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Review Article

Ageism and Stereotyping of the Older Adults

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Abstract: Since childhood we are trained into ageism and stereotyping of the older adults. As we grow we keep looking and searching for cues which support our prejudices and stereotypes. Studies reveal that young people generally tend to rate older adults with more negatives as compared to the positives. Discrimination and underestimation of potentials in the work place are common occurrences, by the hands of young employees of the old, exhibiting age-related biases. They tend to forget the benefits of experience, knowledge and insight as can be provided by the older adults. Physicians and therapists while neglecting their various needs specifically the sexual needs, become intolerant and insensitive, further hurting their self-image. Negative image formation, due to media portrayal of the old age not only hampers their image in the society but also their self –concept. Over accommodation and baby- talk does not always have the desired effect as thought to be, many a times making the individual feel even more helpless and strengthening of the belief that they can no more function independently. Growing old, is just another day of life, which can be as beautiful and graceful as all other days, towards which the younger generation should be made sensitive. Media should not only focus on the negatives but also on building positive images, thus helping the old in maintaining their much desired respect and dignity.
Keywords: Older adults, Stereotyping, Ageism, Over accommodation, Baby-talk

INTRODUCTION

Growing into old is a natural phenomenon but the attitudes, expectations; prejudices and stereotypes related to it have their own defining definition for it. Old age has been simultaneously associated with positive and negative traits. These associations reflect the treatment of the old while also determining how we view our future or how it is being perceived by others. In the real world, the exhibition of ageist attitudes have been more widely documented [1].Harwood [2, 3] reported that in both Asian and Western cultures while benevolence increased with old age, vitality decreased, and Ryan [4] documented that both positive and negative beliefs exist about communication skills of older adults in Chinese, Korean and Canadian cultures. Various studies have been evidence to this,from a sample of 99 traits generated by American undergraduates about a typical older adult, Schmidt and Boland [5] noted that only a third was positive. When these traits were sorted according to which of them would be found together in a person, twice as many negative clusters (e.g. severely impaired), compared to positive ones (e.g.'perfect grandmother/ parent') emerged [6, 5].

STEREOTYPING THE OLD AGE

It is in human nature to categories people as per their convenience and as per they believe their perceptions to be the best fit for that particular category. From childhood alone we begin to understand the 'category' difference between the young and the old, starting the formations of stereotypes towards them, ignited and supported by the society we live in. As stated by Stein [7], age stereotypes are acquired early in life, and become so well ingrained that they may be automatically activated upon the mere presence of a category member. Age stereotypes are different from ageism because stereotypes can be both positive and negative beliefs and ageism is generally considered to be negative. Stereotypes reflect beliefs held by an individual about the characteristics of a group of people [8]. Ageism, a prejudiced attitude, includes not only beliefs about another group but also the feelings and dispositions directed toward that group and its members [9].

Most of the time, our minds are constantly working and looking for cues which may prove our perceptions to be true thus supporting our strongly held attitudes, prejudices or stereotypes. It also proves very relaxing to the individuals knowing that everything is falling into

the correct and confirming space as held by their belief systems. Wyer and Srull's [10] associative network model, states that all things being equal, people will remember stereotype consistent information better than inconsistent information because it is easier to conform consistent information into pre-existing stereotypes. When meeting people for the first time we often put them into categories by labelling them (i.e., African American, elderly, or even athlete), [11]. Which then leads to classifying in groups, forming of generalizations and thus the stereotypes related to them. Stereotypes reduce the amount of information initially needed about an individual. They carefully build a layer in front of an individual, through which he sees only what he believes should be seen. This allows a person to bypass the need to get further information before classifying that individual; in effect, stereotypes provide a mental short cut [12]. These types of mental short cuts are most often employed when meeting someone about whom the person has no prior knowledge. These also determine how we respond towards them, thus our acceptance and rejection of their individuality. Hummert [13], asked younger and older adults about social roles of older adults and found that older adults (62-90 years old) associated stereotypes more with the old-old, defined as people over the age of 85. This is important because it shows stereotypes of older adults continue to be employed even when they might apply to a person's own age cohort. In this regard, older people can say that old age stereotypes do not apply to them, only to much older (e.g. age 85+) people. Chasteen [14] asked younger and older adults to read a negative and a positive story about a person. Younger adults rated the negative story as a typical older person, an out-group member, whereas older adults rated the positive story as a typical older person, an in-group member. The young adults also rated the positive story as a typical younger person.

Age stereotypes can be both positive and negative, although most research shows that when stereotypes are applied to older adults there are more negative stereotypes than positive [14]. It is a general tendency amongst the young and old to consider the old-old as lesser then themselves in almost all the human physical, psychological and social capacities. Their perception which has already been coloured by their negative stereotypes does not let them see beyond the boundaries. Hummert [15]tested different age groups and identified nine shared stereotypes about older adults: mildly impaired, despondent, reclusive, severely impaired, shrew/curmudgeon, vulnerable, golden ager, John Wayne conservative, and perfect grandparent.Considering the work atmosphere it is not uncommon to find old people being discriminated and underestimated regarding their working abilities and potentials. Hayward [16] found that 30 percent of hiring managers saw older employees as difficult to train, 34 percent saw them as unable to adapt to new technologies, and 36 percent saw them as too cautious. In the same study, 79 percent of hiring managers saw younger employees as less reliable than older employees. The old age workers are more likely to be negatively evaluated and critised for minor faults as compared to the younger employees, Rupp [17] found that managers with significant age-based biases cited older employees for poor performance more often and more severely than they cited younger employees. Levy [18], found that where multiple organizational levels exhibit age-based biases, employees first internalize their own generational stereotypes and then conform to them, creating a self-fulfilling prophecy. Such discrimination however much hidden under the covers of appearing genuine are fully understood by the older people.

Employers at times forget how they may benefit from the experiences, knowledge and insight of the older workers which is invaluable and cannot be replaced by younger people with limited work experience. Learning strategies and styles may be different from younger adults, but they have the ability to learn and can become quite accomplished when given the opportunity to learn and study in a way that works for them [19].

AGEING AND RELATED ATTITUDES

Ageing is a process that is likely to happen to all of us. Every individual has ideas on how aging affects a person in different aspects of one's life, whether focused on deterioration of physical health or becoming calm, composed and experienced. How we treat older adults is influenced by many social factors including our personal assumptions, expectations, and fears about growing older [20].Even though recent research reviews indicate that negative age stereotypes are prevalent in the majority of the population [21] and different forms of age discrimination are more or less widespread in society [1, 22], studies also suggest that beliefs about age and ageing are not unidimensionally negative. More recent evidence for a multifaceted age stereotype comes from a study by Gluth [23]. They investigated whether older and younger adults were evaluated differently with regard to four different content factors of the Aging Semantic Differential ([24, 25]; the four factor solution was originally proposed by Holtzmann [26], and later modified by Intrieri[27]). They demonstrated that whereas older adults were evaluated more negatively on the factors "instrumentality" (described by adjective pairs such as flexible – inflexible, active – passive) and "integrity" (e.g., optimistic – pessimistic, expectant – resigned), they were also rated more positively with regard to "autonomy" (e.g., independent – dependent, secure – insecure) but no differences were obtained with regard to "acceptability" (e.g. friendly – unfriendly, pleasant – unpleasant). The authors interpreted this finding as an indication that a single evaluative dimension may not be adequate to describe evaluative age stereotypes, and they advocate a multidimensional conceptualization of attitudes toward older persons.

To think that such stereotypes do not have an impact on an individual is unnatural. The associations and categorization that one does, the stereotypes that we form and carry has a direct influence on how we perceive ourselves and our near future. An explanation of how age stereotypes influence the self-concept and well being of older people is provided by the internalization hypothesis [28; 29]. It states that age stereotypes held in younger years are incorporated into the self-views of older people: The stereotype about the out-group of "old persons" turns into an auto-stereotype when a self-classification as old becomes unavoidable. Empirical evidence for an internalization of age stereotypes during old age was reported in a longitudinal study by Rothermund and Brandtstädter [30]. The authors found that older people with negative beliefs about old age and ageing showed a deterioration of their self-concept over an eight-year interval, whereas positive views on ageing predicted improved self-ratings.

It has been pointed out in the studies done [23, 31], age stereotypes in certain attribute dimensions like health status and cognitive abilities or competences are associated with losses rather than with gains, whereas theories like socio-emotional selectivity theory [32] or the wisdom concept [33], highlight the fact that there may be other dimensions like close family relations or life experience in which older people may be seen as more positive than, or at least as positive as, younger persons.It appears the aged themselves are impervious to negative stereotypes of ageing being influenced by the social image. This bears proof to a maxim of social psychology which says, what we think of a person influences how we perceive him, how we perceive him influences how we behave towards him and how we behave towards him ultimately shapes who he is? [34].

Deterioration of physical and mental health dominates the description of transition to old age [35]. To this effect when evaluating the sexual health of older people one tends to believe that sex is something which should be of least concern and importance for the old. The results of studies conducted in this area appear contrary to the popularly held believes regarding old age sexuality. Nusbaum [36],assessing the sexual healthcare needs of older women reported that they had concerns similar to younger women, but were less likely to discuss these concerns. They were, however, willing to address their concerns if brought up by a physician - an important message to primary care physicians. Similarly, Kingsberg [37], found that sexual dysfunction among women decreases with age and that women at midlife or in later life may even describe their sexuality as "getting better all the time," which may be due in part to an expansion of non-coital sexual activities. However, Vares [38], found that for some women, the importance of penile–vaginal penetration increases over the later life course. To younger people the concept of sexuality in old age appears to be awkward and to be ashamed of, but for the old it is just another need, like many others which they hold and are being denied too.

The effect of the ageing process on sexuality and sexual function depends upon the mental and physical health status of an individual [39]. Bretschneider and McCoy, [40] have shown that the frequency of intimacy and intercourse declines with age; however, satisfaction with sexuality may not be affected. They studied a sample of healthy, upper-middle class 80–102 year olds. They did look at specific sexual behaviours, including sexual intercourse, touching and caressing, masturbation and sexual problems, and asked about present and past participation in the activity as well as daydreams about specific activities. They found that 62% of men and 30% of women reported presently having sexual intercourse, and 83% of men and 64% of women engaged in touching and caressing at least sometimes. Beyond examining the specific behaviours, Gott & Hinchliff [41], examined the role of sex in the lives of older adults in the UK and the degree to which they value sex, using a combined methodology including survey and interview. They concluded that sex was often seen as part of a close emotional relationship. If there was not a close emotional relationship, sex was less important; and if there was not the possibility of sex in the relationship due to illness, then, again, sex was less important. They also concluded that age itself did not directly impact on the view of sex, but factors often related to ageing, i.e. illness and loss of a partner, were related to the view of sex.

With the bloom of the modern technology the old people do not hesitate to try their hands on the same and experience the pleasure of socializing and maintain their love life through the same. Chat rooms and online dating services have also emerged as technology has enabled older adults to connect with each other for companionship and love[42]. Late life can be the most satisfying years of a marriage for the couples who have come to accept one another for who they are [43]. Many older couples find themselves uniting and experiencing the pleasure of being together much similar to when they had started their life as married couples, the only difference being not knowing the person much better than years before.

Media has been known for building and breaking images. So effectively is each image portrayed and designed that it becomes difficult to break free from its clutches and see beyond the stereotypes so precariously built. Each characters is made so lively that one begins to not only believe its existence but experience himself being surrounded by the same in their real lives. Frequently, older adults are portrayed as "more comical, stubborn, eccentric and foolish than other characters." They are often depicted as "narrow minded, in poor health, foundering financially, sexually

dissatisfied and unable to make decisions." [44].It is rare to see the realistic portrayal of older persons, which increasing hampers their image in the society, affecting their self-concept too. The negative portrayal is too impactful to even let the society think of a positive picture. Considering this, we also know that older adults watch television more than any other age group and generally have the discretionary income to buy the products advertised during commercials. Yet limited efforts have been made to accurately depict the lives of older adults on television [44]. Most of the time, they are shown as the most depressed, diseased and deprived. Thus it would also not be surprising to know that approximately 90 million Americans each year purchase products or undergo procedures that hide physical signs of aging [45]. It is common to see older actors in commercials for laxatives, skin moisturizers, gas elimination medications, hair colouring products and many more, just to name a few. Old age is perceives as ugly and thus even the nearing signs of it should be avoided as soon as possible. Never do the companies and the media think about the message they are so forcefully sending out in the public, damaging the image of the old, so detrimental is the impact that people rush at the first sight of wrinkles for surgeries and treatments, trying to hide the fact, that they are growing old.

STEREOTYPE IN COMMUNICATING WITH THE OLD

Paradoxically, people with positive attitudes toward older people often seem to communicate with older people according to negative stereotypes about older persons. Two major types of negative communication have been identified by researchers: over-accommodation and baby talk. In over-accommodation, younger individuals become overly polite, speak louder and slower, exaggerate their intonation, have a higher pitch, and talk in simple sentences with elders [46]. This is based on the stereotype that older people have hearing problems, decreasing intellect, and slower cognitive functioning [47]. Over accommodation also manifests itself in the downplaying of serious thoughts, concerns, and feelings expressed by older people [48]. A more negative, condescending form of over-accommodation is what is termed baby talk [49]. Baby talk is a "simplified speech register. . . [with] high pitch and exaggerated intonation" [50]. Some data [51] shows that some older people have a positive attitude toward this talk, and in fact, they feel better about themselves when they receive more frequent baby talk. Other research shows that older people resent baby talk and negatively evaluate people who speak that way toward them [52]. Caporeal [52] found that older people who have lower functional abilities preferred secondary baby talk to other types of speech, because it conveys a soothing, nurturing quality. This is interesting because older persons who have higher cognitive and social functioning regard secondary baby talk as disrespectful, condescending, and humiliating [46].

According to Arluke and Levin [54], infantilization creates a self-fulfilling prophecy in that older people come to accept and believe that they are no longer independent, contributing adults (they must assume a passive, dependent role; Butler [55]). The acceptance of such a role and the loss of self-esteem (that one derives from feeling like a useful, valued member of society) in an older individual occurs gradually over his/her life, as he/she is continually exposed to society's subtle and not-so-subtle infantilization of older people [56]. When older people come to believe and act according to these age myths and stereotypes, it then reinforces the maintenance of such stereotypes and treatment of older persons [57].

Unfortunately, it has been found that many health professionals too, just like the rest of the society promote the ageist attitudes in the way they treat the older adults. This infantalizing of the older adults not only encourages their dependency but also devalues their individuality and does not foster independence. Although they are subtle aspects of ageism but are definitely not helpful in making the older adults feel better regarding their independent existence.Research has shown that counsellors, educators, and other health professionals are just as likely to be prejudiced against older people as other individuals[58]. For example, Reyes-Ortiz [59], suggested that many physicians have a negative or stereotypical view of their older patients. Specifically, older patients are often viewed by doctors as "depressing, senile, untreatable, or rigid". Physicians may feel frustrated or angry when confronted with cognitive or physical limitations of older people, and may approach treatment with a feeling of futility [60]. Levenson[61],argued that "medical students' attitudes have reflected a prejudice against older persons surpassed only by their racial prejudice". Treatment for older people by psychologists shows evidence of stereotypes and ageist views also. Many therapists are what Kastenbaum[62], calls a "reluctant therapist" when it comes to older clients, because of many pervasive stereotypes therapists may have about older people (e.g., older people don't talk much, or they talk too much; Garfinkel [63]). Even when presenting with the same symptoms, older persons are less likely than younger clients to get referred for psychiatric assessments [64].

Another concern related to older adults is their being prone to more social abuse and how at times it goes unrecognized and unidentified in our society. The society appears not to be as concerned about the safety of older people as it is towards the young, Jones [65], conducted a survey of American emergency room physicians and found that only 25% of the respondents had training on elder abuse, while 63% had training on spouse abuse, and 87% had training on child abuse. In Japan in particular, the problem is vastly underreported in large part because the culture leads elders to endure

suffering in silence and elders often are not aware that their maltreatment would be classified as abuse [66]. Such silence at times ends up killing the individual out of shame and the inability to act and get justice for self.

The compassion and love that older people may have towards their children and grandchildren's is beyond measures. Older parents very often provide emotional, physical, and financial support, when possible. Ideally, this is provided without strings attached and driven in part with the hope or unspoken agreement that help will be reciprocated in later years [67]. Increased longevity among older adults today provides opportunities for longer and more meaningful interactions with children and grandchildren and the potential for exchanges across multiple generations [68]. It is true, the wisdom and knowledge of older people makes it easy for the new parents to handle children better. Parents need to see grandparents spending quality time with their children to become good grandparents themselves [67].

CONCLUSION

Growing old is not a curse, it is just another day of life; that can be made beautiful just like all other days. It is our perception alone which has made it negative thus making us overlook the positives of the same. As young people we forget that one day we too would be in the same state and forget to be human in our approach towards the older adults making them feel miserable and uncomfortable. Special emphasis should be given to develop and implement health promotion for older people, while the health supervisors becoming more sensitive towards their special needs. New "images of ageing" should be brought into the mass media and into the consciousness of the general public, showing that older people are in fact a potential societal resource. Although, it is also important that along with the positive, the negative aspect of old age should also be shown with the aim of generating knowledge and sensitivity levels of society. Education of younger generation should include opportunities to connect with the older adults, understand their needs and accept them. This also means to enable families through specially organized programmes to realize the opportunities for intergenerational contact, exchange and solidarity. Retirement though cannot be avoided for obvious reasons, but the potential and experience of the older adults can be utilized by providing opportunities to stay connected with the work atmosphere in some or the other manner. Physicians should be open to discussing sexual issues with their elderly patients, and be open to initiating such conversations, being sensitive to the comfort level of the patient.

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