

Taking a closer look at ageism: self- and other-directed ageist attitudes and discrimination

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Ageism is defined as stereotypes, prejudice, or discrimination against (but also in favour of) people because of their chronological age. Although the practice of ageism and ageist policies can be directed towards people of any age, most research in this area, to date, has addressed the ageism phenomenon in relation to older adults. We note, also, that ageism is a complex domain that includes cognitive, behavioural and emotional manifestations (Iversen et al. 2009). Moreover, ageism tends to reinforce social inequalities as it is more pronounced towards older women, poor people or those with dementia (Barnett 2005; Rippon et al. 2014).

A recent study based on the European Social Survey has found that ageism is the most prevalent type of discrimination, reported by almost 35% of all participants over the age of 18 (Ayalon 2013). Sexism and racism represent relatively stable categories that do not vary across the life course. Hence, they may lead to accumulated disadvantages over time. Age, on the other hand, changes with time and people are likely to change age group affiliation, with the passage of time. Hence, in contrast to the other two “isms” (sexism and racism), everyone is susceptible to experience ageism if they live long enough (Palmore 2003). Moreover, ageism might exacerbate the negative impact of other forms of discrimination, including sexism and racism. Nevertheless, in contrast to the high prevalence

of ageism in society, research on ageism is only beginning to emerge (Nelson 2005).

A similar disregard to ageism can be found on the policy arena. In 1948, the United Nations General Assembly adopted a Universal Declaration of Human Rights, emphasizing the fact that all individuals have the same rights: “without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”. (Article 2). Yet, seven decades later, age is still not an explicit part of a U.N. declaration (Mégret 2011).

To address these scientific and societal challenges, a recent EU-funded COST Action was established which tackles ageism from a multi-disciplinary, international perspective (IS1402, www.notoageism.com). Inspired by this COST Action, the present section of the European Journal of Ageing (EJA) presents five articles, which vary in their focus ranging from self- to other-oriented ageist attitudes and discrimination. These papers address both the manifestations and the effects of ageism in different geographical regions and different contexts. The papers address ageism at the individual level as well as at the societal level.

Ageism at the individual level

Internalized age stereotypes contribute considerably to ageism both towards oneself and towards others (i.e., self- vs. other-oriented ageism). Young people internalize the predominantly negative societal views of older people, which shape their self-perceptions of ageing as they grow older (Kotter-Grühn and Hess 2012; Levy, 2003; Rothermund and Brandtstädter 2003). Indeed, research has shown that children as young as fourth grade already hold

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negative views towards old age (Seefeldt 1984). Older adults as well hold negative views towards old age and tend to view negatively individuals who are older or more disabled than themselves (Dobbs et al. 2008). These negative views of ageing are particularly pronounced among women or individuals in long-term care institutions (Ayalon 2015). This is important because self-directed ageism is a risk for increased morbidity and mortality (Levy et al. 2002, 2009).

In their paper, Voss et al. (2016, in this section of EJA) examine a fundamental research question concerning the temporal relation between age stereotypes and perceived age discrimination. Much of the literature concerns the negative effects of age discrimination (Angus and Reeve 2006). Although this line of research is informative, to date, age discrimination has been examined primarily through self-report questionnaires. This method relies on one's judgement of the situation as discriminatory or not and allows room for subjectivity. Using a cross-lagged model, the authors found that negative views on ageing serve as precipitators of perceived age discrimination, but not the other way around. Hence, one's perceptions of the situation as discriminatory or not are affected by one's own views on ageing. The authors concluded that holding negative views on ageing either predisposes individuals to categorize other people's behaviours as age discrimination or act as self-fulfilling prophecies to elicit ageist behaviours by others (Voss et al. 2016).

Attitudes towards ageing are not only detrimental with regard to reports of age discrimination, but also carry a potential impact on older adults' wellbeing. Bodner et al. (2016, in this section of EJA) examined the relationship between attitudes towards ageing and changes in subjective age. They found that a decrease in positive attitudes towards ageing was associated with an accelerated increase in subjective age compared with one's chronological age. In contrast, an increase in positive attitudes towards ageing resulted in a decrease in subjective age (Bodner et al. 2016). This finding is important because holding a subjective age that is younger than one's chronological age has been associated with a variety of positive health and mental health outcomes (Kotter-Grühn et al. 2016).

A related finding concerning the power of attitudes towards ageing on dementia worry among older adults is reported by Molden and Maxfield (2016, in this section of EJA). The authors exposed older adults to positive and negative ageing stereotypes using a priming intervention. Relying on this experimental design, the authors found that those who were exposed to only negative stereotypes reported higher levels of dementia worry. This further stresses the important role that attitudes towards ageing play in older adults' lives.

Ageism at the societal level

Ageism is not only an internal experience, it is manifested in various settings and contexts. In particular, ageism is prevalent in the healthcare sector (Robb et al. 2002). This could be due to the fact that healthcare utilization and costs are higher among older adults compared with younger adults and are expected to increase even further with the increase in lifespan (Rechel et al. 2013). This phenomenon has led some philosophers to argue that older adults pose a huge burden on the healthcare system (Denier et al. 2013). Although not always explicitly stated, this argument might be at least partially responsible for differential treatment and practices concerning the allocation of a finite amount of medical resources, such as the failure to screen for various conditions in old age, age-based restrictions for transplant surgeries or fertility treatments, and the failure to offer innovative, rehabilitative or expensive treatments to older adults (Austin et al. 2013; Kagan 2008; Lawler et al. 2013). Healthcare professionals are also less likely to involve older patients in treatment decisions and are more likely to communicate in patronizing and disrespectful ways with older adults compared with younger adults (Harrigan et al. 1990).

To address the high presence of ageism in the healthcare system, Ben-Harush et al. (2016, in this section of EJA) used qualitative focus groups with different types of healthcare professionals to gain an in-depth understanding into the topic of ageism. As expected, ageism was quite prevalent both in the form of negative attitudes towards older adults and in the form of implicit and explicit behaviours directed towards older adults. Regardless of profession (nursing, social work or medicine), healthcare professionals perceived the work with older adults as difficult and often were unaware of discriminatory communication patterns used towards them. A major challenge raised by these professionals was the tension between quality of life versus maintaining longevity (Ben-Harush et al. 2016).

The labour force and the work setting is another important social arena that reflects the depth and breadth of ageism (Dennis and Thomas 2007). Employers perceive older workers as costly and less productive (Henkens et al. 2012). Not surprisingly, older adults have a hard time finding a job, and they are most likely to be the first to be laid off due to economic considerations (Radović-Marković 2013). In their paper, Stypinska and Turek (2017, in this section of EJA) examined soft (i.e., not legally prohibited) versus hard (i.e., prohibited by law) forms of discrimination in the Polish workforce. Poland is a particularly interesting case given the major changes the labour market has gone through in the transition from

communism to a capitalist economy. Compared with the OECD, the rate of older adults in the labour force in Poland is particularly low. The authors conclude that the two types of discrimination are distinguishable yet correlated, arguing that by not prohibiting certain types of discrimination, one opens the door to the performance of legal forms of discrimination.

Conclusions

In sum, this special section provides a broad overview concerning the manifestations and consequences of ageism in different contexts and settings. The papers show how important it is to distinguish between individual and societal ageism by placing an emphasis on either internal age stereotypes or policies and institutional manifestations of ageism. This distinction is important as interventions will vary, based on the source of ageism to be targeted. We are well aware, however, that the field needs more intervention research, given the strong current reliance on correlational studies. We very much hope that this selection of papers not only brings forward the study of antecedents and consequences of ageism, but also raises concerns about the effectiveness and efficiency of interventions against ageism. We also hope that future research will focus on active ways to reduce or eliminate ageism at the individual and the societal levels.

Acknowledgements Funding was provided by European Cooperation in Science and Technology (BE) (Grant No. IS1402).

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