

Life in a world for all ages: From a utopic idea to reality

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ABSTRACT

Ageism is defined as stereotypes, prejudice, and discrimination toward people because of their age. Although ageism can be directed toward both young and old and can be both positive and negative, this paper reviews the negative manifestations and consequences of ageism toward older adults in policy, politics, the urban environment, the healthcare system, and the individual-intra-psychic level. Obstacles to and opportunities for reducing and potentially eliminating ageism are discussed. This review is intended to instigate interest and motivation in researchers, policy stakeholders, and the general public to change the way we think, feel, and act in order to live in a world for all ages, in which old age is no longer seen as a burden or a barrier.

Keywords: ageism, age discrimination, age stereotypes, age segregation

La vida en un mundo para todas las edades: de una idea utópica a la realidad

RESUMEN

La discriminación por edad se define como estereotipos, prejuicios y discriminación hacia las personas debido a su edad. Aunque el envejecimiento está dirigido tanto a jóvenes como a viejos y puede ser tanto positivo como negativo, este artículo revisa las manifestaciones negativas y las consecuencias del envejecimiento hacia los adultos mayores en política, política, entorno urbano, sistema de salud y el individuo-intra- nivel psíquico Se discuten los obstácu-

los y las oportunidades para reducir y potencialmente eliminar la discriminación por edad. El objetivo de esta revisión es estimular el interés y la motivación de los investigadores, los interesados en las políticas y el público en general para cambiar la forma en que pensamos, sentimos y actuamos para vivir en un mundo para todas las edades, en el que la vejez ya no se considera una carga o una barrera.

Palabras clave: *ageism*, discriminación por edad, estereotipos de edad, segregación por edad

在一个善待所有年龄的世界中生活： 从一个乌托邦观念到现实

摘要

年龄主义被定义为因年龄而对人产生的刻板印象、偏见和歧视。尽管年龄主义能指向年青人和老年人，也可以是积极或消极的，但本文审视了在政策、政治、城市环境、医疗体系、以及个人内心层面年龄主义对中老年人造成的负面表现和结果。探讨了减少或潜在消除年龄主义遭遇的困难与挑战。这篇评论旨在引起研究者、政策利益攸关方和一般大众的兴趣和动机，以改变我们思考、感受和行动的方式，以期生活在一个面向一切年龄、年老不会被视为一种负担或阻碍的世界中。

关键词：年龄主义，年龄歧视，年龄刻板印象，年龄隔离

Ageism is defined as stereotypes, prejudice, and discrimination toward people because of their age. Ageism can be both positive and negative (Ayalon & Tesch-Römer, 2018a; Officer & de la Fuente-Núñez, 2018). According to the Stereotype Content Model, people often are classified along the dimensions of warmth and competence (Fiske, Cuddy, Glick, & Xu, 2002). As such, older adults tend to be seen as high on warmth, e.g., presenting with good intentions, but low on competence, and thus, as having limited abilities to actually materialize their intentions (Cuddy, Norton, & Fiske, 2005). This classification suggests that our perceptions of older adults include both positive and negative aspects. This in return, may generate positive

or negative behaviors and emotions. For instance, one can give one's seat to a woman, whom one sees as old and fragile, simply because the woman has white hair and white hair is associated with frailty, which inspires compassion. A negative example of ageism might be laying a person off work because this person is already sixty-five and is seen as unable to learn new skills due to age.

This paper is focused on ageism toward older adults with a primary focus on the negative consequences of ageism, which can be manifested at the macro-institutional level in policies or politics, at the meso level of interpersonal relations, or at the micro, intrapersonal level (Ayalon & Tesch-Römer, 2018a). In this paper, I rely on several contexts to demonstrate how ageism is manifested in policy and politics, the healthcare system, the workforce, interpersonal relations, and our own ageist attitudes, sentiments, and behaviors toward our aging selves. Capitalizing on existing theories in the field of ageism, I then outline various attempts to explain the occurrence of ageism. I conclude with suggestions to tackle ageism both at the individual and societal levels, focusing on bottom-up processes, such as increasing awareness or knowledge, and top-down processes, which legally ban age discrimination. Challenges faced by policy stakeholders and researchers who wish to reduce or prevent ageism are discussed, as are ways of overcoming these challenges. This comprehensive review aims to provide researchers, policy stakeholders, and the general public with important information not only about the nature of ageism, but also

about future steps that should be taken in order to live in a world for all ages.

The Prevalence, Manifestation, and Consequences of Ageism

According to the European Social Survey (a large cross-national survey of twenty-nine countries and almost 60,000 people), ageism is the most prevalent “ism” in society—more prevalent than the other two major isms, namely sexism and racism. Whereas only 17 percent of the sample reported exposure to racism and 25 percent reported exposure to sexism, a little over 34 percent reported exposure to ageism (Ayalon, 2013). A similar pattern was also found in the Health and Retirement Survey, a large representative study of American citizens over the age of fifty (Ayalon & Gum, 2011). Moreover, in the World Value Survey, which gathered data from fifty-seven countries and almost 80,000 people, 60 percent of the interviewees stated that older adults are not respected in society (Officer et al., 2016). Ageism affects all of us, as we all move along the age continuum if we live long enough. This is contrasted with sexism and racism, which are more likely to affect women and ethnic minority groups, respectively (Radke, Hornsey, & Barlow, 2016; St Jean & Feagin, 2015).

When considering the manifestations, consequences, and etiology of ageism, it is important to recognize intersectionality (Krekula, Nikander, & Wilińska, 2018). It is usually not age alone, but age in interaction with other characteristics, such as gender, ethnici-

ty, or socioeconomic status, that makes a difference. Specifically, research shows that aging affects men and women differently (McGann et al., 2016). Women are more likely to experience ageism due to physical changes in their appearance that are associated with loss of attractiveness (Clarke, 2018). Men, on the other hand, are thought to maintain their power and influence in old age. Yet, they too hold negative age stereotypes about their own aging process (Clarke & Korotchenko, 2016). Moreover, the hegemonic masculinity model further suggests that older men are likely to be lower in the hierarchy compared to young, fit men (Spector-Mersel, 2006).

Another intersection concerns the distinction between ableism and ageism, which is not always clear. As older adults are expected to age successfully without showing any signs of decline or impairment (Gibbons, 2016), negative attitudes directed toward older adults may reflect ableism rather than ageism (Overall, 2006). Age and socioeconomic status also intersect; thus, wealthy older adults not only enjoy better health and wellbeing, but are also less likely to be exposed to ageism (Cohen, 2001).

Ageism in Policies and Politics

At the macro, institutional level, ageism is manifested in the language we use to talk about older adults (Gendron, Inker, & Welleford, 2017). For instance, discussing the “silver tsunami” in an attempt to raise awareness of the importance of aging

policies may fail to make its intended effect as this term negatively portrays older adults (Perry, 2009). Similarly, the term “dependency ratio,” which is used to reflect the percentage of older adults, immediately associates old age with dependency and disability (Thornton, 2002). Other terms, such as premature death, which defines death prior to the age of seventy as premature, also result in ageist perceptions, which portray the death of older adults as expected and unrelated to their health or medical condition. This may impact the allocation of health resources and the denial of necessary resources from older adults (Lloyd-Sherlock, Ebrahim, McKee, & Prince, 2016).

The United Nations (UN) human rights conventions specifically prohibit discrimination on multiple grounds; yet, age is not among the various categories mentioned. To date, there is no UN treaty specifically dedicated to the rights of older adults (Doron, Numhauer-Henning, Spanier, Georgantzi, & Mantovani, 2018). Explicitly addressing ageism in a UN treaty is important, as this would send a clear message of disapproval and allow for the development of tools to ban age discrimination.

Politically, we see ageism in the framing of major political issues. In the case of climate change discourse, age and generation serve as sources of power differential (Sachs, 2014). Children are often thought to be those most affected by climate change. This is because of their increased vulnerability to injury, disease, and extreme weather conditions (Alderson, 2016) and be-

cause they are expected to suffer the effects of climate change for a substantially longer period of time, with these effects becoming more severe over time (Gibbons, 2014). However, research has shown that it is older adults who have been most affected by climate change because they are more vulnerable to the impact of extreme heat waves, severe weather disruptions, and polluted air (Yu et al., 2011).

Currently, a sixteen-year-old girl from Sweden has become a symbol of the fight against global warming (Stott, et al., 2019). This teenager is attempting to persuade us of the real effects of climate change, explicitly blaming adults for stealing her future, while the president of the United States, a seventy-three-year-old man, denies the effects of global warming (De Pryck & Gemmenne, 2017). The movement inspired by her actions, Fridays for Future (FFF), calls children all over the world to protest in an attempt to persuade adults who she thinks have neglected their duty to mitigate the negative effects of climate change: “Since our leaders are behaving like children, we will have to take the responsibility they should have taken long ago” (Thunberg, 2018). “You are not mature enough to tell it like it is. Even that burden you leave to us, children” (Thunberg, 2018). Other activists, such as Bill Nye, an American science communicator, explicitly states that climate science will advance only when older adults finally “age out” and die (Mayfield, 2019).

Brexit is yet another example of intergenerational tension, presented in

terms of young versus old. Post-analysis of the votes shows that older, less educated Brits were more likely to favor Brexit. In contrast, young and educated Brits favored the United Kingdom (UK) remaining in the European Union (EU). Older adults were more likely to vote in the Brexit referendum; thus, they had a greater impact on the results (Dorling, Stuart, & Stubbs, 2016). After the vote, older adults were portrayed as having made a life-changing decision for future generations, some of which were not even allowed to vote and express their opinion on a matter that was going to affect the rest of their lives (Future, Pottinger, & Hall, 2017). An analysis of the UK media suggests that Brexit was portrayed as an intergenerational clash between Baby Boomers and Millennials. According to this analysis, the Baby Boomer generation was constructed as a social problem (Bristow, 2020). The meme “OK Boomer,” which originated in the United States, reflects a similar sentiment towards the Baby Boomer generation as being irrelevant to current affairs.

An explicit message of the intergenerational divide can be found in a recent video produced by “Die Partei,” also known as “The Party,” a German political party that started as a satire but now has two seats in the European parliament. In this video, an older man is shown lying in a hospital bed, connected to a vent machine. With this man lying in the background, the following message is conveyed: “This old white man is already considered dead, but still retains the right to vote. Like five million other German last-time voters,

he is determining a future in which he will have no part.” Following a few electrical shocks, the old man finally votes for Merkel. The video concludes with the following message: “Therefore we are demanding a maximum voting age. Just as people don’t vote during the first eighteen years of their life, they should not vote in the last eighteen years of their life, either.” This political party explicitly states that people’s right to vote should be taken away because of their advanced age.

In contrast, in Israel, which has a substantially lower proportion of older adults in the population (~12 percent in Israel, compared with ~22 percent in Germany or ~18 percent in the United Kingdom), the portrayal of older adults has been that of a vulnerable population (Lowenstein, Eisikovits, Band-Winterstein, & Enosh, 2009) that requires legal and social protection. When older adults are discussed within the political arena, they are portrayed as a disadvantaged and disenfranchised social group whose rights should be protected. This has led the Israeli party, Gil—“age” in Hebrew—to obtain an unprecedented number of seats in the 2006 election. The party gathered forces from large retiree organizations in the country to protect the rights of older adults. However, a large number of votes also came from young people, who were fed up with the political system in Israel, which has compromised the welfare of disempowered populations, including that of older adults. Possibly, the achievement of this political party can be attributed to high levels of intergenerational solidarity in Israeli society (Lowenstein,

Katz, & Daatland, 2004), as many young people who voted for this party stated that they voted to maintain the rights of their parents or grandparents. This can also be attributed to a general sentiment of respect and compassion toward older Holocaust survivors (who represented a substantial portion of older Israelis at that time), as the importance of the Holocaust in shaping intergenerational relations cannot be underestimated (Chaitin, 2002; Halik, Rosenthal, & Pattison, 1990).

Both European examples and the Israeli example reflect ageism, as they automatically associate certain qualities with people simply due to age. The European examples portray older adults as powerful and self-centered, whereas the Israeli example portrays older adults as disempowered and vulnerable. Both portrayals are quite negative, but they result in different reactions. We tend to react with aggression or anger toward the powerful and egocentric, but with empathy and compassion toward the weak (Cuddy & Fiske, 2002).

Ageism and the built environment

At the meso, interpersonal level, ageism is manifested, among other things, in the built environment. In the built environment, older and younger adults rarely interact. This is thought to be both a sign of ageism and a means to perpetuate the separation between generations (Hagestad & Uhlenberg, 2005). A research study shows that when young people attend urban open spaces, they usually end up being “on the go,” moving from one place to another (Noon & Ayalon, 2017). Older adults, in con-

trast, usually come to these open spaces to stay. Nonetheless, only a few of them engage in interpersonal social interactions (Noon & Ayalon, 2017). The one instance in which older and younger adults were documented together in the built environment was when younger adults served as carers of older adults. This possibly results in high levels of loneliness, isolation, and social exclusion of older adults (Noon & Ayalon, 2017). In support of this claim, a different study shows that neighborhoods characterized by higher levels of ageism among young people resulted in the lower social integration of older adults (Vitman, Iecovich, & Alfasi, 2013).

Others argue that neighborhoods socially exclude older adults through gentrification processes that leave older adults behind as the sole reminders of previous generations. Obstacles in the physical environment further impair older adults' opportunity to participate socially (Dahlberg 2019). Approaching older adults as a vulnerable population intensifies their sense of insecurity and lack of safety in the environment (Pain, 1997). Consistently, a qualitative study conducted in the United States shows that fears of being socially rejected or exploited and threats to one's identity inhibit older adults' social participation (Goll et al., 2015).

The design of housing for older adults may also have ageist features. Analysis conducted in Australia suggested that the physical space of older adults is designed either with the image of older adults as ageless or with the view of older adults as dependent,

allowing for limited variability along these poles. Others have noted an active attempt to separate older adults from younger people in the built environment by designing separate housing for older adults (Petersen & Warburton, 2012). Indeed, research has shown that ageism is prevalent in long-term care settings for older adults and that the structure of the setting, which separates younger adults from older adults and older adults with sickness and disability from independent older adults, instigate stigma (Ayalon, 2015; Dobbs et al., 2008).

Ageism in the Healthcare System

One of the most prominent areas in which ageism occurs is the healthcare sector (Wyman, Shiovitz-Ezra, & Bengel, 2018). Ageism in healthcare is manifested at the macro institutional level, the meso interpersonal level, and the micro level (Ayalon & Tesch-Römer, 2018b). The last year of life is usually the most expensive in terms of healthcare costs (Hogan, Lunney, Gabel, & Lynn, 2001). As people age, they are more likely to eventually die. This is why older adults consume more healthcare services than younger people. Although these facts are not ageist per se, their interpretation often is ageist. This is because older adults are seen as using services disproportionately, leading some to question whether older adults have a duty to die, simply to save money and decrease healthcare costs (Denier, Gastmans, Vandeveld, & Hardwig, 2013). This belief is prevalent in the healthcare sector.

At the macro policy level, the National Institute for Health and Clinical Excellence (NICE) uses Quality Adjusted Life Years (QUALYs) to determine the benefits of different healthcare services. Using QUALYs, a healthy year of life expectancy is worth more than an unhealthy year of life expectancy. This may result in those who have a shorter life expectancy or unhealthy life expectancy receiving a lower priority in the healthcare system (Harris & Regmi, 2012). Consistently, the services provided to older Americans with disabilities are deemed less expensive than those provided to younger people with disabilities. Moreover, older adults with disabilities often receive services that are rejected as undesirable by younger adults with disabilities (Kane, Priester, & Neumann, 2007).

Older adults also are less likely to be included in clinical trials even for conditions that are more common in old age, such as diabetes type 2, heart conditions, or dementia (Cruz-Jentoft, Carpena-Ruiz, Montero-Erassquin, Sánchez-Castellano, & Sánchez-García, 2013; Herrera et al., 2010). This is because older adults often suffer from multiple medical conditions and take a large number of medications (Clague, Mercer, McLean, Reynish, & Guthrie, 2017). As such, there is a preference to recruit into clinical trials less complicated participants for whom the effects of new medication can be determined easily (Herrera et al. 2010). However, this may result in treatment being inappropriately tested on non-representative populations (Cherubini, Signore, Ouslander, Semla, & Michel, 2010).

At the meso level, research consistently shows that physicians and other healthcare and social care professionals tend to treat young and older adults differently, even when a differential treatment is not warranted (Gewirtz-Meydan & Ayalon, 2017; Yechezkel & Ayalon, 2013). In a study conducted in Israel, physicians were randomly shown one of two possible vignettes. The only difference between the vignettes was the age of the patient. In both vignettes, the patient had sexual problems, which were largely attributed to psychosocial origins, as the patient was able to function sexually with one partner, but not with the other. Yet, the older patient was more likely to be seen as suffering from erectile dysfunction, while the younger patient was seen as suffering from psychosocial issues. Consistently, the older patient was more likely to be prescribed Viagra, whereas the younger patient was more likely to be referred to a sexual counselor (Gewirtz-Meydan & Ayalon, 2017).

In a different study, social workers were randomly presented with one of two case vignettes that differed based on age. Both vignettes described a woman who was being abused by her husband. Compared with the older woman, social workers were more likely to view the younger woman as experiencing abuse. They also were more likely to offer social care to the younger woman and referral to law enforcement for the older woman. Even though the older woman was less likely to be viewed as experiencing abuse, social workers were more likely to refer the woman to a law enforcement agency, assuming the case required a le-

gal intervention (Yechezkel & Ayalon, 2013). Using a similar methodology, a study conducted in France found that physicians and medical students are more likely to use elder speak, which is characterized by short sentences and the use of simple vocabulary, when speaking with older adults compared to when they spoke with younger adults (Schroyen et al., 2018).

Not only is the treatment of younger and older adults in society different simply due to age, but ageism also results in the reduced interest of healthcare and social care professionals to work with older adults (Ball, 2018; King, Roberts, & Bowers, 2013). This could potentially account for the shortage of geriatricians (Lester, Dharmarajan, & Weinstein, 2019) or direct care workers (Hussein & Manthorpe, 2005) who wish to work with older adults. A recent systematic review of the impact of ageism on the health of older adults has concluded that ageism has led to significantly worse health outcomes in the vast majority of the studies reviewed. Ageism was found in forty-five countries across eleven domains of health over a period of twenty-five years (Chang et al., 2020). The impact of ageism in the healthcare system also can be quantified financially. The one-year cost of age discrimination toward older adults, negative age stereotypes, and negative self-perceptions of aging is as high as \$63 billion USD (Levy, Slade, Chang, Kanno, & Wang, 2018).

Ageism in the Workforce

A different setting in which ageism is prevalent is the workforce (Naegele, De

Tavernier, & Hess, 2018; Solem, 2016; Stypińska & Nikander, 2018). Like the healthcare system, ageism in the workforce can manifest at all three levels (e.g., macro, meso, and micro) (Ayalon & Tesch-Römer, 2018b). An indication of explicit institutional ageism can be seen in the fact that in many countries, older adults are forced to retire, simply because they have reached a certain age (Santos, Justin, Joshi, & Jacob, 2019). Thus, older adults are expected to give their education, skills, and training for free, as volunteers, simply because they have reached a certain age.

Given demographic changes, many countries are now actively attempting to extend working life by delaying or completely abolishing a fixed retirement age (Barslund, 2015; Flynn, Schröder, Higo, & Yamada, 2014). Nonetheless, there is a gap between policies and practice (Loretto et al., 2013). One potential reason for this could be the exposure of older employees to ageism. Research conducted among 3,122 Danish employees fifty years and older shows that perceived ageism is associated with male workers' retirement plans (Thorsen et al., 2012). In contrast, a longitudinal study shows that perceived ageism in the workforce has an impact on job satisfaction and withdrawal, but not on actual retirement (Griffin, Bayl-Smith, & Hesketh, 2016).

A recent scoping review categorizes the literature on ageism in the workplace into thematic categories (Harris, Krygsman, Waschenko, & Laliberte Rudman, 2018). One thematic category consists of stereotypes concerning older workers. In total, twen-

ty-six of the studies reviewed addressed this thematic category. The majority of the studies explored negative perceptions of older workers as less competent, less willing to participate in training, and less technologically apt. Other stereotypes were quite positive, however, including the view of older workers as more committed and reliable (Harris et al., 2018).

Another thematic category addressed ageism in relation to behavioral intentions and actual behaviors (Harris et al., 2018). Ageism is highly prevalent in hiring intentions and practices, with research showing over and over again that employers have a preference toward younger workers. Even when younger and older workers present with similar skills, employers are more likely to prefer younger workers (Dörfler, 2018; Fasbender & Wang, 2017). Consistently, research has shown that people as young as forty or fifty years old already have a harder time finding a job (Solem, 2016). Moreover, older adults are less likely to be offered a promotion or extra training. Older adults also are the first to be laid off due to their age (Cheung, Kam, & Man-hung Ngan, 2011). In addition, compared with younger workers, older workers are more likely to be judged harshly for poor performance (Rupp, Vodanovich, & Crede, 2006).

Self-Ageism

At the micro, intrapersonal level (Ayalon & Tesch-Römer, 2017), ageism plays a role in the life of each and every one of us, as we all internalize age stereotypes throughout our life (Levy, 2009). We

might look in the mirror and become alarmed, viewing ourselves as grey and wrinkled and therefore old and “ugly.” Similarly, older adults might interpret their physical ailments as signs of aging and thus refrain from seeking help. The way we think, feel, and act toward age and aging makes a difference in our lives, as it may imprison us in our own minds by predetermining what we can and cannot do simply based on our chronological age (Ayalon & Tesch-Römer, 2018a; Levy, 2001). As such, much of the literature on self-perceptions of aging is concerned with how people view their own aging process and as a result, how these views affect their health behaviors, wellbeing, health, and even mortality (Levy & Myers, 2004; Levy, Slade, & Kasl, 2002; Levy, Slade, Kunkel, & Kasl, 2002).

Stereotypes associated with our own aging become more prominent as we age. Older adults who hold more positive self-perceptions of aging are more likely to engage in preventive health behaviors compared to those who hold negative self-perceptions of aging (Levy & Myers, 2004). Self-perceptions of aging become a self-fulfilling prophecy. This is why when physical losses occur, those individuals who hold negative self-perceptions of aging are less likely to engage in health-related strategies to maintain a healthy lifestyle (Wurm, Warner, Ziegelmann, Wolff, & Schüz, 2013). Negative self-perceptions of aging are associated with worse functional health (Levy, Slade, & Kasl, 2002), an increased risk for falls (Ayalon, 2016b), a decline in walking speed (Robertson, Savva, King-Kallimanis, & Ken-

ny, 2015), and lower levels of quality of life (Ingrand, Paccalin, Liuu, Gil, & Ingrand, 2018). Moreover, individuals who hold negative age stereotypes die 7.5 years before those who hold positive age stereotypes (Levy, Slade, Kunkel, et al., 2002).

Why is Ageism so Prevalent in Society?

Several theories have attempted to explain the occurrence of ageism at the institutional macro level, the relational meso level, and the individual micro level (Ayalon and Tesch-Römer 2018a). These various theories clearly attest to the multi-faceted nature of ageism and to the fact that its effects are widespread. The fact that each theory may be relevant to certain life periods or certain contexts, but not to others, suggests that ageism is not a uniform construct, but is rather highly contextual (Kornadt, Hess, & Rothermund, 2020).

A well-known theory at the macro level is modernization theory, which states that in today's modern society, the status of older adults has declined (Cowgill & Holmes, 1972). This is because as technology advances, older adults' knowledge and skills become less relevant. Moreover, with increasing urbanization and the transition of young people into the cities, older adults' status and support decline. This theory closely corresponds with an Italian social movement that flourished in the early twentieth century: "Futurism." Mesmerized by modernity and the machine, members of this movement invited the public to toss away old values

and traditions, stating that modernity, velocity, and youth represent the bright future and that anything old is obsolete.

At the meso level, our entire social lives are organized by chronological age (Hagestad & Uhlenberg, 2005). When we are young, we are expected to study and develop academically with people who are of our own age. In middle age, we are expected to raise a family and work. Finally, in old age, we are expected to retire. Throughout our entire life, we associate with people who are of similar chronological age. This results in the construction of an in-group vs. an out-group, with older adults being seen as an "out-group" by other age groups in society. Limited interaction among generations induces ageist attitudes and the view of us versus them, which prevents the development of empathy and friendship between generations (Vanderbeck, 2007).

A complex explanation at the micro level relies on the integration of several theoretical explanations to account for the occurrence of ageism across the life course (Lev, Wurm, & Ayalon, 2018). This model suggests that different theories, e.g., stereotype embodiment theory (Levy, 2009), terror management theory (Martens, Goldenberg, & Greenberg, 2005) and social identity theory (Tajfel, 1974), play a differential role across the life course. The stereotype embodiment theory suggests that ageism first develops at a very young age, but influences our own perceptions of our aging process throughout our lives (Levy, 2009). While negative stereotypes of old age are internalized (Levy, 2009), people may hold these

negative stereotypes not only toward other older adults, who are seen as “aged,” but also towards their own aging selves (Bodner, 2009). As old age is associated with death and disability, younger and middle-aged adults who are concerned with their own mortality, become anxious around older adults, as seeing older adults makes them realize that their own time in this world is limited (e.g., terror management theory) (Martens et al., 2005). Social identity theory suggests that in old age, to maintain their self-image as belonging to a worthy group, older adults may attempt to disassociate from other older adults as they have learned to devalue old age (Bodner, 2009). Hence, attempts to conceal or delay aging are often made to disassociate from the devalued group of older adults (Lev et al., 2018). These strategies of successful or active aging might be helpful in the short run, but not in the long run, as older adults are expected to eventually come to terms with the gains and losses associated with aging (Lev et al., 2018).

Why is it so Challenging to Fight Ageism?

Relative to the other two big “isms” (sexism and racism), ageism has received substantially less research attention. A recent query resulted in 8,491 studies on racism and 2,836 studies on sexism, but only 750 studies on ageism (North & Fiske, 2012). Moreover, compared to the other two big “isms” (e.g., racism and sexism), ageism is regarded more leniently. Nelson (2011) argues that the reason that

people explicitly express ageist attitudes is we believe that these ageist attitudes reflect true facts. Birthday cards, for instance, portray terms such as “over the hill,” or “sorry to hear you are getting older.” These terms would never be used with regard to other categories, such as sex or ethnicity. Consistently, commercial companies actively attempt to advertise anti-aging products, explicitly stating that aging is something to avoid and conceal (Nelson, 2011). The overall societal acceptance of ageist attitudes and behaviors makes efforts to address ageism more challenging.

A major barrier to address ageism concerns the fact that the term ageism is not much acknowledged in society at large. Although the term ageism was coined 51 years ago (Butler, 1969), many countries still do not have a common term for ageism in their national language. Moreover, even if there is a term in a certain language, it might be used only by experts or by those who have a vested interest in the topic (e.g., the term for ageism in Hebrew or Spanish). This makes any attempt to address ageism at the global level, beyond English-speaking countries, quite challenging. If laypeople do not even have the term ageism in their lexicon, the concept is not well grounded and its understanding is impaired. Past research shows that knowledge of ageism is one of the most important components in combating ageism (Burnes et al., 2019). However, such knowledge cannot be gained in the absence of language to describe the phenomenon.

Another major obstacle concerns the assessment of ageism at the

micro and/or meso levels. A recent systematic review reveals that out of eleven possible scales that meet the rigorous criteria put forth by the reviewers, only one scale met minimum psychometric qualities. However, that scale was limited as it evaluated only explicit stereotypes toward older adults (Ayalon et al., 2019). This is problematic because ageism is multi-dimensional: it consists of stereotypes, prejudice, and discrimination. If available scales address only stereotypes and neglect the other two domains, our understanding of ageism is impaired (Ayalon et al., 2019). Moreover, the explicit nature of the measure makes it quite easy for well-educated people who are aware of the fact that ageism is an undesired quality to respond desirably and deny their ageist attitudes so that they present as less ageist than they actually are (Cherry, Allen, Denver, & Holland, 2015). A more appropriate measure of ageism should cover all three dimensions: stereotypes, prejudice, and discrimination and consist of both explicit and implicit measures (Ayalon et al. 2019). The new measure should also take into account context effects, given the fact that the nature of ageism changes based on the context in which it occurs (Voss, Wolff, & Rothermund, 2017).

A related challenge concerns the assessment of exposure to ageism. This is because exposure to ageism is usually assessed subjectively. Most of the time, we cannot observe exposure to ageism, but instead have to infer it by querying respondents. However, research shows that the way we phrase the question about ageism or its location in the ques-

tionnaire will result in a different responses (Ayalon, 2018). When the question about ageism was placed as part of an overall module on ageism, more than one third of respondents reported exposure to ageism. However, when a question about exposure to ageism was placed out of context, less than 2 percent of the same sample reported exposure to ageism (Ayalon, 2018). A different study shows that it is not perceived ageism that precedes depressive symptoms, but rather depressive symptoms precede perceived ageism (Ayalon, 2016a). Potentially, those individuals who see the world in a more negative light also tend to report higher levels of perceived ageism. Thus, reports concerning the exposure of ageism are highly affected by one's mental state (Ayalon, 2016a). These studies further allude to the subjective nature of ageism and to the challenges researchers face when evaluating it, given that the way we currently assess ageism is based on subjective rather than objective indicators.

At the macro level, there are also no clear indicators of ageism or age discrimination. The AgeWatch Index (Tai-pale, 2014) or the Active Ageing Index (Zaidi et al., 2013) attempt to quantify how well older adults are doing or how active older adults are in different countries. Although important, these indices do not provide direct information about older adults' exposure to ageism at the country level. An attempt to quantify age-based inequalities at the country level has concluded that more efforts should be put into such an endeavor (Ayalon & Rothermund, 2018). This is because the classification of young vs.

old people in society is unclear. Moreover, it is unclear what should constitute grounds for age-based inequality at the macro level. For instance, age differences in access to healthcare or workforce participation might be due to multiple factors other than chronological age (Ayalon & Rothermund, 2018). Hence, a clear indicator of ageism at the macro-level is not available at present. This is unfortunate, as such a tool could direct stakeholders' attention to changes that should be made to reach greater age-equality at the country level. It is important to note that measures of gender inequality at the country level have been used extensively to direct policies and public attention toward gender discrimination (Gaye et al., 2010).

Having adequate measures of ageism is a first step in tackling ageism. This is because measures of ageism can provide important information about the prevalence of ageism and its consequences. This is needed in order to generate action at the country and individual levels. Moreover, any intervention developed to address ageism must use some measure in order to assess its progress. If current measures are inadequate for capturing the phenomenon of ageism, the phenomenon is more elusive and our ability to target all three domains of ageism in different contexts is impaired.

What can we do to Live in a World for all Ages?

To live in a world for all ages, in which old age is no longer seen as a burden to society or oneself,

we need to change the way we think, feel, and act towards age and aging (Officer & de la Fuente-Núñez, 2018). This is not an easy task, as we live in a world in which age is used to categorize individuals arbitrarily and to differentially allocate opportunities, resources, services, and rights. A first step to combat ageism should be to acknowledge the fact that there is a great variability in old age, which is greater than in any other period of life (Burns et al., 2019; MacAulay et al., 2018). Once that variability is recognized, old age will not serve as the sole criterion and its arbitrary nature will be acknowledged. Under these circumstances, physicians will treat patients based on their medical conditions and physical needs, rather than their chronological age (Rollandi et al., 2019). Similarly, employment opportunities will not be restricted based on chronological age, but rather on people's skills and abilities (Sargeant, 2016).

There is a need to explicitly ban age discrimination. To date, age has been a major basis for legitimate and even desired forms of discrimination. In many countries around the world, people are expected to retire from work and give their skills, abilities, talents, and experience for free simply because they have reached old age (Solem, 2016). In some countries in Europe, people over a certain age are not allowed to rent a car, unrelated to their health, abilities, or skills. In certain countries, older adults are banned from rehabilitation services or implant services simply because of their age (Wyman et al., 2018). Practices that employ a rigid and arbitrary age criterion should be prohibited so that

age is no longer used as the sole criterion for the allocation of rights, goods, or services (Binstock, 2005; Deley et al., 2019).

To change behaviors, a very useful mechanism can be rules and regulations that prohibit age-based discrimination. Because ageism constitutes three dimensions, however, it is important to also target stereotypes and prejudices toward people due to their age. A recent systematic review and meta-analysis concludes that the two most effective strategies to reduce ageist attitudes are intergenerational contact and the provision of education about ageism (Burnes et al., 2019). Such efforts are already underway. For instance, there is a popular TV show that documents social interactions between older adults and four-year-olds in retirement communities (e.g., old people's home for four year-olds). Other intergenerational activities, such as college students who live in retirement communities or intergenerational home-sharing, also are available in many countries (Lee & Suh, 2016; Sánchez et al., 2011).

Educational efforts to inform the public about ageism and its detrimental effects might also prove useful. For instance, the AGE-Platform Europe Ageing Equal campaign includes testimonies and research from around the world to raise awareness of the topic of ageism.¹ Old School, the anti-ageism clearinghouse, is another platform, which provides research and educational information on ageism.² In support

of these efforts, a recent study demonstrates the effectiveness of a brief online educational program to reduce ageism (Lytle & Levy, 2017).

Nonetheless, there is still a need to develop a strong body of evidence on effective interventions to reduce ageism (Burnes et al., 2019). Specifically, there is limited information about the type of messages that are most effective in changing people's views regarding older adults at the public level. In addition, the majority of research to date comes from North America (Burnes et al., 2019). Given the socio-cultural nature of ageism (Wilińska, de Hontheim, & Anbäcken, 2018), it is important to develop interventions that are culturally appropriate to different settings and can be used at the public level, rather than in a small group format.

Acknowledging old age as a possible opportunity, rather than as a mere obstacle, is yet another important step we should all take to move away from a one-sided negative view of old age. Obviously, old age has its share of losses. Older adults are more likely to suffer from physical disability and medical illness and more likely to lose their spouse, family members, and friends (Baltes, 1995; Covinsky et al., 2003). At the same time, there also are advantages and opportunities that come with age. Older adults have a second, third, or even fourth opportunity to start a new career or a relationship (Koren, 2015; Merriam & Kee, 2014). Moreover, older adults have an opportunity to de-

1 <https://www.age-platform.eu/press-releases/ageing-equal-human-rights-do-not-diminish-age>

2 <https://oldschool.info/>

velop relationships with grandchildren and to possibly overcome sore relationships with children or parents (Di Gessa, Glaser, & Tinker, 2016). We are used to fearing old age and examining the passage of time with apprehension and despair (Nelson, 2016). However, we may benefit from readjusting our thinking about our aging experiences and the opportunities that aging could bring with it.

Old age also has a tremendous potential for society at large, not only for the individual (Gonzales, Matz-Costa, & Morrow-Howell, 2015). Specifically, some people can continue to have productive roles in the workforce until very late age. Older adults often are experienced workers who have time on their hands and are known to be highly reliable and devoted to their work. Moreover, society at large can capitalize on older adults' wisdom and experience and benefit from a lifelong perspective that allows for the dissemination and continuation of tradition and customs delivered from older to younger generations (Schniter, 2009). Older adults provide a comprehensive perspective, incorporating lifelong experiences and knowledge. Older adults also are known to exchange both material and non-material commodities with younger generations (Gurven & Schniter, 2010). Specifically, research has shown that the transfer of financial commodities is more likely to go from old to young, as the former often support their adult children for many years

after adolescence and early adulthood (Attias-Donfut, Ogg, & Wolff, 2005). Moreover, older adults also provide assistance in various tasks, such as grandparenting or housing, that are not necessarily financially quantified and yet have a tremendous value to society at large (Albertini, Kohli, & Vogel, 2007; Silverstein, 2007). Opportunities for intergenerational solidarity, however, do not go one-way. Older adults also allow for intergenerational exchange from young to old (Albertini, 2016). Such exchanges have the potential to create a more inclusive and compassionate society that encourages empathy and understanding towards others, even if they do not contribute in active and productive ways, as not all older adults (just like not all younger adults) can or wish to contribute.

Although some of the proposed steps seem like utopic unobtainable ideas at present, these are necessary first steps to a life in a world for all ages. In 2016, the World Health Organization received a mandate from 194 countries to combat ageism via global campaign to combat ageism (Officer & de la Fuente-Núñez, 2018). The global campaign is expected to last until 2031, with the understanding that it takes time to change the way we think, feel, and act toward age and aging. We are at the beginning of a new era. This will result in moving away from viewing one's chronological age as a barrier or burden so that people of all ages will be able to fulfill their full potential.

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