



COMBATTING THE HARMS OF AGEISM

By Nancy Sokoler Steiner

From ads for anti-wrinkle creams, to calling seniors “dearie” and “young lady,” to the “I’ve fallen, and I can’t get up” commercial, examples of ageism are rampant.

The World Health Organization (WHO) defines ageism as the stereotyping of, prejudice toward, and discrimination against people on the basis of their age. In her TED Talk on ageism, Ashton Applewhite, author of “This Chair Rocks: A Manifesto Against Aging” (and creator of the “This Chair Rocks” website), describes ageism as making assumptions on the basis of age, “instead of finding out who we are and what we’re capable of.”

Like sexism and racism, ageism lumps people together and assumes all members of that group are the same. It can be internal, affecting our beliefs about ourselves (e.g., “I’m too old learn a new language”), or external, affecting others’ beliefs about us. When we have internalized ageism, “we feel shame and embarrassment instead of

taking pride in the accomplishments of aging,” Applewhite says on her website. “Ageism makes growing older far harder than it has to be.”

The WHO notes that there is no typical older person. Individuals between 65 and 105 all fall under the label of “older adults.” Yet, there are great variations between a 65- and an 85-year-old – not to mention vast differences from one 65-year-old to another.

Dr. Louise Aronson – a practicing geriatrician, professor of medicine at UC San Francisco, and author of *Elderhood: Redefining Aging, Transforming Medicine, and Reimagining Life* – talks about three major phases of life: childhood, adulthood, and elderhood.

“It seems time to acknowledge that there is this third phase, and it’s longer than childhood and sometimes as long as adulthood,” she says, noting that, like other phases, elderhood “has its pros and cons.”

Beyond affecting our feelings and attitudes, ageist messages and perceptions can directly affect one's health. Becca Levy, PhD, professor of epidemiology and psychology at Yale University School of Public Health, has found that beliefs about aging can have physiological effects. For example, older adults exposed to positive age stereotypes showed a reduced cardiovascular response to stress, whereas those exposed to negative stereotypes had an elevated response. Similarly, activating positive age stereotypes resulted in improved memory performance, while negative ones triggered a decline in memory performance. Most significantly, Dr. Levy found that people with more positive age beliefs outlived those with negative age beliefs by an average of seven and a half years.

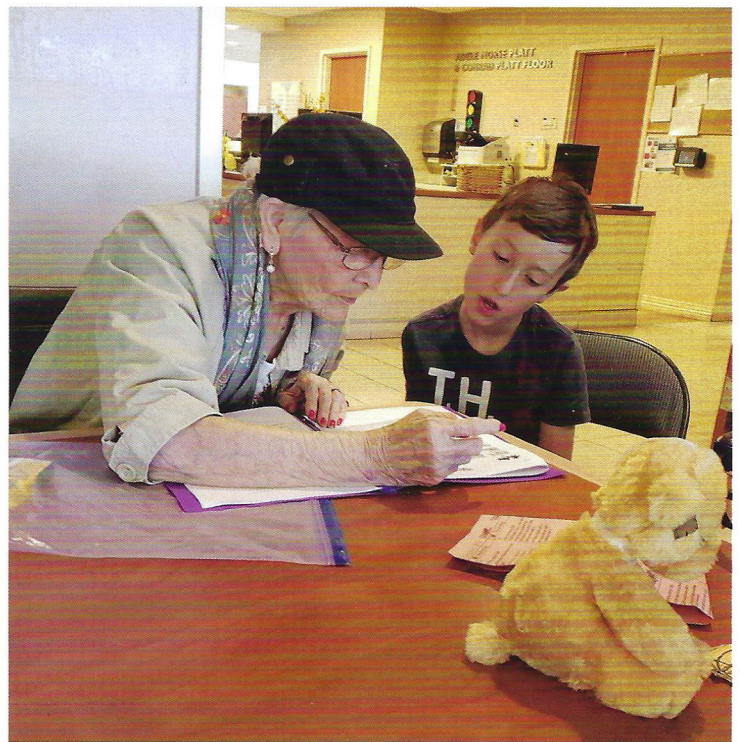
Dr. Levy attributes differences in people's views of aging in part to their culture or subculture. "We found that people in mainland China and in the deaf American population in the United States have more positive age beliefs than mainstream American culture," she says. "Part of that is... in China, there are Confucian ideals and filial piety ideals of having respect for elders, and also there may be a more intergenerational culture than is common here. Deaf American culture also tends to be pretty intergenerational."

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Ageism among healthcare providers can also negatively affect the health of older adults. Dr. Aronson says that ageism "is baked into health and healthcare," noting that medical schools devote little time to training physicians how to deal with elders and that little research is conducted on older people. There are specialists and hospitals for children and for adults, she says, but none for elders. "We're literally not set up for older adults. We don't teach or train people on the biological, physiological, social, and emotional differences of adulthood," she says.

She tells the story of a 96-year-old man in New York who went to see a doctor for knee pain. The physician said, "What do you expect? Your knee is 96 years old." The man responded, "My other knee is also 96 and it doesn't hurt a bit."

Physicians (and other service providers) may show ageism when they talk about an older patient's condition to a third party, such as an adult child, instead of directly to the patient. Often, they will speak about patients in front of them, as if they were invisible.



Intergenerational program Balboa Buddies matches third graders with residents.

Ageism experts say that combatting ageism requires changing perceptions about older people. One way to accomplish that is through integration – by connecting people of all ages. The Jewish Home has numerous intergenerational programs, including Balboa Buddies, which matches elementary school children with residents. The students visit the residents monthly and interview them, creating a biography at the end of the year.

Another way to combat ageism is by challenging stereotypes and labels. In 2014, AARP started the Disrupt Aging movement. It includes a book of the same name, as well as a website featuring stories focused on "challenging outdated beliefs about aging and sparking new solutions."

Dr. Aronson suggests gently correcting common misperceptions and pointing out the positives of older age when people dwell on the negatives. Another important part of addressing the problem is making sure not to blame elders for their needs. "People say older adults are using so much health care resources, but nobody says children are using so much of our educational resources."

Like other isms, says Dr. Aronson, ageism is a social justice issue. "Older people matter, too."



Nancy Sokoler Steiner is a freelance writer and author based in Los Angeles. Her work has appeared in *Los Angeles Times Magazine*, *Westways*, and *The Jewish Journal of Greater Los Angeles*, among other publications.