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Promoting Healthy Aging by Confronting Ageism

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Negative stereotypes about older people are discussed with specific regard to their negative influence on the mental and physical health of older people. Much research has demonstrated a clear, direct threat to the cognition of older persons when older individuals believe in the truth of these negative stereotypes. For example, the will to live is decreased, memory is impaired, and the individual is less interested in engaging in healthy preventive behaviors. Negative age stereotypes also have significant negative effects on the physical well-being of older persons. Recovery from illness is impaired, cardiovascular reactivity to stress is increased, and longevity is decreased. Impediments to addressing this issue are presented, along with several specific and evidence-based recommendations for solutions to this problem. The healthy aging of older adults can be greatly enhanced with the concerted efforts of politicians, educators, physicians, mental health professionals, and other health care workers working to implement these recommendations.

Keywords: healthy aging, ageism, stereotypes

Ageism is prejudice directed against someone based on his or her age (Butler, 1969). Typically, research on ageism has focused on prejudice against older persons, and though the field is still relatively young (the term *ageism* having been coined in 1969 by Robert Butler), much research has demonstrated the pervasive and rather institutionalized nature of prejudice against older persons in the United States (Nelson, 2015; Ng, Allore, Trentalange, Monin, & Levy, 2015). Like any other prejudice, ageism is based on a number of negative stereotypes. It is these negative stereotypes that are the focus of the present article. Specifically, in this article, I will discuss how psychological and medical research has demonstrated that negative stereotypes about aging have a direct and significant negative impact on the mental and physical well-being of older adults, one of the four priority topics considered at the 2015 White House Conference on Aging (2015). Impediments to addressing this impact of ageism on healthy aging will be discussed, and recommendations for specific and realistic solutions will be highlighted. These solutions are aimed at eliminating the insidious influence of negative age stereotypes on older persons such that their mental and physical health, and ultimately longevity are improved.

Influence of Ageism on Cognition

The influence of negative age stereotypes on cognition can be very strong, even when the older individual is not consciously thinking about the negative stereotypes (Levy & Banaji, 2002; Lamont, Swift, & Abrams, 2015). For example, Hess, Hinson, and Statham (2004) exposed young and old people to implicit and explicit age stereotypes and then tested their free recall memory. Results indicated that when negative age stereotypes are implicitly primed, older participants' recall on a memory test was significantly lower than when positive stereotypes were so primed. Even middle-aged people who are primed with an old-age stereotype tended to perform significantly worse than those who receive young or no primes. These results highlight the negative influence of old age stereotypes on one's memory, even among a population (i.e., middle-aged adults) that could conceivably believe that such old age stereotypes do not apply to them (Meisner, 2012; O'Brien & Hummert, 2006).

One might argue that memory loss in old age is a natural byproduct of the aging process. If this were the case, there would likely be comparable levels of memory decline across cultures. However, this does not appear to be the case, and the reason for this may lie in cultural differences in how society treats its elders (Levy, 2009). In an interesting study, Levy and Langer (1994) compared the memory performance of Chinese and American older adults. The Chinese participants outperformed the American partici-

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pants on the memory tests, suggesting a sociocultural rather than a biological cause for the differences. The study authors concluded that the difference lies in how older Chinese and American adults view aging. The Chinese had much more positive views of aging, while the older American adults were far more pessimistic. Levy and Langer suggested that the negative stereotypes of aging in American culture lead people to believe in the truth of those stereotypes, and this becomes a self-fulfilling prophecy. This negative effect of age stereotypes on memory does not appear to be due to short-lived influences. In a study of longitudinal data over 38 years, Levy, Zonderman, Slade, and Ferrucci (2012) found that those who endorsed more negative age stereotypes demonstrated a 30.2% greater memory decline compared to their counterparts who did not endorse such age stereotypes. These results are also notable in that they demonstrate for the first time that psychosocial influences can predict memory decline over decades.

The degree to which older people believe in the truth about ageist stereotypes can have a significant influence even on their will to live (Levy, Ashman, & Dror, 1999-2000; Marques, Lima, Abrams, & Swift, 2014). Believing negative age stereotypes also influences the degree to which older people feel that they have control over their health. As a result, older people who believe they have little or no control over their health tend to be less likely to engage in preventative health behaviors or seek medical help when they encounter health problems (Sargent-Cox & Anstey, 2015). Older persons who have a negative perception of aging are more likely to encounter problems in their basic activities of daily life (e.g., bathing, dressing, feeding, walking) and instrumental activities of daily life (e.g., housework, managing money, using a phone, cooking; Moser, Spagnoli, & Santos-Eggimann, 2011). While these studies illustrate the negative effects of age stereotypes on the way older people think, perhaps more alarmingly, much research also demonstrates a clear influence of negative age stereotypes on the physical well-being of older adults.

Age Stereotypes and Physical Health

A common assumption is that aging is a process that is characterized by physical decline and that the reasons for health issues later in life are due to common biological ailments that mark people's aging. However, this assumption needs to be revised in light of the rather robust finding by psychologists that the way older people are perceived, and how they perceive themselves can either hasten physical decline or, in fact, work to greatly reduce it (Levy, 2009; Sargent-Cox, Anstey, & Luszcz, 2012). For example, among older adults who were asked to cite the reasons for their physical disabilities, those who cited "old age" as the primary reason had significantly higher levels of arthritis, heart disease and hearing loss compared to those not attributing their disability to old age (Williamson & Fried, 1996). Older persons who endorsed negative stereotypes about aging tend to demonstrate worse hearing compared to their more positive counterparts (Levy, Slade, & Gill, 2006).

Two longitudinal studies of age-related beliefs and health outcomes showed that when older people accepted negative stereotypes about old age (e.g., as a time of physical and mental decline), they had worse health outcomes than those who had more positive views of aging (Levy et al., 2016; Levy, Zonderman, Slade, & Ferrucci, 2009; Wurm, Tesch-Römer, & Tomasik, 2007). According to the Wurm et al. (2007), this may be due to the operation of a couple of mechanisms. First, locus of control beliefs can influence whether older persons believe that anything can be done to prevent health problems in old age. To the degree that individuals have strong internal control beliefs, they will be more likely to adopt preventative behaviors, seek medical care, and disbelieve negative stereotypes about the inevitability of age-related health declines. Second, if one believes that old age is accompanied by inevitable health declines, this may cause stress and anxiety. Studies have demonstrated that increased stress and adrenaline adversely influence one's immune functioning (Cohen, Janicki-Deverts, & Miller, 2007) and cardiovascular health (Rozanski, Blumenthal, Davidson, Saab, & Kubzansky, 2005).

Indeed, the mere exposure of older persons to negative stereotypes about old age increases cardiovascular response to stress (Levy et al., 2008). Participants in this study were primed with words associated with either positive age stereotypes (e.g., sage, astute, accomplished, wise) or negative age stereotypes (e.g., Alzheimer's, decrepit, forgets, senile). They then were exposed to different forms of stress induc-

tion (counting backward by 7s, and describing for 3 min a very stressful event they experienced). Cardiovascular response (heart rate, blood pressure) was measured. Participants exposed to negative age stereotype primes had significantly stronger cardiac response to stress compared to those exposed to positive age stereotype primes. These data point to the powerful effects of the older person's age-related thoughts on their physical response to stress (Allen, 2015).

Age Stereotypes and Longevity

Several studies indicate that people who attribute their health problems to aging had a higher mortality rate than those who did not make such an attributional link (Levy & Myers, 2005; Rakowski & Hickey, 1992; Stewart, Chipperfield, Perry, & Weiner, 2012). This may be happening because such attributions direct attention away from the real disease, thus causing harmful delays in seeking medical assistance when their health worsens. A study by Sarkisian, Hays, and Mangione (2002) found that older people had lower expectations regarding their mental and cognitive quality of life, higher expectations of being depressed, becoming dependent, having less energy, and these negative expectations were associated with placing less importance on seeking health care. These poor expectations (e.g., "to be old is to be ill") derived from the negative stereotypes about old age resulted in a more than double the mortality rate compared to older adults who do not have such negative expectations about their health (Stewart et al., 2012). Ng, Levy, Allore, and Monin (in press) found that people who had more positive ideas about their mental and physical health when they got older actually lived 2.5 and 4.5 years longer (respectively) than those who believed the negative stereotypes about the mental and physical decline that accompanies old age.

The Match Between Stereotypes and Oneself

It should be noted that several studies have demonstrated that the negative effects of the negative age-related stereotypes can be mitigated or even eliminated if older adults perceives a mismatch between the stereotype and how they view themselves (or their future; Levy & Leifheit-Limson, 2009). For example, when people aged 75 and older were asked if they had ever experienced ageism, almost all of them had said no, and older individuals who answered in the affirmative reported that it did not bother them (Nelson, 2004). However, among persons aged 55–74, most indicated that they had experienced ageism, and it really made them upset when it occurred. One explanation is that those in the older group believed in the truth of negative age stereotypes, so they did not perceive such age discrimination as ageist. Whereas younger people did not perceive themselves as "old" and thus felt insulted when someone treated them in an ageist way. Older people who are in good mental and physical health regard ageist behavior (such as speaking loudly, in simple terms, as if the older person is a child) as disrespectful and insulting (Giles, Fox, Harwood, & Williams, 1994). However, those who have health or mental impairments tended to prefer such treatment (sometimes called "baby talk") because it conveyed a dependency relationship and made them feel safe and secure (Caporael, Lukaszewski, & Culbertson, 1983; Ryan, Hamilton, & See, 1994).

Barriers

Perhaps the biggest impediment to reducing the influence of ageism and its pernicious influence on the well-being of older persons is that ageism remains one of the most institutionalized forms of prejudice today (Nelson, 2002, 2015). That is, most people do not regard stereotypes about older people the same way as they recognize the harmful stereotypes about racism or sexism. We talk about having a "senior moment," or being "over the hill" (if you are old, your best days are behind you). Our birthday greeting cards convey the message that it is bad to get old. One marketing firm predicted that in 2015, Americans will spend 114 billion dollars on products designed to hide the physical signs of aging (Crary, 2011). Our entire society tells older people, "you are useless, unwanted, and a burden." It tells younger people that getting old is bad, and being old is worse.

Ageism infuses itself throughout all areas of American society, and it even biases the attitudes of those whose job it is to help others: specifically, physicians and mental health professionals. Thus, the well-being of older people is compromised when age stereotypes bias health care professionals in terms of who they prefer to see (younger clients) and their treatment recommendations (Blackwood, 2015; Kagan & Melendez-Torres, 2015). Reyes-Ortiz (1997) suggested that many physicians view older patients as "depressing, senile, untreatable, and rigid" (p. 831). Doctors may shy away from providing older patients computerized health information, on the stereotype that older people do not understand or are fearful of technology. In fact, research shows that older people are equally likely to use computerized health information as young people (Wagner & Wagner, 2003). Doctors all too often think that because old age is unstoppable, illnesses that accompany old age are not important, because such illnesses are seen as a natural part of the aging process (Gekoski & Knox, 1990; Levenson, 1981). While some physicians acknowledge that they treat elderly differently from younger patients, they argue that what appears to be ageism on their part reflects a bias in their hospital budgeting priorities (Skirbekk & Nortvedt, 2014). Other research suggests that in health care systems designed to discharge patients quickly, elderly patients

(who often present with multiple ailments and require longer treatment) are "troublesome" to the health care provider, and this may give rise to ageist attitudes (Kydd & Fleming, 2015).

Recent research shows that older adults are less likely to be included in clinical trials (Zulman et al., 2011). More education and training of physicians is required so that they learn about myths of aging and negative age stereotypes, and how these can negatively influence their interactions with older patients, and the treatments they choose for them (Schroyen, Adam, Jerusalem, & Missotten, 2015). Older patients tend to receive less treatment, and had more limitations in life-sustaining treatments, even when controlling for severity of illness (Brandberg, Blomqvist, & Jirwe, 2013). Similarly, some mental health professionals show an age bias against older clients, and will tend to avoid taking on older clients due to negative stereotypes such as *old people are just lonely and want someone to talk to* (Adelman, et al., 1990; Cuddy, Norton, & Fiske, 2005).

Solutions

There is room for optimism with respect to solutions aimed at addressing the negative influence of negative age stereotypes on healthy aging. First, much research has demonstrated that just as negative stereotypes can have detrimental effects on the mental and physical health of older persons, positive stereotypes and positive views of aging can counteract those negative consequences (Levy, 2009). Older persons who resist and do not endorse negative age stereotypes were significantly less likely to develop various psychiatric problems (e.g., posttraumatic stress disorder, anxiety, suicidal ideation) than those who accepted negative age stereotypes (Levy, Pilver, & Pietrzak, 2014). Rejection of negative stereotypes can have physical benefits as well. More positive perceptions of aging are protective of physical declines in older persons (Hausdorff, Levy, & Wei, 1999; Levy, Pilver, Chung, & Slade, 2014; Sargent-Cox, Anstey, & Luszcz, 2012).

All else being equal, when older people have a more positive view of aging, they have better functional health (Levy, Slade & Kasl, 2002), and they are significantly more likely to engage in preventive healthy behaviors (Levy & Myers, 2004). Positive views of aging have been shown to reduce cardiovascular stress in older persons (Levy, Hausdorff, Hencke & Wei, 2000) and even facilitate recovery after an acute myocardial infarction (Levy, Slade, May & Caracciolo, 2006), and recovery from disability (Levy, Slade, Murphy, & Gill, 2012). Positive views of one's own aging and of retirement has also been shown to result in increased longevity of 7.5 and 4.9 years, respectively (Levy, Slade, Kunkel, & Kasl, 2002; Lakra, Ng, & Levy, 2012).

These encouraging findings suggest several hopeful avenues to effect a change in society that will result in a higher quality of life for older persons. Going forward, psychologists need to do the following.

Educate Society About the Myths of Aging

Much research shows that dramatic positive improvements in physical and mental well-being in older persons can be effected when we begin to teach all ages of society about the myths about aging and to emphasize the positive aspects of aging (Nelson, in press). We need to reframe aging as a time of continued activity, growth and enjoyment. For example, older people should be encouraged to adopt healthier and more positive views of retirement and aging in general. At its last three conventions, the American Psychological Association has held symposia on "meaningful retirement," designed to debunk ageist myths of life after retirement, and show positive models of postwork life (see Cole, 2015; Strickland, 2015). As previously discussed, research indicates that such a positive perspective can have significant, meaningful positive developments for the mental and physical health of older persons.

Foster Continued and Positive Family Relations and Social Support

Positive family relationships and social support systems act as a buffer against negative self-views, and negative mental and physical health outcomes in older persons. Recent data shows that when adults had positive expectations about their mental and physical health in old age, or even if they expected some decline, but knew that support would be reliable and attainable, they felt a sense of security and control over their aging. (Bai, Lai, & Guo, in press; Ramirez & Palacios-Espinosa, in press). Age stereotypes thrive when younger people have little to no interactions with older adults (Montepare & Zebrowitz, 2002). Programs designed to bring children into contact with older persons (such as Foster Grandparents) can reduce the likelihood of developing ageist attitudes as the child grows to adulthood (Murphy, Myers, & Drennan, 1982). These programs also provide benefits to older persons in the form of socialization and positive emotional and cognitive progress (Dunlap, 2015).

Promote the Education and Training of Psychologists and Health Care Professionals to Dispel Age Myths and Stereotypes

Addressing aging bias among health care professionals can have clear positive effects on the healthy aging of older patients and clients. More needs to be done to encourage physicians and mental health professionals to choose careers in gerontology and geriatrics (see policies toward that end by the American Medical Association (2015) and the American Association of Medical Colleges; Jablow, 2015),

as the dramatic shift in our ever-aging population necessitates a strong need for more professionals to address the needs of older people. For example, the government could institute student loan forgiveness programs for those who choose a career in gerontology or geriatrics. It is estimated that by 2030, an additional 3.5 million geriatric health care professionals will be needed to meet the rapidly expanding population of those age 65 and older (Robert Wood Johnson Foundation, 2010).

Conclusion

Ageism presents a clear and direct threat to the healthy aging of older persons. Negative age stereotypes, whether perpetuated by younger persons or health care workers or even believed and internalized by older persons themselves, have been demonstrated to cause real harm to the mental health of older persons, reduce their will to live, impair memory, and lead older persons to avoid preventive health behaviors. Additionally, such age stereotypes impair recovery from illness, and even decrease longevity. The problem is made more difficult in that ageism is institutionalized in American culture, so that prejudice and stereotypes about aging and older people tend to be recognized not as serious problems, but more as "amusing truths." There are several things that psychologists, policymakers, educators, and physicians can do to avoid or at least reverse the harmful health effects of ageism. Primary among these solutions is more education about myths and stereotypes about aging directed at youth, college and graduate programs training future geriatric workers, policymakers and politicians, and older people themselves. Second, research has shown that when older people shun negative age stereotypes and instead see aging as a time of continued growth, positivity, socializing, and activity, they tend to show significantly better mental and physical health outcomes compared to their counterparts who view aging with greater pessimism. To the degree that the recommended changes are instituted, we can begin to reverse the negative stereotypes about aging and their accompanying harmful effects on the healthy aging of older persons. In so doing, we can make optimistic progress toward providing older adults with a society that is attentive to their needs, respectful of their worth, and happily encourages their participation in all aspects of society.

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