

beginning, AARP has responded to members' needs by making available products and services created especially for them. Through market innovation and leadership, AARP Services, Inc. (ASI), a wholly owned subsidiary of AARP created in 1999, manages the wide range of products and services offered as benefits to AARP's members. ASI also develops new products and services that reflect the changing expectations and needs of members. Developing good products means selecting quality business partners as providers, so ASI continually monitors each service's operation to make sure AARP's service-provider partners are meeting the Association's standards.

Among the programs ASI manages are Medicare supplemental insurance, automobile/homeowners insurance, a prescription drug program, long-term care insurance, a motoring plan, a credit card, and life insurance. ASI also oversees the AARP Privileges Program, designed to respond to the wide-ranging needs of the AARP traveler by providing discounts on hotels and motels, auto rentals, airlines, cruise lines, vacation packages, entertainment products, and consumer goods. Discounted legal fees are available from state Bar Association members of the AARP Legal Services Network. Profits from any of the services offered by ASI are rolled back into the activities of the non-profit AARP organization so that dues for members can be kept as low as possible and charitable services supported.

The Foundation

Through the AARP Foundation, AARP works to expand the understanding of aging with research and service. In its 30 years of grant making, the Foundation has supported more than 630 projects with grants totaling approximately \$35 million. Foundation programs provide security, protection, and empowerment for older people in need. Low-income older workers receive the job training and placement they need to rejoin the workforce. Free tax preparation is provided for low- and moderate-income older individuals. The Foundation's litigation staff protects the legal rights of older Americans in critical health, long-term care, and consumer and employment court cases. Additional programs provide information, education, and services to ensure that people older than 50 lead lives with independence, dignity, and purpose.

Foundation programs are funded by grants, tax-deductible contributions from AARP members, the general public, and AARP. In 2004, the Foundation reorganized and greatly enlarged its capacity to raise additional funds from individuals, corporations, other foundations, and government agencies. The Foundation also strengthened its partnership with AARP by increasing support of AARP's charitable programs that advance the Foundation's mission. AARP members support the Foundation's charitable work through volunteerism, as well as through annual and long-term financial contributions.

Conclusion

AARP recognizes that aging is synonymous with living. As we progress along life's continuum, we find that what matters most is not age but experiences along the way. AARP's founder Dr. Ethel Percy Andrus once observed, "The stereotype of old age—increasingly costly and troublesome—is contradicted by the host of happy and productive older people participating and serving beyond the call of duty. Second only to the desire to live is the natural yearning to be wanted and needed, to feel that one's contribution to life is essential."

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See also

Organizations in Aging

A-B-C MODEL

See

Behavior Management

ABSTRACT THINKING

Young children understand the relation between objects and events in a functional manner. They note that the first object is seen to go with or to operate on the second object. *Complementarity criteria* are integral components of their thinking. By contrast, older children and young adults tend to use *similarity criteria*. As one ages, however, the use of complementarity criteria increases once again (Reese & Rodeheaver, 1985). The reversal to complementarity as people age is thought to be caused by environmental factors rather than attributable to changes

4 A-B-C Model

in competence. Young children as well as elderly people are rarely required to state their thoughts in a specifically prescribed way, and complementary categorization may therefore seem more natural since such categories are grouped naturally in time and space.

Older adults do not necessarily lose the ability to use more abstract criteria, but they are often willing to indulge in an alternative mode that offers greater imaginary scope. Complementarity as an aspect of thinking has been found to be more prevalent in nonprofessional than in professional men or women from age 25 to 69, with neither age nor gender differences found to be significant (Denney, 1974). Luria (1976) observed the same phenomena in a study in Central Asia, where uneducated workers were more likely to engage in concrete thought, while educated collective farm members were more prone to use abstract thought.

Abstract thinking and aging has also been investigated in the context of the crystallized-fluid ability model (cf. Cattell, 1963). Convergent fluid abilities that involve abstract thinking have shown an average decline somewhat earlier than was found for the more concrete information-based crystallized abilities. Paradoxically, abstract thinking may become more important as people age because many lifelong experiences must be reappraised. Even well-established everyday behaviors that previously could be performed in a routine and concrete manner may now require a modicum of abstract thought to evoke a novel response appropriate to changed circumstances (cf. Schaie & Willis, 1999; Willis & Schaie, 1993).

An alternate explanation for the reduction in abstract reasoning with increasing age might be sought in the reduction of cortical volume in brain areas essential for high levels of abstract thinking (cf. Gunning-Dixon & Raz, 2003).

The contention that the increased incidence of concrete thought in elderly people may be the result of experiential rather than neurological factors is further supported by positive results of training studies that involve persons who had not earlier used abstract classification principles (Denney, 1974), or who had had a lower performance rating on abstract ability measures (Schaie & Willis, 1986; Willis, 1996, 2001).

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See also

Cognitive Processes
Intelligence
Metamemory
Problem Solving

References

- Cattell, R. B. (1963). Theory of fluid and crystallized intelligence: A critical experiment. *Journal of Educational Psychology, 54*, 1–22.
- Denney, N. W. (1974). Classification ability in the elderly. *Journal of*
- Gunning-Dixon, F. M., & Raz, N. (2003). Neuroanatomical correlates of selected executive functions in middle-aged and older adults: A prospective MRI study. *Neuropsychologia, 41*, 1929–1941.
- Luria, A. R. (1976). *Cognitive development: Its cultural and social foundations*. Oxford, UK: Oxford University Press.
- Reese, H. W., & Rodeheaver, D. (1985). Problem solving and complex decision making. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (2nd ed., pp. 474–499). New York: Van Nostrand Reinhold.
- Schaie, K. W., & Willis, S. L. (1986). Can intellectual decline in the elderly be reversed? *Developmental Psychology, 22*, 223–232.
- Schaie, K. W., & Willis, S. L. (1999). Theories of everyday competence and aging. In V. L. Bengtson & K. W. Schaie (Eds.), *Handbook of theories of aging* (pp. 174–195). New York: Springer Publishing Co.
- Willis, S. L. (1996). Everyday cognitive competence in elderly persons: Conceptual issues and empirical finding. *Gerontologist, 36*, 595–601.
- Willis, S. L. (2001). Methodological issues in behavioral intervention research with the elderly. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (5th ed., pp. 78–108). San Diego, CA: Academic Press.
- Willis, S. L., & Schaie, K. W. (1993). Everyday cognition: Taxonomic and methodological considerations. In J. M. Puckett & H. W. Reese (Eds.), *Mechanisms of everyday cognition* (pp. 33–54). Hillsdale, NJ: Erlbaum.

ACID-BASE BALANCE

Hydrogen ion (H^+) is a highly reactive cation. For that reason it is essential that the concentration of Fr' in the body fluids be tightly regulated. In healthy people the H^+ concentration of the blood plasma ranges from 36 to 43 nanomoles per liter (pH 7.45–7.35). H^+ is produced by acids and consumed by