Confronting Ageism - Towards a Society for All Ages

by Delys Sargeant

In this United Nations International Year of Older Persons (1999) there has been considerable attention paid by organisations, including La Trobe University, to the issues considered significant in respect to ageing - by individuals and by populations in countries across the world. As most would know, but perhaps do not relate the statistics to ourselves, there is a substantial impending change in the population demographics across the whole world: there are going to be many people living very much longer, so that most great grandparents will still be alive for young children who turn ten in 2000!

Principles upheld by member states of the United Nations for the "elderly" in 1982, and now in this International Year of Older Persons, have been guiding the way this year has been observed across Australia and in other countries. One in four of the population will be over 65 years of age in 2020 - and there will be a community obligation to recognise that older people (over 50, over 60, over 65, opinions vary on what constitutes being "older") are more likely to experience well being, be educated, be resourceful, be contributing to and participating in society, be independent, experience self fulfilment and receive care, all with dignity. The following conditions will need to be recognized as basic to the above principles (bolded) being upheld by and for older people in our societies:

- Have vitality in mind, spirit and body;
- Maintain independence and interdependence;
- Recognise the diversity of older age.

The three circles of the IYOP logo symbolise these three major conditions of successful ageing.

As each of us grows and lives through a life spanning the years from birth to death (and this is more likely to be at an old age), we have different beliefs about being of an age and expectations of our future ageing. Sometimes the transitions from one age-stage to another are associated with rites of passage, such as the first visit of the tooth fairy, the first school bag, or the celebration of a girl's first menstrual period and initiation rites of the pubertal age boy - and death.

Age-defined transitions are usually more likely to be socially determined however, such as limits on school leaving age, eligibility for seniors' card or "old age" pension - or the nature of a mental health service, if a patient is over 65 years.

Transitions are usually associated with a high state of energy - they are transitions between two unlike phases of being. The movement from one state of being in human life usually involves the energy of loss of that from which one has passed, (there is the energy of retaining memories of that past: of the beliefs and attitudes developed during that phase being carried into the new) and the energy involved in entering the new phase realising expectations of the new and dealing with the reality of that new phase. In the case of growing older, most young people under 16 today will have had observations of many old people, yet the current cohort of old people may not have been so privileged when they were that age. For the current adult and mid-aged adults, there is a likelihood that the influence of the media and the markets (since the 1950's) will have produced strongly held negative attitudes towards older age through the focus on the youth culture and consumerism. Many of today's older people will also have learned that "being young is best, beautiful, brilliant and best to retain".

There is evidence of ageism being practised in most sectors of society and it has been entrenched through market economies persisting with views upheld since the early days of Australian colonisation that older people are non-contributors to society - are poor and therefore a cost-burden on communities.

We can define ageism as:

> when the age of a person is used to define them and either through words, gestures or actions imply that this makes the person less worthy, of less value.

The victim of this negative prejudice will experience an attempt to be discounted, ignored, treated with disdain and denied opportunity to be recognized as an individual with civic rights and responsibilities. The impact of ageism on the victim is to influence the type and quality of services they can access and to reduce their self-esteem and their participation in society.

Some of the common ageist stereotypes include:

- That older people, over 50s, 60s, 70s or 80 are homogenous in
- characteristics
- That older people are increasingly likely to be rigid, conservative, forgetful, dependent, boring, repetitive, smelly, unattractive, asexual, and will become frail, disabled, disengaged, inflexible in attitude, unlikely to learn new skills, use up scarce resources.

Many older people developed beliefs about old age which were based on these stereotypes when they were younger. Unless challenged or confronted by the negative outcomes of having internalised and now applying them to themselves, they are likely to collude with the negative stereotypes carried by younger people, the media, health service professionals and service providers in the general community about being older aged.

The United Nations 1999 International Year of Older Persons has provided a focus - a theatre in which ageism, shown through words, behaviours and practices which are based on negative stereotypes which, in turn, substantially prejudice the well-being of the 'victim' - the older aged person - needs to be actively confronted.

Although many of us may experience uncomfortable feelings about those we think are different from us, not all of us express these feelings in anti-social ways. Nevertheless, we still carry the feelings and unless we have challenged our own attitudes and beliefs, those feelings remain. These attitudes may be unwittingly or unconsciously revealed, by the language we use, by the gestures and body movements we show, and the behaviours we express. Most of us are now very alert to what are labelled as sexist and racist attitudes and behaviours and only too aware of the discomfort of being confronted by a sexist or racist remark by a colleague, a relative or even a friend!

Ageisms are often subtle and implicit rather than explicit. For example, patronizing gestures, such as being talked over or down; being addressed in a louder voice; unrequested physical assistance being given; being referred to in the third person while in the present; decisions being made on behalf of the older person without prior consultation; discriminatory behaviour (often quite subtle) towards older persons in the work place, notwithstanding anti-discrimination legislation (e.g. omission from in-service training programs, not being assigned to supervisory roles, 'forgotten' to be given dates and messages).

One of the major outcomes of the negative prejudice arising from stereotyping older people is that they - the victims of ageist stereotypes - are marginalized; are not 'included'; are homogenized (their differences, their diversities are not acknowledged; 'the 70 plus group' 'the 50-65ers). By being seen as so 'other', there is a substantial danger that the social norms which apply in a civic society will not be applied - either overtly or in a covert way.

The negative outcomes of stereotypes resulting in prejudice against older people are exacerbated when we consider gender and ethnicity and educational status of older people. As the Secretary General of the United Nations, Kofi Annan observed in February at an international meeting of non-government organisations on Ageing, a major omission of national organisations who are addressing age-related issues is that the status, conditions and circumstances of older women across the world has not received special attention.

In the 1860s in Australia, ageist stereotypes resulted in older people being marginalized into institutions, on the grounds that they were unproductive (as were people with intellectual disabilities or with mental illness). The evidence of the extensive contributions made by older people to the community has been estimated in studies such as that by the Institute of Family Studies, showing the substantial amount of direct financial assistance they provide adult children, to child care and in housing supports, plus direct home-care and personal attendance to disabled family members.

If ageist stereotypes are extended into government policies and services for older people and uphold that they need protection and are to be safe-guarded from risk, it is likely that older people will be encouraged to become child-like, experience less opportunity to be in control, make independent decisions or even have their own choice of having fun be respected. They are more likely to be restricted in choices, including opportunities to express their needs for intimacy and even be disgraceful! Further, in the hope that old age can be 'for ever delayed', that 'active ageing' policies be upheld by young policy makers promoting 'super oldies', then there is paradoxically a continued discrimination through negative ageisms.

The ageisms that are inherent in the basic training and further education of professionals engaged in services and health care of older persons, and in research into ageing, is clearly outlined in one of the best publications I have read on the subject, and I strongly recommend it to the reader who wishes to go further than this lecture is able to do. In Ageism & Nursing Practice in Australia, John Stevens and Jan Herbert clearly identify how the nursing profession is likely to have negative stereotypes about ageing reinforced. I consider members of my own professions of education and psychology, are likely to experience similar problems and the observations and conclusions drawn about the nursing profession by these two authors are equally likely to apply.

In fact, in leading sessions on sexuality and ageing for groups of home-care and personal attendants in a number of local governments, I have found substantial evidence of ageisms held by these workers. In over 25 such sessions, I have found little evidence that these staff had had opportunity to address their own reactions to ageing, or expectations of themselves 'being old'. In these sessions, the expectations of their sexuality when they themselves are very old was perceived to be the same as they observed for the disabled old-old in their care.

Confronting ageism is not always comfortable: many people do not believe they are being ageist, they see their stereotyping as 'the truth', the 'reality' - rather the same response as people who are confronted as being sexist or racist. Many of those who are advocates for change in the attitudes held about ageing by carers assume older people are not likely to hold ageist attitudes. That people are very diverse is shown when only a few older people need to be asked to find they hold stereotypes about ageing as do those who are younger.

Policies for health care services are more likely to focus on decrements, disabilities, physical decline and treatment, rather than on a health promotional, prevention approach. Such policies will generate practices, which will reinforce ageist stereotypes in workers

i.e. unattractiveness and 'unlike adult people' stereotypes of being old. Restraint and pharmacological management of behaviours will be preferred over individualistic, whole person care. The situation or context in which older people are 'living out' their lives has a powerful influence over their own experience of how well the five UN Principles apply to them. There still is a generalized perceived low status of health work with older aged people - among the major professions so engaged - nursing, physiotherapy and even in the medical profession. The political implications of services defined by chronological age (such as access to adult or aged care health care) usually requires that the patient has to cope with systems which are often different systems of care when they are least fit to do so. Access to further education and training ceases at the questionably arbitrary age of 65 years and there are no government policies to provide for access to life-long learning for older adult learners. Is this lack related to the ageist stereotype that older people can't learn new things, new skills; are losing their cognitive resources?

It is rare to have older people requested to be engaged in town planning, particularly of new developments in their area - yet their life experiences of what is compatible with the quality of their lives in urban planning and their present ambitions for the quality of their total habitat could well justify their inclusion and participation in society. Design of many aspects of the living environment, the 'made' habitat, is more likely to be appropriate to all ages if older age needs are core, rather than if the needs of young are the primary concern.

The advantages of confronting ageism are that the continuing psychological and social development of older people can continue in a more free and open way without the barriers of negative constraining and prejudicial beliefs about older ageing. It will also advantage more open exchange between older and younger people, and promote respect for the dignity and the inter-dependence of both young and old. Artificial barriers caused by the assumption of old and young being two completely unlike and different phases results in unnecessary tensions at the interface. There may even be an unfortunate development of competition for resources, - distrust and even hostility between polarized groups.

Recognition of the destructiveness of ageisms will enhance the realization of the IYOP aims of achieving a Society for All Ages, when people of all ages can be recognized for their own selves and not constrained by expectations held for them by their age.

The following references have been selected from a literature search on Ageist Attitudes and Counteracting Ageist Attitudes:

Ageist Attitudes

Council on the Ageing (Australia): Website: http://www.cota.org.au

BRAITHWAITE, Valerie, LYND-STEVENSON, Robert & PIGRAK Derek
'An Empirical Study of Ageism: From Polemics to Scientific Utility' in Australian Psychologist Volume 28, No. 1, 1993, pp. 9-15 In this survey of first year psychology students, the authors stress the need to distinguish between stereotypes and attitudes, although they acknowledge that this distinction contradicts current usage. They postulate that social attractiveness, not age, may be the key to understanding the process of selecting one person over another.

COULTHARD, Paul 'Caring for Older People' (Internet site)
The author is a nurse working on a Care of the Elderly Rehabilitation and Assessment Ward and maintains that a number of nurses see working with older people as boring, dull and routine, and not "proper nursing".

LE COUTEUR, D. G.; BANSAL, A. S. & PRICE, D. A.
' The Attitudes of Medical Students Towards Careers in Geriatric Medicine' in Australian Journal on Ageing Volume 16, No. 4, November 1997, pp.225-228 In a survey of fifth year medical students attending the University of Queensland, found that none were considering a career in geriatric medicine. While the reasons for this appeared to be numerous "..many of these concerns appear to be based on prejudice."

MINICHIELLO, Victor, BROWNING, Colette and ARONI, Rosalie
"The Challenge of the Study of Ageing" in Gerontology: A Multidisciplinary Approach edited by Victor Minichiello, Loris Alexander and Deidre Jones, Prentice Hall, 1995, pp. 1-4.Maintains that health professionals' knowledge and understanding of older patients is based on assumptions loaded with stigmatised perceptions of ageing. Staff in hospitals often raise their voices with older patients because they assume that, being older, they are probably hard of hearing and 'going a bit silly'.

Studies have consistently shown that younger people (including health science students) accept common stereotypes about older people and growing older (Beissner 1990, Luscz 1982, Palmore 1980 such as -

* Older people are all sick
* Most older people live in institutions
* Old age is a time of helplessness and hopelessness
* Older people behave like children
* Older people have little to offer to society
* All older people are depressed
* Older people live alone and are lonely
* Older people are all alike
* If we live long enough, we will all become senile

PHILLIPSON, Chris & WALKER Alan (Eds.)
Ageing and Social Policy: A Critical Assessment, Gower, 1990 Maintain that artificial dependency is fostered in both residential care and in community services. Older people tend to be treated as the passive recipients of services, which are decided by others. The term 'service delivery' reflects the relationship. There is a 'take it or leave it' approach to the provision of domiciliary services.

STEVENS, John & HERBERT, Jan
Ageism and Nursing Practice in Australia (Discussion Paper No. 3), Royal College of Nursing, Australia, 1997Maintains that there are many forms of ageism in nursing and nursing academia and that it takes the form of jokes, patronising gestures and the language nurses use when addressing and describing older people. Typical words which student nurses use to describe older people are smelly, dirty, silly, demented, boring and scary. Registered nurses tend to see working with older people as the least desirable career choice as it attracts a lower status and is not technically orientated. It has been found that older people, who are heavily dependent and whose health problems stimulate little medical interest, were avoided by nurses and doctors.

Counteracting Ageist Attitudes

FISHER, Bradley I. & PETERSON, Constance
'She Won't Be Dancing Much Anyway: A Study of Surgeons, Surgical Nurses, and Elderly Patients' in Qualitative Health Research Volume 3, No.2, May 1993, pp. 165-183 Found that surgeons' ultimate control and unquestioned authority during surgery, when combined with depersonalisation of clients'

created situations in which the quality of care was compromised. Recommended establishing the surgeons as positive role models, specialised training for those working with older patients and shared governance of the operating room.

GETHING, Lindsay
'Ageism and Health Care: The Challenge for the Future' in Australian Journal on Ageing Volume 18, No. I February 1999, pp. 2-3Presents a framework for preparing and organising in-service education for health care workers, to optimise service provision for
older Australians and redress ageism. Courses must:

- Provide information that dispels stereotypes.
- Provide information about healthy ageing so practitioners can differentiate between healthy ageing and pathological conditions.
- Incorporate role modelling by academic staff, to convey a positive approach towards working with older people.
- Include a central course on ageing and reinforce ageing issues in other areas of the curriculum.
- Portray older people as complex human beings whose well-being is influenced by social, psychological, spiritual and physical factors.