Handbook of Prejudice, Stereotyping, and Discrimination

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Ageism

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In and of itself, categorization is an adaptive feature of the brain, because it frees up cognition to perform more important tasks (Fiske & Neuberg, 1990). Once we know that this object before us is a table, we know what its purpose is and how to think about it, based on our earlier acquired information about tables and their features (Mervis & Rosch, 1981; Rosch, 1978). However, when we start applying this natural tendency to categorize objects in our environment to people, the categorization process is not nearly as accurate nor is it free of consequences. Miscategorizing a couch for a bed likely will not be a big deal under most circumstances. However, mistakenly categorizing a man as a woman might get you a punch in the face! Despite this and other risks, everyone tends to categorize other people on an innumerable array of dimensions.

In social perception, there are three primary dimensions on which we categorize other people on seeing them: race, gender, and age. This categorization process is so well learned that it becomes automatic rather early in life (Fiske & Neuberg, 1990; Hamilton & Sherman, 1994). The categorization along these dimensions is so fundamental to how we understand the rest of the individual that this process is often referred to as “primitive” or “automatic” categorization (Bargh, 1994; Brewer, 1988; Perdue & Gurtman, 1990). When we consider the influence of automatic categorization on social perception, attitude formation, and the formation and maintenance of prejudice, it becomes clear much of our understanding of social cognition processes must begin with an exploration of this primitive categorization process. How does automatic categorization along the lines of race, gender, and age influence the way we think about others? One prominent by-product of such thinking is that it facilitates the formation of simple rules of association between group membership and some characteristic. That is, this automatic categorization helps people start to think about everyone in that category as all sharing several of the same characteristics, to the extent that they should be grouped together and identified in a different way from other groups who show similarity along other dimensions. From this, we develop stereotypes about those groups. Stereotypes are “a set of beliefs about the personal attributes of a group of people” (Ashmore & Del Boca, 1981, p. 16). When we start thinking about others through the lens of stereotypes, we develop expectations for their behavior and certain stereotype-consistent interpretations of their behavior. We think, feel, and behave toward them on the basis of those stereotypes. In so doing, our behavior toward stereotyped groups and those within the group is heavily skewed, usually incorrect, and fraught with problematic perceptions of each other.

Stereotypes have been a focus of research in social psychology almost since the field began, because of the importance of understanding the strong influence they have on social behavior (G. W. Allport, 1954; Jones, 1998). Although social psychologists have learned much about prejudice and stereotyping based on race (racism; F. H. Allport, 1924; Katz & Braly, 1933; LaPiere, 1934) and on gender (sexism; Benokraitis & Feagin, 1986; Deaux & Kite, 1993; Eagly & Wood, 1991, 1999) we know comparatively little about the way people respond to another individual based on his or her age (ageism; Nelson, 2002). Why would one of the three major, automatic categories in which we think about another person be so underinvestigated by researchers throughout the decades? There are a number of possible reasons, and there is likely some validity for each, but one obvious reason is that our society has institutionalized ageism within nearly every aspect of its culture. People do not notice ageism because (a) it is institutionalized, and (b) the targets of the prejudice, older adults,
largely buy into the stereotypes as reflecting a true state of the world, and therefore there is nothing wrong with being characterized along age stereotypes (Caporael, Lukaszewski, & Culbertson, 1983; Giles, Fox, Harwood, & Williams, 1994; Nelson, 2003; Neugarten, 1974). If there is “no outraged victim” protesting how they are stereotyped, does ageism simply not exist?

Unfortunately, ageism does indeed exist, and the purpose of this chapter is to discuss the nature of ageism, how it is perpetuated, and how to reduce it.

THE INSTITUTIONALIZATION OF AGEISM

Go into any greeting card store in the United States and in the birthday card section, peruse some of the cards. Almost immediately, you’ll notice a common message: Sorry to hear you’re another year older. Birthdays are seen as a decline, a step toward being in a group that is not respected and not valued in our society. Birthdays are a reminder of one’s increasing physical and mental health issues as the years go by. Getting older is bad. Why would card makers put such a message on a card that ostensibly is meant for a celebration? That they do, and frequently print such overt and covert jokes about getting older, is one indicator of the degree to which aging is institutionalized in our culture.

Try that same message with another stigmatized group, and you are likely to arouse not laughter in the card recipient, but anger: Sorry to hear you’re overweight! Sorry to hear you’re handicapped! Sorry to hear you’re gay! I think you get the point. People spend billions of dollars every year to hide the physical signs that their body is aging: skin creams, face-lifts, tuck this, pull back that, hair dye (hide that gray), wigs, and makeup, all to conceal external signs of their age (National Consumer’s League, 2004). Why? Because we are told, in innumerable ways throughout our life, that aging is bad. Young is good, and old is not good. This chapter explores some of the reasons why ageism is so institutionalized in America, and what that means for the lives of older adults.

EARLY AGEISM RESEARCH

Technically, ageism is defined as prejudice against anyone based on his or her age. Indeed, we do seem to have stereotypes for nearly every age group (teens, children, infants, those who are “middle-aged,” and “old people”). Although some ageism research has focused on negative attitudes and stereotypes toward teens and children (termed “juvenile ageism”; e.g., Westman, 1991), most research on ageism has tended to focus on prejudice against older adults (Nelson, 2002, 2005).

There are two major types of ageism: malignant ageism and benign ageism (Butler, 1980). In the former, the perceiver feels an extreme dislike toward the older person, and believes the older person is worthless. In the latter, the perceiver views the older person through prejudice and stereotypes due to their own fear of aging. We discuss this further when we talk about theories of ageism.

Research on ageism is still in its infancy, with only a couple of studies conducted on it prior to 1969, when the term was first coined by Butler (1969). One of the first studies on attitudes toward older people was conducted by Tuckman and Lorge (1953). Their research found that people in the United States tended to have a fairly negative attitude toward older adults. Indeed, later studies affirmed that Americans have negative attitudes toward older people and aging (Barrow & Smith, 1979; Falk & Falk, 1997; Nuessel, 1982). However, many other studies showed that people had very positive attitudes toward older adults (Bell, 1992; Crockett & Hummert, 1987; Green, 1981).

What seems to account for these mixed findings on whether ageism even exists? A closer examination of the methods used in the studies reveals a significant difference in the way the questions are worded when asking questions about the respondent’s attitude toward older adults. When one is asked “What is your attitude toward your grandparent (or older boss, or neighbor)?” one tends to answer with quite positive attitudes toward these specific older adults. However, when a respondent is asked about his or her attitudes toward “older people” in general, the response is typically fairly negative. Why might this occur? This is fairly typical in social perception. Many studies have shown that to the degree that one can individuate a member of a stereotyped outgroup, the less that the
target’s category status remains prominent in one’s consideration of the target (Fiske, 1998; Fiske & Neuberg, 1990; Nelson, 2006). That is, the more you get to know the person as an individual, the less likely you will think of that person in terms of stereotypes. If we have negative views against “older people,” how, exactly are we thinking about them? What is the content of ageist attitudes?

**AGE STEREOTYPES**

Younger people in society think about older adults not as a monolithic entity, but in many different ways. Researchers asked some young participants to sort personality trait cards into groups of traits that would be found within the same older person (Schmidt & Boland, 1986). Participants generated between 2 and 17 different groups, or different types of older persons. The researchers found that participants generated about twice as many negative subgroups (e.g., despondent, vulnerable, shrew or curmudgeon) as positive subgroups (e.g., liberal matriarch or patriarch, sage, perfect grandparent) for the concept of older person. Clearly, our conception of older people is much more complex than stereotypes might indicate, and younger adults have several ways of thinking about older persons, depending on their relationship and experiences with the older person.

**POSITIVE INTENTIONS**

Most people view older persons with a mixture of fondness and pity (Cuddy & Fiske, 2002). In their stereotype content model (SCM), Cuddy and Fiske (2002; Cuddy, Norton, & Fiske, 2005; Fiske, Cuddy, Glick, & Xu, 2002) suggest that people do not merely think about their stereotypes in unidimensional ways (e.g., one’s attitude is either positive or negative toward the group). Rather, they say that stereotypes can be located along two intersecting dimensions of content: competence (able, independent) and warmth (trustworthy, friendly). The combination of these dimensions then yields three different types of stereotype: warm–incompetent, cold–incompetent, and competent–cold. According to Cuddy and Fiske (2002), people reserve the competent–warm category to describe their own ingroups. As mentioned earlier, when people think about older adults in the abstract, their attitude toward that group tends to be more negative. Yet, research finds that even when younger persons think of specific older persons in their life, their attitude toward those persons is, at best, described as “affectionate condescension” (Giles et al., 1994; Grainger, Atkinson, & Coupland, 1990). Cuddy and Fiske (2002) said that younger people view older persons as incompetent, but yet lovable (what they term “doddering but dear”), and there is empirical support for this idea (Fiske, Xu, Cuddy, & Glick, 1999; Heckhausen, Dixon, & Baltes, 1989).

The view of older people as dependent, incompetent, and in decline both physically and mentally (Lieberman & Peskin, 1992) tends to lead younger people to treat older persons as if they were children. This is referred to as *infantilization* (Gresham, 1973). Older people are shielded by younger persons from issues in the world or their own life that the younger person may deem “too complicated” or “too upsetting.” Additionally, the opinions of the older person are not given the same importance as those of younger adults. Accompanying ageist behavior and infantilization is usually a marked difference in the way younger persons speak to elderly persons. Research on intergenerational communication has identified a particular ageist communication style termed *baby talk* (Caporael, 1981). Younger persons will speak to older adults more slowly, with exaggerated intonation, using simple words. Researchers have identified this speech style among nursing home caregivers (Kemper, 1994), and it has been found cross-culturally (Caporael & Culbertson, 1986). Caporael (1981) distinguished between two types of baby talk: primary and secondary. The former is used when younger adults speak to infants. The latter is used to address pets, inanimate objects, and older persons. Caporael (1981) filtered out the speech content, and asked participants to attempt to distinguish any differences in tone and pace (or any other aspects of speech) between two samples of speech: primary versus secondary baby talk. They were unable to accurately identify which type was which. This suggests that the way we speak to older adults is virtually identical to how we speak to babies.
Influence of Ageism on Older Persons

Interestingly, not all older adults find this treatment insulting or prejudicial. Caporael et al. (1983) found that older people who had higher cognitive functioning and were overall in better health found secondary baby talk and infantilization behavior to be very insulting, and it made them angry. However, for those with diminished cognitive abilities or health problems, such ageist speech and behavior was perceived as comforting. The reason, the researchers speculated, is that this treatment connotes a dependency relationship, and that the elderly people will be taken care of by the younger individuals, so the older people need not worry about their own welfare—they have someone to look out for them.

Growing up in a culture that communicates directly and indirectly in many ways that, as one ages, cognitive and physical abilities will decline tends to lead older people to come to believe in the truth of those stereotypes. The stereotypes become a self-fulfilling prophecy (Levy, 2003) and this can in fact have a detrimental effect on the longevity of the older person. Levy, Slade, Kunkel, and Kasl (2003) found that older people who had a more positive view of aging lived an average of 7.5 years longer than those who had a negative view of getting older. Older people also appear to “instantly age” (speak, move, look, think slower) when younger persons direct baby talk toward them, compared to when others do not use baby talk with them (Giles, Fox, & Smith, 1993).

To the degree that older adults “buy into” or believe in the essential “truth” of the negativity of aging and stereotypes about elderly persons, they may be less likely to recognize ageist treatment directed toward them, or, if they do, they may be less likely to find it objectionable, because, the younger people are merely pointing out a “truth” about aging (Giles et al., 1994; Giles et al., 1993). In one study (Nelson, 2003), 850 older adults across the state of California were mailed a survey that was designed to measure their experiences with ageism. If they reported an experience of ageist treatment directed at themselves, the questionnaire asked the respondent to indicate how it made him or her feel. Results of the study are best interpreted through an important earlier analysis that Neugarten (1974) proposed. Neugarten said it is important to distinguish between two groups of older persons: the “young-old” (those aged 55–74) and the “old-old” (aged 75 and higher). The reason this distinction is important is that most of the negative stereotypes that people form about older persons are derived from their observations of the old-old (Hummert, Garstka, Shaner, & Strahm, 1995). The young-old are much less likely to feel physically or mentally “old” and as such, they dislike being associated with that stereotyped, less powerful group.

Coming back to the Nelson (2003) results, the data indicated that there was a marked difference in the way the young-old and the old-old responded to the question of whether they had ever experienced ageism. The young-old were much more likely to indicate that society has a negative view of older persons, that younger people do not respect older adults like they should, and that younger people believe that older adults do not contribute to society. On the other hand, the old-old were much more likely to agree with the idea that there are certain activities and interests that are not appropriate for older adults, and that there was no discrimination from health care workers directed at older adults. When asked how they would feel when they see examples of age prejudice, the young-old said they would be much more likely to feel sad, angry, and irritated, whereas the old-old were significantly more likely to say it would not bother them at all.

So what might explain the different results between these two different groups of older persons? The young-old do not think of themselves as “old,” so it is perhaps easy to understand their negative reaction at being treated as if they were a member of a stigmatized group (“old person”). On the other hand, the reaction of the old-old to instances of age prejudice is a bit more complicated, and researchers have put forth some explanations as to why the old-old (a) often do not report experiencing ageism, and (b) when they see it directed at themselves, they are not bothered by it. First, the denial of discrimination directed at one’s group may hold few (if any) psychological or emotional downsides for the individual, and indeed, may be an adaptive way of dealing with unfair treatment directed at oneself due to one’s membership in a stigmatized group. Second, whether the old-old
individual perceives the ageist treatment by the younger person is due in part to the older person’s view of the upward mobility of individual group members. If he or she believes that people in the old-old group are able to do things to increase their status, then he or she is much less likely to see the behavior of younger persons as ageist. However, if the old-old person sees society as preventing old-old persons from moving up in status, he or she is much more likely to perceive ageism and other injustices related to age (Major, Gramzow, et al., 2002; Major, Quinton, & McCoy, 2002). Finally, the old-old person’s decision about whether to perceive ageist treatment directed at him or her may also be due to his or her comfort with being perceived as “a complainer.” Studies by Kaiser and Miller (2001, 2003) indicated that stigmatized persons who attribute the intergroup behavior of outgroup members to discrimination were less favorably regarded by others.

HISTORY OF AGEISM

Older people were not always regarded negatively by the young.1 In Biblical times, people who lived a long time were regarded as favored by God to fulfill a divine purpose. As recent as the 1800s, older adults were regarded with much respect, and they held positions of power in their villages and towns. Older people were the historians of the village, they had the most life experience and the longest memories, and therefore their knowledge translated into power because everyone looked to older adults for guidance, wisdom, and help with decisions that will help their village flourish (Branco & Williamson, 1982). Two key historical developments served to change the way older people were regarded. First, the advent of the printing press meant that all the information and history that was formerly only contained in a few elders’ memories could be written down, and mass-produced and distributed to everyone. Now everyone could have the power that comes with the information and memories that once were the sole province of the elders. The second development was the Industrial Revolution. In primitive, prehistoric, agrarian, and rural societies, it was fairly common for several generations of a family to all live under the same roof in the same house. The older adults were an important, welcome part of the family, and the contact they had daily with younger adults and children served to enhance the affection of the younger family members for the elders. However, the Industrial Revolution required that people be ready to move quickly if they were to obtain a job in one of the factories. People had to move to where the jobs were. Older people were not as keen to move about often or great distances merely because their sons or daughters got a job. As such, younger persons in the family began to resent their older family members as a burden who did not contribute much to the household (McCann & Giles, 2002). Families in the Industrial Revolution that were most mobile and able to move tended to do the best and thrive in that new economy. For millennia, what was important and valued was tradition and stability. However, the advent of the Industrial Revolution brought with it a different value: change. The ability to adapt one’s skills to the demands of the workplace, and the mobility to pick up one’s family and go to where the jobs were was critical to a family’s survival.

WHY ARE PEOPLE AGEIST?

For decades, a search for a theory to best explain the origins of ageism left researchers frustrated. There simply was no good explanation for why people would be prejudiced against a group that they would someday join (if they were fortunate). However, recently a theory has come along that does an excellent job explaining ageism, and along with it, compelling empirical support provides confidence in its explanatory power. Ageism is driven in large part by our gerontophobia, defined as an irrational fear, hatred, or other hostility toward elderly people (Bunzel, 1972). Why would older people be feared by younger persons? What makes them threatening? Before we address this

1 Here I am referring to older adults in the United States, and European, Western cultures, excluding Eastern cultures, where ageism is a very new phenomenon.
Older people are a very poignant and salient reminder to younger people that they are mortal, that life is finite. Therefore, it seems reasonable to suggest that older people would make younger persons feel anxious out of their own fear of dying and thoughts of their own mortality. What purpose then would holding prejudiced attitudes about older persons serve for the younger person? By derogating elderly people, the younger person creates a defensive buffer out of their tendency to manage their mortality fears. Basically, the younger person is depersonalizing and objectifying the older adult and “blaming him for his low-status position in society and poor physical condition.” In so doing, the younger person is trying to convince himself or herself “that (aging, getting old) won’t happen to me” (Edwards & Wetzler, 1998). The negative image of aging is one that many would like to avoid. Yet it represents one possible future self for all of us (Markus & Nurius, 1986). The fear of this possible self drives younger persons to try to distance themselves from it by forming prejudices and stereotypes about older persons. Ageism is our own prejudice against our feared future self (Nelson, 2005). Experiments applying the TMT explanation for ageism have demonstrated support for hypotheses derived from TMT (Greenberg, Schimel, & Mertens, 2002; Martens, Goldenberg, & Greenberg, 2005; Martens, Greenberg, Schimel, & Landau, 2004). It is important to note that the theory rests on the fact that the individuals in a given society fear death and their own mortality. Is the TMT explanation of ageism applicable in countries or cultures where people do not fear death? Next, we explore the incidence of ageism in various cultures.

CROSS-CULTURAL DIFFERENCES IN AGEISM

Ageism is not prevalent all over the world. Indeed, even within the United States—perhaps the most ageist society in the world—ageism is not universal. In native Hawaiian families, for example, elders are held in high regard, respected as wise, and viewed with affection (Jensen & Oakley, 1982–1983). According to research by Slater (1964), older people are more likely to hold positions of respect and power in societies that are static, collectivistic, totalitarian, and authoritarian. In societies that value change and innovation, however, older people tend to not enjoy respect and prestige, and ageism is much more likely.

Perhaps the most obvious difference in the way that elders are regarded cross-culturally can be seen when contrasting Western versus Eastern cultures. Western societies value the individual, personal control, and innovation. Such values are less compatible with older persons who represent stability, roots, and yet who may require assistance from younger persons. Such dependency (for some older persons, not all) directly contradicts the value of personal control, leading younger persons to derogate the elder as weak and not contributing anything to society. Less emphasis is placed on tradition. Eastern cultures focus on the collectivist values of maintaining society, working for the good of everyone, the idea that one individual is not more important than another person, and taking care of everyone. In such cultures, older people are respected and revered (Levy & Langer, 1994). Another way these two cultures differ is how they regard death. Because Western cultures
Ageism like that in the United States tend to put importance on individuality and personal control, death is feared because one has no control over when death will happen. That ultimate lack of control, and uncertainty about what happens to us after we die leads those in Western societies to fear death. Eastern cultures traditionally viewed the self, life, and death as all intertwined, and that death is a natural part of life. In fact, it is regarded as something to anticipate, because it meant joining one’s revered ancestors (Butler, Lewis, & Sunderland, 1991). This may well account for why TMT explains ageism so well in Western cultures. The fear of one’s mortality that permeates these cultures is what drives individuals in these cultures to try to distance themselves from older persons by forming stereotypes and prejudice about them. Research shows that this view of Eastern cultures is not entirely accurate. Studies by Ng (2002) and Williams et al (1997) have found a wide disparity of attitudes toward older persons among younger persons in Eastern cultures. In Japan, for example, there is a difference between what your culture dictates you do to show respect for older persons, and how one actually feels about older persons. So, although on the surface, Japanese may appear to be showing great respect, some will be secretly harboring negative attitudes, feelings of pity, and feelings of disgust toward their elderly citizens.

CONCLUSION

Although research on ageism is fairly nascent, there is much researchers have learned and, of course, many more questions yet to be addressed in future studies. With respect to reducing ageism, it is important that the message that aging is not something to fear be presented to children from a young age. Old persons are not scary, and being old is not something to dread. Programs that are designed to bring young children into contact with elders, such as foster grandparents, are an excellent way of breaking down those myths and fears about aging, and promoting positive attitudes toward older adults. Better training is needed in medical schools (Reyes-Ortiz, 1997) and for those training to be psychologists (Kastenbaum, 1964) to learn how to welcome older adults as patients and clients, and not to regard them through the lens of ageist stereotypes. These health professionals need specific and much more extensive training on the special needs and circumstances of older persons. Society needs to do a better job at recognizing the great contributions of older workers in the workplace, and show that recognition through continued employment (rather that forced retirement or buy-out programs) and other positions in the company designed to respect and welcome the years of experience the older employee has (Finklestein, Burke, & Raju, 1995). Similarly, programs designed to help the transition from being a worker to being a retiree are in great need. Older adults can then learn that not working does not mean one isn’t a valuable, contributing member of society. There are many different ways people are valued and contribute within a community, and such programs designed to instruct new retirees about these postwork avenues and options go a long way to preventing older persons from “buying into” stereotypes about their age, and feeling depressed about their loss of an important part of their identity.

Research on ageism is just hitting its stride and it could not be more timely. The baby-boomers have just begun to retire, and will continue to do so over the next 10 to 15 years, in a demographic sea change (some refer to this as the "graying of America") in our society that will greatly change the composition and look of our population. According to the U.S. Census Bureau (2000), by the year 2030, the number of people over age 65 will double. To the degree that researchers can bring to bear their skills in addressing this pervasive, pernicious, and institutionalized form of prejudice to which we all will be subjected, we will be in a better position to understand its nature, and specific ways to reduce or eliminate it. In so doing, such ageism research will enhance the quality of life for all older adults, present and future.
REFERENCES


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