

Ageism Comes of Age

Editorial

Ageism Comes of Age

Erdman Palmore

Durham, North Carolina.

Correspondence should be addressed to Erdman Palmore, PhD, Box 3003 DUMC, Durham, NC 27710.

E-mail: Erdman.Palmore@duke.edu.

When I was “coming of age” in the 1950s, the big social issue was racism. Then came sexism and heterosexism, but few had heard of ageism. Since Robert Butler introduced the term “ageism” in 1969, more and more people are becoming aware of it; more and more research and writing is devoted to it. When I published the first monograph on the topic, *Ageism: Negative and Positive* (1990), most people had still never heard of it and there was little research on it. But by 2005, there was enough research and analysis, so we could compile an *Encyclopedia of ageism* with 124 entries (Palmore, Branch, & Harris, 2005). Now there is enough recent research to warrant this special section in *The Journal of Gerontology, Series B: Psychological Sciences and Social Sciences*.

Why should we be concerned with ageism? There are many reasons, but here is a list of the main ones:

- Everyone becomes vulnerable. Unlike racism, sexism, and heterosexism, whose victims belong to particular subpopulations, everyone becomes vulnerable to ageism if they live long enough.
- The rapidly increasing number of older adults is threatening the viability of the Social Security and Medicare systems and may fuel conflict between the generations.
- Ageism results in discrimination against older workers.
- The increasing ratio of retired to employed workers is partly due to ageism and represents an increasing loss of productive capacity in our nation.
- Ageism, like racism, sexism, and heterosexism, is a civil rights issue and should not be tolerated in an equalitarian society.

What We Know and Need to Know

We now know that the virus of ageism infects most people in most countries around the world (Palmore, Whittington,

& Kunkel, 2009). Even older people continue to believe the negative stereotype that most old people are weak, sick, or senile. We know that when older adults internalize these stereotypes, it can affect their own functioning and health. We know that these stereotypes contribute to widespread discrimination against older people in employment, medical care, institutionalization, and even in families.

What we need to know are answers to two types of questions:

- What are the trends in ageism over time? Is it decreasing, increasing, or remaining constant?
- What are the evidence-based interventions that successfully and efficiently reduce ageism?

Anti-Ageism

We are all familiar with advertisements touting “anti-aging” creams, pills, and other nostrums that are claimed to stop or even “reverse aging.” But there are no advertisements for interventions, programs, workshops, legislation, or education that can reverse ageism.

What we need now are proven methods of reversing ageism. I have listed several actions, both individual and organized, that may reduce ageism (Palmore, 1999). The individual actions include educating oneself and others about the facts on aging; avoiding ageist jokes and birthday cards; avoiding ageist terms such as “old coot” and “old maid;” avoiding ageist language, which equates old age with sickness and senescence or equating youth with vigor and health; writing letters to editors protesting ageist articles and policies; and voting for candidates who oppose ageism. Organized actions include use of public meetings and various media to inform and persuade people to reduce their ageism; lobbying for legislation to reduce ageism; use of petitions and

class action suits to encourage better enforcement of current laws against ageism; voter registration drives among older adults, especially those in long-term care institutions; and enlisting the cooperation of various organizations such as churches or synagogues, civic clubs, and unions.

The main problem with all these suggestions is that they have rarely been tested in practice. A few studies have found that education about aging can increase knowledge about aging and that increases in knowledge can reduce negative stereotypes about aging. But these few studies have been quite limited in scope and methods, and their results have been unimpressive.

What we need is the equivalent of clinical trials on large populations. Ageism is a kind of “social disease,” which is spread from person to person and from generation to generation. To reduce it significantly will require substantial and rigorous research on the efficacy of various methods, and even more resources to apply these methods to large populations. For example, are movies more effective than the written word? Is simple correction of misconceptions effective without emotional persuasion? How effective is legislation in reducing ageism? Empirically based answers to these questions are essential.

Culture and Ageism

A major problem with attempting to reduce ageism is that ageism is ingrained in our culture. Movies, TV, literature, jokes, cartoons, greeting cards, and songs all tend to depict older people as senile or decrepit (Palmore et al., 2005). Even our language tends to equate old age with frailty, impairment, and senility. Recent research purports to measure “biological age,” which is defined as impairments in various biological functions such as blood pressure and lung capacity. Such biological reductionism is not a useful addition to objective gerontology.

Ageism is so much a part of our culture that most people are not even aware of it. It is like the air we breathe. Most people become aware of it only when they grow old enough to suffer some discrimination in employment or some disparaging remark or “joke” about their age. One of the first steps to reduce ageism is to increase awareness of it. Notice when your associates, friends, or relatives engage in some ageist behavior or assumptions. Try pointing out to them the prejudice reflected in such behaviors or assumptions.

This Special Section

This special section features some excellent and useful recent research on ageism and the harmful effects of age stereotypes. Emile, d'Arripe-Longueville, Cheval, Amato, and Chalabaev (2015) use longitudinal data to show that endorsement of age stereotypes about physical activity predicts subjective vitality among active older adults: the more negative stereotypes endorsed, the more negative one's subjective vitality. Levy, Slade, Chung, and Gill (2015) track older adults for a

period of 10 years and find that despite negative stereotypes not changing following stressful events, more negative age stereotypes are associated with a greater likelihood of hospitalization. Barber, Mather, and Gatz (2015) report that older adults respond to stereotype threat by becoming vigilant to avoid the losses that will make their performance worsen. However, when the reward structure emphasizes gaining correct answers, stereotype threat produces impaired performance. This latter finding can be used by researchers and clinicians to reduce the negative effects of stereotype threat.

Vauclair and colleagues (2015) use data from 28 European nations and find that the adverse effects of income inequality on older people's health are mainly explained by perceived age discrimination. Fung and colleagues (2015) use experimental methods and conclude that positive portrayals of old age generally have positive effects on perceptions of personal aging, but not when the portrayals were extremely positive and unrealistic. The article shows that one must be careful not to exceed credibility when trying to intervene with positive portrayals.

These articles document the importance of various forms of ageism on important indicators of well-being including self-esteem and health. More generally, these articles throw new light on the serious detrimental effects of ageism. Such articles may increase public awareness of ageism and its negative consequences.

Conclusion

It is almost traditional to conclude research reports by calling for more research; but in this case, it should be obvious that we are just beginning to understand the causes and consequences of ageism, and especially how to effectively and efficiently reduce it. May this special editorial and the articles in the special section serve as a call for more research and awareness of ageism, as well as for better efforts to reduce it.

References

- Barber, S. J., Mather, M., & Gatz, M. (2015). How stereotype threat affects healthy older adults' performance on clinical assessments of cognitive decline: The key role of regulatory fit. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, gbu009.
- Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, 9, 243–246. doi:10.1093/geront/9.4_Part_1.243
- Emile, M., d'Arripe-Longueville, F., Cheval, B., Amato, M., & Chalabaev, A. (2015). An ego depletion account of aging stereotypes' effects on health-related variables. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, gbu168.
- Fung, H. H., Li, T., Zhang, X., Sit, I. M., Cheng, S. T., & Isaacowitz, D. M. (2015). Positive portrayals of old age do not always have positive consequences. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, gbu061.

- Levy, B. R., Slade, M. D., Chung, P. H., & Gill, T. M. (2015). Resiliency over time of elders' age stereotypes after encountering stressful events. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, gbu082.
- Palmore, E. (1999). *Ageism: positive and negative (2nd ed.)*. New York, NY: Springer.
- Palmore, E., Branch, L., & Harris, D. (Eds.). (2005). *Encyclopedia of ageism*. New York, NY: The Haworth Press.
- Palmore, E., Whittington, F., & Kunkel, S. (Eds.). (2009). *International handbook on aging (2nd ed.)*. Santa Barbara, CA: Praeger.
- Vauclair, C. M., Marques, S., Lima, M. L., Abrams, D., Swift, H., & Bratt, C. (2015). Perceived age discrimination as a mediator of the association between income inequality and older people's self-rated health in the European region. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, gbu066.