

PEER REVIEWED PAPER



Ageing and ageism: the impact of stereotypical attitudes on personal health and well-being outcomes and possible personal compensation strategies

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ABSTRACT

Ageism largely remains a socially tolerated form of discrimination. From birthday cards to anti-ageing advertisements and comedy sketches, stereotypical ideas about older people and the ageing process abound. While generally trivialized in mainstream culture, this article argues that ageism is, in fact, a serious matter. Drawing from a growing evidence base, the article highlights the significant and largely detrimental impact that ageist stereotypes have on people's outcomes in later life. It then goes on to analyse some of the possible mechanisms through which stereotypes generate this effect, and finally concludes with a brief outline of some of the psychosocial interventions that might enable older people to weaken or neutralize the toxic effects of internalized negative self-perceptions of ageing. Note: the structural and power relationship dimensions of ageism, while hugely important, are not considered within this article as its focus is on the psychological and emotional dimensions and their impact on personal health and well-being outcomes, an aspect of ageist stereotyping that is seldom discussed.

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Stereotypes and ageism

Ageism is commonly understood as discrimination against individuals on the basis of prejudicial attitudes towards older people and ageing itself (Butler, 1975). There is overwhelming evidence that negative attitudes about older people are commonly encountered in everyday life, particularly in Westernized societies. For example, national (UK) and international survey research has shown consistently that ageism is the most commonly experienced form of prejudice and discrimination in the UK (Abrams, Swift, Lamont, & Drury, 2015), with up to 64% of respondents reporting age discrimination as a very or quite serious problem (Abrams, Russell, Vauclair, & Swift, 2011). Not surprisingly given the literature on internalized oppression, research has shown that older people themselves can also hold ageist attitudes towards other older people (Brewer & Lui, 1984; Heckhausen, Dixon, & Baltes, 1989; Hummert, Garastka, O'Brien, Greenwald, & Mellott, 2002; Mustafic & Freund, 2012; Nosek, Greenwald, & Banagfi, 2002).

Not all stereotypes are negative. There are positive stereotypes where older people are seen as being wise, kind, tolerant and so on. However, studies do suggest that negative ones

are dominant (Donlon, 2005; Hummert, 2011; Levy, Chung, Bedford, & Navrazhina, 2014; Levy, Hausdorff, Hencke, & Wei, 2000; Murphy, Monahan, & Zajonc, 1995; Palmore, 2001).

Ageist stereotypes affect outcomes

It is ageism, far more than the passage of time, that makes growing older harder for all of us. (Applewhite, 2015, p. 232)

Contrary to most people's understanding, the ageing process is more than just a process of biological decline. We are psychosocial beings so it is hardly surprising that our ageing process will be influenced by psychosocial factors as well. While huge attention continues to be directed at the medical and social aspects of ageing, a comparatively small amount has traditionally been directed at the emotional and psychological factors and their impact on the ageing process (Robertson, 2014b).

In recent years this situation has begun to be redressed. There is an emerging evidence base that examines the way in which people's stereotypical attitudes towards ageing appear to affect a wide range of health and well-being outcomes. Ageist beliefs even appear to affect how long people live. The most often-cited evidence of this is that produced by Becca Levy (Levy, Slade, Kunkel, & Kasl, 2002), which showed that people with negative attitudes towards their own ageing were found to live on average 7.6 years less than those with positive attitudes. The significance of this research is that it was one of the most robust early pieces of evidence that mental constructs (i.e. stereotypes about ageing) appear to be able to impact on fundamental physiological processes, in this case, longevity. The evidence base about the impact of age on longevity is now significant and growing (Danner, Snowdon, & Friesen, 2001; Kotter-Gruhn, Kleinspehn-Ammerlahn, Gerstorf, & Smith, 2009; Kuper & Marmot, 2003; Levy, Asman, & Dror, 1999-2000; Levy, Lakra, & Ng, 2012; Levy, Zonderman, Slade, & Ferrucci, 2009; Maier & Smith, 1999; Markides & Pappas, 1982; Sargent-Cox, Anstey, & Luszcz, 2014; Stewart, Chipperfield, Perry, & Hamm, 2016; Stewart, Chipperfield, Perry, & Weiner, 2012; Uotinen, Rantanen, & Suutama, 2005).

The impact of negative age stereotypes has also been shown to extend beyond longevity to encompass a much wider range of health and well-being outcomes. What follows is a very small extract from that evidence base.

Illness

Using an analysis of data on participants from the German Ageing Survey, researchers (Wurm & Benyamini, 2014) found that negative self-perceptions of ageing were able to predict deterioration in three health outcomes – self-rated health, physical functioning and depression.

Functional ability

Walking speed is a meaningful marker of physical function in the ageing population. It has predominantly been considered to be solely a consequence of physical decline, but research has highlighted the direct role of psychological factors. In a study (Robertson, Savva, King-Kallimanis, & Kenny, 2015) involving 4,803 participants, researchers found that negative perceptions of ageing at baseline were associated with slower walking speed two years later.

Cognitive ability

Memory function is generally understood to decline as an inevitable function of the ageing process. However, a number of studies have shown the significance of negative stereotypes on performance. For example, one study (Levy, 1996) demonstrated that when people were subliminally primed with positive stereotypes of ageing, they tended to display improved memory performance in the research tests; in contrast, when primed with negative stereotypes of ageing, memory performance tended to worsen.

Healthy behaviours

Behaviours that are likely to enhance health and well-being are crucial in later life. However, a study of older people (Wurm, Warner, Ziegelmann, Wolff, & Schuz, 2013) showed that, in the event of a serious health incident, negative self-perceptions of ageing were associated with lower use of strategies that are important for maintaining a healthy lifestyle.

Emotional well-being/mental health

Ageism can have a very significant impact on emotional well-being. A prospective study (Freeman et al., 2016) on the link between attitudes to ageing, depression and anxiety found that negative ageing perceptions at baseline predicted the new onset of depression and anxiety at follow-up. Among those with depression or anxiety at baseline, negative ageing perceptions also predicted the persistence of these conditions at follow-up.

Ageing – a mind/body agenda

Nothing makes one so old so quickly as the ever present thought that one is growing older. (Lichtenberg & Hollingdale, 2000)

As the evidence outlined above has shown, ageing is not solely a physiological/biological process: outcomes, competencies and behaviours in later life can be significantly influenced by attitudes and beliefs about ageing, i.e. by stereotyping. There are several theories that seek to explain the mechanisms that produce such outcomes.

Stereotyping impacts on the outcomes of other groups in society, particularly those categorized by gender or race, and there is a well-developed research base and theoretical understanding. While it is possible to draw on some of this material to understand the workings of age-based stereotyping, there are some fundamental differences between 'age' and these other identity characteristics. Most crucially, old age is an identity one acquires gradually over time (as disability can be).

The significance of this is that 'unlike race and gender stereotypes, which people encounter during their earliest years while they are developing group self-identities, people acquire age stereotypes (and prejudices about their future selves), several decades before becoming old' (Levy et al., 2002, p. 261). It is argued that this leaves older people without the usual psychological defences that other groups tend to have against the effects of stereotypes. For example, women and people from ethnic minorities tend to be fully aware of their membership of a group identity that is typically

discriminated against, and therefore can to some extent mount psychological defences against the effects of stereotyping directed against them (Devine & Monteith, 1999; Steele & Aronson, 1995). The same is not true for older people.

Stereotype Embodiment Theory

Ideas from the stereotyping of other groups in society, joined with the research evidence on the impact of ageism, influenced the development by Becca Levy of Stereotype Embodiment Theory (SET), which seeks to explain the process by which age stereotypes exert their influence over the lives of older people (Levy, 2009). The theory comprises four hypotheses:

- (1) Age stereotypes are internalized by people at a very young age and are reinforced across the lifespan.

Research suggests that internalization starts at a very young age; children as young as 6 years can display awareness of old age stereotypes (Isaacs & Bearison, 1986; Seefeldt, Jantz, Galper, & Serock, 1977). Not only are children aware of the concept of 'older', they show a common distaste for the idea. When asked how they would feel about becoming an older person, 60% of children studied gave responses that were rated negatively (e.g. 'I would feel awful') (Burke, 1981–1982; Seefeldt et al., 1977). From this early start, implicit age stereotyping tends to be strengthened over the rest of the life course by repetitive exposure (Murphy et al., 1995).

- (2) Stereotypes can operate unconsciously.

Research has shown that stereotypes can influence people's functioning on an unconscious level. This is demonstrated by studies (including some of those cited above) which use a technique called 'subliminal priming'. Typically this involves flashing age stereotyped words or images on a computer screen at subliminal speeds – fast enough to prevent conscious perception but slow enough to allow the brain to encode the data (Levy, 1996). The fact that behaviour can be influenced subliminally indicates that stereotypes can be held unconsciously and still have an impact.

- (3) At some point, they are accepted as self-stereotypes as they become relevant to the ageing identity.

When people are younger, the internalized age stereotypes have no impact because they are not relevant to the person's current status or identity. In that phase of life, they tend to be directed outwards as ageist attitudes directed towards 'the other' (i.e. older people). However, the passage of time 'invests age stereotypes with self relevance, or personal resonance, because it brings an identification with others who are old' (Levy, 2003, p. 207). It is only at this point that the ageing stereotypes are activated in such a way that they become directed inwards, towards the self, and then start to exert an influence on the person's health and well-being.

(4) Stereotypes utilize multiple pathways to exert their influence.

As noted in the brief evidence base above, ageist attitudes towards ageing can impact on a wide range of domains. Levy (2009) suggests that these can be summarized as three key tracks along which they exert their influence:

- *Psychological*, through affecting people's expectations and thereby generating a form of 'self-fulfilling prophecy' (Levy & Leifheit-Limson, 2009).
- *Behavioural*, through reducing people's actions to maintain or improve their health status. Negative attitudes about ageing appear to reinforce ideas that ill health is inevitable as one ages and that preventative steps are therefore futile (Levy & Myers, 2004).
- *Physiological*, through their impact on the autonomic nervous system, which is a branch of the central nervous system that responds to environmental stress. For example, people primed with negative stereotypes demonstrated heightened cardiovascular response to stress (Levy et al., 2000), and negative stereotypes appear to adversely affect recovery from acute cardiovascular events (Levy, Slade, May, & Caracciolo, 2006).

Age Based Stereotype Threat (ABST)

Another theoretical perspective that provides a strong explanatory framework is 'age based stereotype threat'. Stereotype threat arises when an individual faces a situation that puts them at risk of confirming a negative stereotype about their group (Lamont, Swift, & Abrams, 2015). The anxiety produced by this threat, it is argued, results in under-performance by the person of tasks that are relevant to the stereotype (Steele & Aronson, 1995). It is thought that repeated experiences of stereotype threat can lead to a vicious circle of diminished confidence, poor performance and loss of interest in the relevant area of achievement (Gilovich, Keltner, & Nisbett, 2006).

The key feature that distinguishes ABST from SET is that ABST explains the impact of stereotypes solely as a result of individuals' reactions against consciously perceived negative stereotypes directed at them from an external source. It does not therefore provide an explanation for the impact of unconscious ageist stereotypes.

Interventions

It is not enough just to understand a social problem; it is important to develop ways to alleviate its harmful outcomes. There has, however, been relatively little attention paid to researching or developing interventions to counter the effect of ageist stereotyping. The following is an overview of what little there is.

Rational discourse

One of the most obvious ways to counter the impact of negative stereotypes is to dispute the distorted view of the world that they promulgate and instead to encourage older people to replace these ideas with more rational, egalitarian and evidence-based ones. There have been some notable attempts to provide people with systematic written information to counter the prevalent negative characterization of ageing (Applewhite, 2015; Bateson, 2010; Brown &

Malling, 2004; Carstensen, 2009; Cohen, 2000; de Hennezel, 2011; Fonda, 2011; Freedman, 1999, 2011; Karpf, 2014; Lane, 2010; Robertson, 2014a; Sadler, 2000; Segal, 2013; Young & Evans, 2012). While a necessary step, disseminating more positive information on its own is unlikely to be completely effective. For example, researchers (Nosek et al., 2002) have found that the strength of negative implicit attitudes is reduced only slightly following the introduction of specific information designed to activate positive associations with old age.

Other attempts have been made through the provision of 'positive ageing' courses, which provide better information about ageing as well as allowing for interactive group work designed to further embed the new thinking. Two evaluated examples (Sarkisian, Prohaska, Davis, & Weiner, 2007; Wolff, Warner, Ziegelmann, & Wurm, 2014), which were designed to change assumptions about some particular aspects of ageing, found that after the intervention, participants reported more positive expectations about ageing (among other positive outcomes). Other positive ageing courses run in the UK (Calouste Gulbenkian Foundation, 2016) have shown some promise but have yet to be formally evaluated.

Suppression

There are some suggestions that people could be exhorted just to 'suppress' any stereotypically negative views that they have. However, there is little evidence to suggest that such a strategy is effective. What research there is found no reduction when participants attempted to suppress their stereotypes through conscious willpower (Blair, Ma, & Lenton, 2001), and the researchers concluded that, without a great deal of effort, motivation and practice, suppression strategies are difficult to achieve. Suppression has never been found to be an effective or acceptable strategy in dealing with psychosocial issues.

Positive imagery

Research has shown that emphasizing positive visual images of ageing can weaken negative influences (Hess, 2006; Levy, 2009). In recent years there has been a growth in such portrayals. While this is an important and welcome development, some care needs to be taken. Promulgating overly positive images can make some older people feel uncomfortable, and perversely, produce the sort of adverse impact that negative stereotypes produce (e.g. reductions in memory performance) (Fung et al., 2015).

Moreover, focusing solely on positive images is not the only way of ameliorating the impact of internalized ageist stereotypes. Some research (Dasgupta & Greenwald, 2001) has shown that exposing older people to pictures and descriptions of 'admired older people', while at the same time exposing them to representations of 'disliked younger people', can have a significant impact on ameliorating the power of implicit negative stereotypes. It would appear that the 'downward comparison' with younger people who are patently not to be admired can stimulate a more powerful reaction to the positive images of older people.

Visualization

Positive imagery can also be self-generated. Visualization is the conscious and intentional act of creating a mental representation of a person, object or event by seeing it with the 'mind's eye'. Evidence suggests that mental imagery has many of the same characteristics

as a real experience, including emotional arousal and similar neurological characteristics (Dadds, Bovbjerg, Redd, & Cutmore, 1997).

The technique has been studied in the context of gender stereotyping, where some success has been found from encouraging women to visualize a ‘counter stereotype’ (e.g. a strong woman). Researchers concluded that the approach ‘provided compelling evidence for the moderating influence of mental imagery on implicit stereotypes’ (Blair et al., 2001, p. 837). This technique may apply equally well in the context of age stereotyping (Robertson, 2014a).

Consciousness-raising groups

The gender politics of the 1970s and 1980s witnessed the development of groups specifically designed to address and counter the stereotyping and inequality facing women at the time. They are most commonly associated with the process of understanding the cause of collective problems, embodied in the phrase ‘the personal is political’ (Hanisch, 1969). While consciousness raising tended to focus on the political implications of discriminatory attitudes, there were clearly personal dimensions that were addressed as well. There is therefore an argument that such an approach could be used as part of a strategy to counter the internalization of ageist stereotypes and their promulgation and impact in wider society. Consciousness raising could be developed as a way for older people to acknowledge their own internalized ageist prejudice and thereby transcend it. ‘You can’t challenge bias unless you are aware of it, and everyone is biased some of the time Consciousness-raising is a tool that uses the power of personal experience to unpack unconscious prejudices’ (Applewhite, 2015, pp. 239, 241). Applewhite advocates that consciousness-raising groups can provide a safe space for the first steps of people’s exploration of the myths and stereotypes that they have internalized consciously or unconsciously over a lifetime. Ultimately, such personal work is likely to develop into a political perspective, but that dimension of ageism is not the focus of this article.

An interesting existing example of a consciousness-raising group’s engagement with the ageing agenda is that of the Older Men’s Memory Work Group which met for over a decade in order to examine their personal experiences and ideas regarding ageing and gender (Blake et al., 2016).

Self-differentiation

There is some evidence that ‘self-differentiation’ can ameliorate or even prevent the impact of ageist stereotyping on older people’s self-esteem (Weiss & Freund, 2012; Weiss & Lang, 2012; Weiss, Sassenberg, & Freund, 2013). Self-differentiation can be understood as the process of psychologically distancing oneself from membership of one’s age group, and/or focusing on aspects of one’s self-concept that are different from the generally negatively portrayed aspects of older people, i.e. perceiving oneself as ‘the exception to the rule’. Consciously focusing on the ways in which an individual differs from their stereotype of an older person could therefore be a practical technique for ameliorating the impact of negative age stereotyping.

Future agenda

While the above shows that there are a range of possible strategies for countering the impact of ageist stereotypes, few have been developed into workable interventions,

and evidence of effectiveness 'in the field' is woefully lacking. This is an area worthy of future research and development.

Despite the lack of evidence of a 'silver bullet' to counteract the harmful impact of negative ageing stereotypes, there nevertheless remains some hope. As with most things in life, people have a degree of control, particularly once they develop some self-awareness. The evidence suggests that activation of negative attitudes about ageing does not *inevitably* cause the person to behave accordingly. Simple awareness that the stereotype has been activated has been shown to enable non stereotypical reactions (Hess, Hinson, & Statham, 2004; Lepore & Brown, 2002). Similarly, as Levy suggests:

as all humans age, they should be aware of their own implicit negative views of their group and consciously develop an identity with old age and its positive attributes, using these to compensate for the ill effects of automatic ageism. (Levy & Banaji, 2002, p. 69)

Raising awareness of the impact of ageist stereotypes can thus have personal as well as societal benefits.

By way of conclusion, it is instructive to cite Becca Levy's reflections on her studies on the way that ageism appears to reduce longevity:

If a previously unidentified virus was found to diminish life expectancy by over 7 years, considerable effort would probably be devoted to identifying the cause and implementing a remedy. In the present case, one of the likely causes is known: societally sanctioned denigration of older people. A comprehensive remedy requires that the denigrating views and actions directed at elderly targets undergo delegitimation by the same society that has been generating them. (Levy et al., 2002, p. 268)

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Notes on contributor



Guy Robertson is Director of Positive Ageing Associates, an organization specializing in promoting positive approaches to later life at both the personal and organizational levels, and Editor of the journal *Working with Older People*. Guy is a committed commentator on ageing issues with a long career bringing about positive change in services for older people. He was Head of the Local Government Association's 'Ageing Well' Programme (which supported councils to prepare for an ageing society) until its conclusion in 2012. Previously Guy led work on prevention and early intervention at the Department of Health, within the Older People and Dementia division,

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