourselves and serves as a belief system (Mezirow 1991). The components vital to the process of transformational learning are triggered by a disorienting dilemma (Merriam & Caffarella, 1999). A disorienting dilemma is an experience that is drastically different from one’s current assumptions (Taylor, 1998) and such an experience often ignites the transformative learning process (Merriam & Caffarella, 1999). In order to change attitudes, it has been suggested that educators need to develop activities to “disrupt the learner’s world view and stimulate uncertainty, ambiguity, and doubt in learners about previously taken-for-granted interpretations of experience” (Merriam & Caffarella, 1999, p. 327).

In this study, researchers embedded an oral history assignment to act as a disorienting dilemma within a gerontology course. All students completed the same project—interviewing an adult over the age of 65. However, half of the students interviewed older adults recruited by the researchers (strangers) and half interviewed older adults that they selected themselves (family). Based on tenets of transformational learning, the researchers believed that at least part of students’ current meaning schemes of aging were formed through experiences with older adults with whom they had interacted in the past. It was anticipated that interactions with strangers would challenge students to understand older adults and aging in new ways. Therefore, it was hypothesized that both groups would have a positive shift in attitudes but the students interviewing strangers would find the experience more disorienting and therefore would have a greater change in attitudes toward older adults and the aging process.

## Method

### Participants

Ninety-three undergraduate students who were enrolled in 200-level gerontology courses at York College of Pennsylvania (GER 215: Social Aspects of Aging) or the University of Southern Indiana (GERO 215: Healthcare Aspects of Gerontology) were invited to participate in the study. See Table 1 for participant characteristics. Three students did not complete the class, four students opted not to participate in the study and one student did not fill out the baseline measurements. This

Table 1  
*Participant Characteristics and Results of ANOVA and Chi Square Tests of Group Differences*

Characteristic	‘Stranger’ Group (n = 39)	‘Family’ Group (n = 46)	<i>p</i>
Age [mean (SD)]	22.7 (7.6)	20.6 (1.7)	0.11
Gender [n (%)]			0.28
Female	36 (92.3%)	39 (84.8%)	
Male	3 (7.7%)	7 (15.2%)	
Race [n (%)]			0.90
Non-Hispanic white	36 (92.3%)	42 (91.3%)	
Black	2 (5.1%)	2 (4.3%)	
Hispanic	1 (2.6%)	2 (4.3%)	
Courses in gerontology taken [n (%)]			0.52
None	8 (20.5%)	15 (32.6%)	
One	24 (61.5%)	25 (54.3%)	
Two	7 (17.9%)	4 (8.7%)	
Three	0 (0%)	1 (2.2%)	
Four	0(0%)	1 (2.2%)	
Worked with Older Adults [n (%)]			0.18
Yes	18 (46.2%)	28 (60.9%)	
No	21 (53.8%)	18 (39.1%)	
Had personal experiences with older adults [n (%)]			1.00
Yes	19 (50%)	23 (50%)	
No	19 (50%)	23 (50%)	
College [n (%)]			0.60
University of Southern Indiana	19 (48.7%)	25 (54.3%)	
York College of Pennsylvania	29 (51.3%)	21 (45.7%)	
Baseline AT Older Adults-VAS Scale [mean (SD)]	74.6 (18.0)	80.1 (13.1)	0.15
Baseline AT Aging-VAS Scale [mean (SD)]	57.7 (19.9)	57.2 (21.5)	0.87

brought the total number of participants to 85. The mean age of students was 21.6 years and the majority were Caucasian (91.2%) and female (87.9%). Most students had taken one or more gerontology courses previously (73.6%). Human subjects' approval was obtained from York College of Pennsylvania and the University of Southern Indiana. The students gave written consent to participate.

### Measures

Three tools were used to measure attitudes in this study including the Attitude-Older Adults and Aging-Visual Aging Scales (At-O-A) (Ligon, Ehlman, & Moriello, 2014), the revised Fraboni Scale of Ageism (FSA) (Rupp, Vodanovich & Credé, 2005) and The Anxiety About Aging Scale (AAS) (Lasher & Faulkender, 1993). Attitudes toward older adults and aging were measured using the At-O-A at four points over the course of the semester: during the second week of class, before and after the oral history project and at the end of the semester. The FSA and AAS were taken before and after the oral history project only. See Figure 1 for a timeline of the procedures. The students also filled out a Personal Information Sheet during the second week of class which included questions about age, gender, ethnicity, number of gerontology courses taken, and whether participants had intensive work or personal experiences with older adults.

Figure 1  
*Timeline of the procedures*

Week 2		Week 5	Weeks 5-8	Weeks 8-9	Week 16
O <sub>1</sub>	R	O <sub>2</sub>	X <sub>1</sub>	O <sub>3</sub>	O <sub>4</sub>
O <sub>1</sub>	R	O <sub>2</sub>	X <sub>2</sub>	O <sub>3</sub>	O <sub>4</sub>

O = Outcome measures  
 O<sub>1</sub> = AT Older Adults -VAS Scale, AT Aging-VAS Scale  
 R = Randomization  
 O<sub>2</sub> = AT Older Adults -VAS Scale, AT Aging-VAS Scale, Fraboni Scale of Ageism and Anxiety About Aging Scale  
 X<sub>1</sub> = Intervention ('Stranger' group)  
 X<sub>2</sub> = Intervention ('Family' group)  
 O<sub>3</sub> = AT Older Adults -VAS Scale, AT Aging-VAS Scale, Fraboni Scale of Ageism and Anxiety About Aging Scale  
 O<sub>4</sub> = AT Older Adults -VAS Scale, AT Aging-VAS Scale

The At-O-A was developed by the researchers to assess student attitudes toward older adults and toward the aging process (Ligon et al., 2014). The tool is composed of two visual analogue scales (VASs), the At-Older Adults VAS and the At-Aging VAS. Two scores were derived using this tool—the first reflecting attitudes toward older adults and the second reflecting attitudes towards one's own aging experience. Each VAS consists of a horizontal line, 100 mm in length, which is anchored by unipolar word descriptors (negative and positive). The instructions for the first VAS read, "Place a vertical mark

through the line to rate your attitude toward older adults," while the instructions for the second VAS read, "Place a vertical mark through the line to rate your attitude toward your own aging process." Students marked the point which represented the perception of their attitude on each VAS. The VAS score was determined by measuring from the left end of the scale to the marked point in millimeters. Use of the VAS in attitudinal assessment has been found to be reliable and valid (Ligon et al., 2014).

The FSA (Rupp et al., 2005) measures attitudes toward older adults and uses a 4-point Likert scale evaluating the extent of agreement with 29 statements (1 = strongly disagree to 4 = strongly agree). The results of the scores can range from 29-116 with higher scores signifying more ageist attitudes. The FSA has been found to demonstrate high reliability and adequate construct validity (Fraboni et al., 1990).

The AAS (Lasher & Faulkender, 1993) measures overall anxiety toward the aging process. It uses a 5-point Likert scale to measure extent of agreement on 20 statements (1 = definitely disagree to 5 = definitely agree). Higher scores indicate less anxiety about aging. The AAS has been found to demonstrate factorial validity and good internal consistency reliability (Cronbach's Alpha = 0.82) (Lasher & Faulkender, 1993).

### Procedures

A two group repeated-measures design was utilized to determine whether students who interviewed older adults they did not know experienced a greater shift in attitudes toward older adults and the aging process as compared to students who interviewed a family member or close friend. Participants were randomly assigned to a 'Stranger' group or a 'Family' group. Students in the 'Family' group selected an older adult to interview, drawing from people whom they considered a family member and/or friend. Students were instructed to choose someone without a known diagnosis of mental illness or cognitive impairment. How close the students were to the older adults was not measured; however, most chose one of their grandparents. For those in the 'Stranger' group, the researchers identified persons to interview through contacts in the community. Interviewees were at least 65 years of age and lived independently in the community setting.

The oral history project was embedded within a gerontology course as a classroom assignment. All students participated in the oral history project, even if they decided not to participate in the research project. The purpose of the project was to document the life story of an older adult through a life course perspective, while connecting class concepts through reflection exercises.

Within the first two weeks of the 15-week semester, students were oriented to the oral history project by the researchers. The two-hour orientation included the definition, history and benefits of oral history, interview manners, and how to conduct the interview itself. They

were given an interview guide containing a list of sample questions about childhood and youth, young and middle adulthood, and late-life. See Table 2 for examples of these questions. The students were encouraged to use the guide but were given the freedom to choose follow-up questions as well as questions of interest which did not appear in the guide. They were also taught how to respond to any life story that was difficult and had the opportunity to role play the interview process during orientation.

Table 2.

*Oral History Semi-Structured Interview: Sample Questions*

1. Tell me about your parents. (Follow-ups: Where were they from? Do you know how they met? What type of work did your father do? Did your mother work outside of the home?)
2. Describe the place that you grew up. Tell me about your home/s where you grew up. Did you live in an urban or rural area? Can you describe the area?
3. Did you have chores when you were a child? Tell me about them.
4. Can you tell me about the role of work in your life during your middle years? How did you feel about your work? If you were a homemaker, how did you like this job? If you work outside of the home, how did you feel about your job? Did you enjoy it? Did you work long hours?
5. What historical events occurred during your adulthood which impacted you? (Examples? Korean Conflict, Death of JFK; Civil Rights Movement, Vietnam)
6. Describe some modern conveniences that an adult might have today that you would have liked to have had.
7. Are you involved with community organizations such as church or volunteer groups?
8. Think about different roles that you've held (possibly parent, spouse, and worker). Describe how your roles have changed over the years. Have you taken on new roles?
9. What are the best things about getting older? What are some of the challenges?

Each student interviewed an older adult in three 45-60 minute sessions in person using the semi-structured, biographical, oral history guide described above. Within one week of each interview session, the student wrote a two-three page reflection paper using the Lewinian Experiential Learning Model (Kolb, 1984) as a framework. This model identifies four components of a cyclical reflection style. The first component is the concrete experience and each interview served as this concrete experience. The second component is observation and reflection where the students discussed what occurred during the interviews. The third component is formation of abstract concepts and generalizations. In this phase, the students drew out lessons learned about themselves as well as about older adults and aging in general. Students

were provided the opportunity to discuss what they had learned and to engage in reflective discourse. The last component involved testing these concepts in new situations and students then had the opportunity to test the lessons learned in each subsequent interview.

Following the final interview, each student wrote a five to seven page biography of the interviewee's life which was then given to the older adult. They were instructed to use the third-person point of view when writing the biography and to focus on information acquired in the interviews as opposed to students' thoughts about the older adult. In addition, each student prepared a letter to the older adult, thanking them for their time and participation. In this letter, they shared with the interviewee lessons learned from this experience. Thank you letters were used as an experiential learning activity in the classroom prior to being delivered to the interviewees.

### *Data analysis*

Means and standard deviations were calculated for continuous data while frequencies were compiled for dichotomous variables. One way ANOVAs were utilized to determine whether there were any differences between groups at baseline with regards to age and scores on the VASs and Chi Square analyses determined if there were any differences between the groups at baseline with regards to gender, race, university attended, whether the students worked extensively with older adults, or had any personal experiences with older adults. To test for differences between the 'Family' and 'Stranger' groups from pretest to posttest, two-way mixed-model ANOVAs were conducted. The Greenhouse-Geisser correction was used for all repeated measures tests. Since the At-O-A was given at four points over the course of the semester, post hoc paired t-tests were conducted when effects of time of testing were present for the At-O-A. The partial eta-squared statistic was used as a measure of effect size, with values of 0.01, 0.06 and 0.14 representing small, medium and large effect sizes, respectively (Rovai, Baker & Ponton, 2014). Retrospective statistical power was calculated using G\*Power version 3.0.10.

### **Results**

ANOVA and Chi Square testing confirmed homogeneity of groups at baseline, revealing that there were no significant differences between the two groups. See Table 3 for results of statistical testing. The statistical power for an interaction effect was 0.07 for a small effect, 0.92 for a medium effect, and 0.99 for a large effect. There was more than adequate power at the medium to large effect level to find a difference between the groups if a difference actually existed.

Table 3  
Scores on Attitudinal Scales Across Time

Outcome Measure		Time 1 Beginning of course (mean/SD)	Time 2 Before oral history project (mean/SD)	Time 3 After oral history project (mean/SD)	Time 4 End of the course (mean/SD)
AT Older Adults -VAS Scale	'Stranger' Group	74.1 (18.1)	78.6 (12.3)	82.5 (12.0) <sup>+</sup>	84.0 (11.8) <sup>*</sup>
	'Family' Group	79.7 (13.3)	80.0 (10.4)	84.0(8.7) <sup>+</sup>	86.3 (8.9) <sup>*,#</sup>
AT Aging-VAS Scale	'Stranger' Group	50.6 (19.5)	59.9 (21.4)	67.8 (21) <sup>+</sup>	73.6 (20.1) <sup>*,#</sup>
	'Family' Group	56.5 (21.6)	59.4 (21.3)	68.4 (18.6) <sup>+</sup>	74.5 (17.1) <sup>*,#</sup>
Fraboni Scale of Ageism	'Stranger' Group		40.0 (6.6)	39.6 (7.0)	
	'Family' Group		40.8 (7.7)	39.3 (9.2)	
Anxiety About Aging Scale (Higher scores reflect lower anxiety about aging)	'Stranger' Group		69.9 (11.7)	74.5 (9.2) <sup>+</sup>	
	'Family' Group		70.0 (9.4)	72.6 (11.2) <sup>+</sup>	

<sup>\*</sup> significant within group differences from Time 1 to Time 4 at the  $p < 0.05$  level

<sup>+</sup> significant within group difference between Time 2 and Time 3 at the  $p < 0.05$  level

<sup>#</sup> significant within group difference between Time 3 and Time 4 at the  $p < 0.05$  level

When between group differences between the 'Family' and 'Stranger' groups were evaluated from pretest to posttest using two-way mixed ANOVAs, no significant interaction effects were noted on the At-Older Adults VAS [ $F(3, 234) = 1.23, p = 0.30$ , partial eta-squared = 0.02], At-Aging [ $F(3, 234) = 0.09, p = 0.95$ , partial eta-squared = 0.001], FSA [ $F(1, 82) = 0.16, p = 0.69$ , partial eta-squared = 0.002], or AAS [ $F(1, 81) = 1.05, p = 0.31$ , partial eta-squared = 0.01]. There were also no main effects of the Family versus Stranger groups on the At-Older Adults VAS [ $F(1, 78) = 1.44, p = 0.23$ , partial eta-squared = 0.02], At-Aging [ $F(1, 78) = 0.001, p = 0.98$ , partial eta-squared < 0.0001], FSA [ $F(1, 82) = 0.02, p = 0.89$ , partial eta-squared < 0.0001], or AAS

[ $F(1, 81) = 0.09, p = 0.76$ , partial eta-squared = 0.001].

However, significant main effects for Time of Testing across all available times of testing were found on the At-Older Adults VAS [ $F(3, 234) = 18.05, p < 0.0001$ , partial eta-squared = 0.19], At-Aging [ $F(3, 234) = 36.11, p < 0.001$ , partial eta-squared = 0.32], and the AAS [ $F(1, 81) = 14.44, p < 0.001$ , partial eta-squared = 0.15], but not the FSA [ $F(1, 82) = 2.64, p = 0.11$ , partial eta-squared = 0.03]. Post hoc testing on the At-Older Adult VAS revealed a significant positive shift in attitudes in both groups between Time 2 and Time 3 (immediately before and immediately after the interviews) and in the 'Family' group between Time 3 and Time 4. Post hoc testing on the At-Aging VAS revealed a significant positive shift in

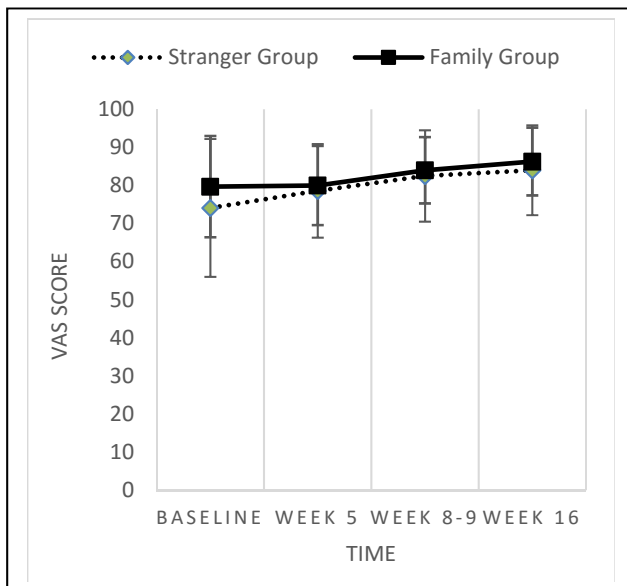


Figure 1. Results: Attitudes toward Older Adults Visual Analog Scale (At-Older Adult VAS). Error bars represent standard deviations.

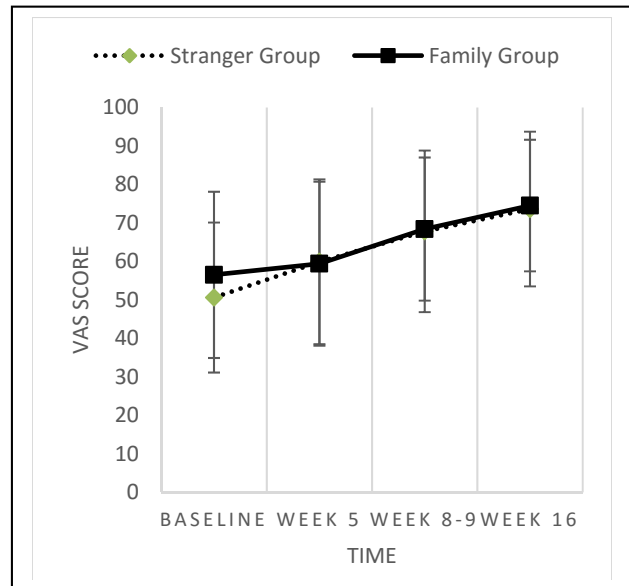


Figure 2. Results: Attitudes toward Aging Visual Analog Scale (At-Aging VAS). Error bars represent standard deviations.

attitudes in both groups between Time 2 and Time 3 and between Time 3 and Time 4. See Table 3 and Figures 1 and 2.

## Discussion

The purpose of this study was to assess whether undergraduate students who complete an oral history interview with an older adult they do not know experience a greater positive shift in attitudes toward older adults and the aging process than those who interview an older adult they do know. Results revealed that both groups experienced a positive shift in attitudes but that the shift was not greater in one group than another.

The fact that student attitudes toward older adults and the aging process improved over the course of the semester is not surprising. These results are consistent with past research which shows that attitudes can improve when an oral history project is embedded within a gerontology course (Ligon et al., 2009; Ehlman et al., 2011). What was unique about the current project is that student attitudes were measured four times across the semester instead of just at two time points as in past research. In the current study, attitudes did not change before the oral history project began at Week 5. Change did not occur until after completion of the oral history project at Week 8. While one cannot assume it was the oral history project alone that created this change, since course materials continued to be delivered during that time, the interview experience was most likely a contributing factor.

Interestingly, student attitudes continued to improve following completion of the project at Week 8 until the end of the course. This could be the influence of course materials or perhaps the influence of the project became even more impactful once students were distanced from the experience. Attitudes can be enduring and therefore may take time to change. For example, in a study where older adults' life satisfaction was measured before, after, and 10 weeks after the older adults participated in a similar oral history project (Ligon, Welleford, Cotter, & Lam, 2012), there was no difference between older adults who participated in an oral history project and a control group in levels of life satisfaction immediately after the activity. However at the 10 week follow up, those who participated in the oral history project demonstrated improved life satisfaction as compared to the control group, indicating a potential latent effect in change in life satisfaction. Change in student attitudes may follow a similar pattern. Therefore, a longer follow-up measure would have been helpful to determine whether attitudes continued to improve following the class.

We expected that greater shifts in attitudes would occur among students who interviewed strangers. While it may not be possible to precisely measure whether the students experienced the assignment as a disorienting dilemma, transformational learning theory would suggest

that if shifts in attitude toward older adults and aging occurred, the activity challenged previously held beliefs and transformation occurred. The authors believed interviewing strangers would present the students with a greater disorienting dilemma than interviewing someone they already knew because students were expected to encounter experiences different from their own point of reference (Taylor, 1998).

However, review of the student reflections revealed that interviewing a family member can potentially be a strong disorienting dilemma in itself. When interviewing family members, students are often surprised by what they hear during the interview process. They may have become accustomed to only seeing the family member or friend in one role—such as grandmother. Through conducting interviews, students may now see the family member or friend in a broader context and discover something new about that person. Several student reflections note that following the interviews, the students saw the individual as a “whole different person” and that the interview opened their eyes to the fact that older individuals have had and continue to have a full life. It was also evident from the reflections that the students began to view the individual within a broader context of their lives and not just what they knew about them as older adults. During the course of the interviews, the students could have discovered something about the older adult's current life which acts as a disorienting dilemma to change attitudes about the aging process itself.

The FSA did not change over the course of the oral history project. When the At-Older Adults VAS was used to measure attitudes toward older adults—the same construct—a significant change was detected. Prior research has shown a correlation between the FSA and the At-Older Adults VAS (Ligon et al., 2014). It is possible that the FSA, a 4 point Likert style scale, is not as sensitive to change as the 100 point VAS scale.

Consistent with past research, findings from this study indicate that using an oral history project as a vehicle to connect undergraduate college students with older adults may positively impact student attitudes about aging and student attitudes about older adults (Ehlman et al, 2011; Ligon et al, 2009). Connections made with either older adults who are strangers or older adults who are familiar can be impactful.

Therefore, the authors encourage any educator to use oral history as a gateway to improve attitudes using either family members or strangers. We recommend using at least three one hour interviews and having the students write a reflection following each interview using the Lewinian Experiential Learning Model (Kolb, 1984). We also suggest they conduct the interviews in a chronological manner using a semi-structured interview guide, write a biography about the person they are interviewing and write thank you letters which can be used as an experiential learning activity in class. This project can easily be imbedded within a gerontology course.

As limitations, this study lacked a true control group which did not receive any intervention and generalizability is limited to the characteristics of the participants in the study, who were mostly women and Caucasian. Additional considerations that should be noted are that we cannot determine that a true disorienting dilemma occurred, the interview format was not completely standardized, and the depth of relationship with the interviewee was not measured.

### Conclusion

The primary finding of this study is that completing an oral history project embedded within a gerontology course is equally effective when conducted with strangers or with people with whom students are familiar when generalized attitudes toward older adults and aging are measured. As population aging occurs around the world, it will be important to find ways to encourage connections and to find ways for the different generations to come together to help one another. Further research should explore the limitations of this study as well as further examine student attitudes through a qualitative analysis of their written reflections. Other constructs besides attitudes should be assessed to determine whether there is a difference between interviewing family and friends or strangers.

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