BIOLOGY, FRUIT FLIES, AND HUMANS: CAN EXTENDED LONGEVITY STRETCH FROM ONE TO THE OTHER?

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As most readers of The Gerontologist know, ageism is a kind of prejudice like racism and sexism. But ageism is different from the other two “isms” in two important ways: it is the only one to which we all are, or will become, vulnerable (if we live long enough), and yet most people have never heard of it or are only vaguely aware of it. These two differences are what make the field so exciting: on the one hand, everyone has a personal stake in understanding and overcoming ageism, but on the other hand, it is a relatively young and uncharted field of research and practice.

Yet the publication of Ageism: Stereotyping and Prejudice Against Older Persons, edited by Todd D. Nelson, shows that the field of ageism is “coming of age.” It is a sign of maturity that 25 experts could write 11 scholarly chapters with over a thousand references on the subject. It may be true that a search of a PsycINFO database yields only about one tenth as many articles on ageism as on racism (p. ix). But this is much more than would have been found a decade ago—and there would not have been any found 35 years ago, before Butler (1969) coined the term.

To be sure, this is not the first book on ageism; there have been a number of previous monographs (e.g., Bytheway, 1995; Levin & Levin, 1980; Palmore, 1990, 1999). But this is the first to assemble a panel of experts from “several different perspectives (gerontology, communication, psychology)” to “present the latest theoretical and empirical advances in our understanding of the causes and effects of ageism” (p. xiii). Another sign that ageism is “coming of age” is that the first Concise Encyclopedia of Ageism will be published soon (Palmore, Harris, & Branch, in press).

Nelson’s new compendium is probably the best review and reference source to date for theory and research on ageism in the areas it covers—mainly psychology, social psychology, sociology, and communication. One of its primary weaknesses, however, is that it neglects several other important aspects of ageism, such as economics, public policy, legislation, geriatrics, social work, psychiatry, and religion. But no single book could cover all these areas without becoming a much bigger volume, such as an encyclopedia.

What Is Ageism?

One of the lingering problems in this field, and one reflected in this book, is the problem of defining ageism. The definitions in this volume range from those with one component to those with eight:

- A one-part definition is reflected in the subtitle of this book, “Stereotyping and Prejudice Against Older Persons.” Another two-part definition, which recognizes discrimination, is “negative attitudes and behaviors toward the elderly” (p. 28) or “prejudice and discrimination against older people” (p. 340).
- A three-part definition uses the traditional three components of attitudes: (1) an affective component such as feelings one has toward older individuals; (2) a cognitive component such as beliefs or stereotypes about older people; and (3) a behavioral component such as discrimination against older people (p. 131).
- A four-part definition includes the above three components, but distinguishes between personal and institutional discrimination (p. 340).
- The eight-part definition arises when it is recognized that all four of the above components can be negative or positive toward elders (p. 340; see also Palmore, 1999).

Then there is the implicit problem of separating objective definitions and measures of ageism from evaluative judgements as to whether a given form of differential treatment is good or bad, justified or not (p. 202). In the area of cognition, ageism clearly refers to those beliefs that are empirically false. But who is to say whether a given age-differentiated behavior or policy is good or bad? The concept of ageism has an evaluative connotation that all ageist behaviors are bad.

Is the Social Security System ageist (and bad) because it differentiates between younger and older retired persons? This is similar to the debate as to whether affirmative action is “reverse racism.” I have suggested that the taint of ageism could be removed from the Social Security System by replacing the age requirement with a years-employed criterion (Palmore, 1999).

Similarly, are all negative jokes about old people ageist, or are they just good humor or harmless ways of coping with our anxieties about growing older? In the area of racism and sexism, negative jokes about African Americans and about women are considered “politically incorrect” and are not usually told anymore in polite company. But negative jokes about old people are still told in polite company and are the mainstay of the birthday card industry (p. ix). I have included “I was told a joke that pokes fun at old people” and “I was sent a birthday card that pokes fun at old people” as items in my “Ageism Survey” (Palmore, 2001) and I find that they are the most frequently reported items. But many elders who fill out the survey object that these are not really examples of ageism. The Nelson book does not answer the question of why there is this kind of difference in the social acceptability of racism, sexism, and ageism.
**Strengths**

One of the main strengths of this volume is its organization into three sections dealing with the most important aspects of ageism—its origins, its effects, and how to reduce it. However, the materials in the sections often overlap the supposed organizational boundaries: There is a lot about origins in the sections on effects and reduction, and there is a lot about effects in the other two sections, and so forth. But this may be inevitable in a volume with so many contributors.

Another strength is the description and review of how various social-psychological concepts have been applied to ageism. Here is a list of my favorites (in alphabetical order):

- **Baby Talk.** This is a type of speech characterized by special words (such as “choo choo”), high pitch, and exaggerated intonation (p. 213). It is normally used with infants and young children, but is often used with elders from caregivers. It is usually perceived as patronizing because it implies that the elder is as dependent as a baby is.
- **Compassionate Ageism.** This term, coined by Bin-Stock (1983), describes the tendency for younger people to “view older people as being needier or more disadvantaged” than they actually are (p. 347).
- **Elderspeak.** This is related to baby talk, but is characterized not only by high pitch, but also by reduced complexity and slow rate of speaking. It is based on the ageist assumption that elders cannot understand normally complex and rapid speech.
- **Gerontophobia.** This is an extreme form of ageism in which there is “fear of and devaluation of older adults because they remind people of their vulnerability and mortality” (p. 103). This is similar to “Terror Management Theory” (see below).
- **Illusory Correlation Effects.** This occurs when those actor-behavior pairs that draw the most attention, either because of novelty or salience to the perceiver (p.102), influence perceptions of correlations between particular people and their behaviors.
- **Implicit (or Unconscious) Ageism.** This is “thoughts about the attributes and behaviors of the elderly that exist and operate without conscious awareness, intention, or control” (p. 51). These thoughts are revealed by two methodologies: the Implicit Association Test (IAT) and priming. The IAT relies on a response latency indicator obtained in the pairing of the attitude object (such as old or young) with an evaluative dimension (such as good or bad). The speed at which one pairing is completed compared to the opposite one is interpreted as a measure of the strength of the attitude. The priming technique uses subliminal age priming, which is reflected in speed of response or other behaviors.
- **Learned Helplessness.** This is an effect of treating the older person as dependent and helpless, regardless of whether that treatment is necessary. This is also called self-induced dependence (p. 289).
- **Negative Halo Effects.** This occurs when those who are perceived as unattractive (elders) are also expected to possess negative traits and abilities (p. 94).
- **Overgeneralization Effects.** This occurs when “people with particular physical characteristics are perceived to have particular traits because their appearance resembles that of others who do possess those traits” (p. 97). Two examples are “emotion-overgeneralization,” in which older adults’ faces are perceived to be sadder than those of younger adults, and “babyish-overgeneralization,” in which perceptions of babies are overgeneralized to adults whose appearance in some way resembles that of babies.
- **Social Identity Theory.** This theory asserts that ageism among younger persons is caused by their attempts to maintain a positive self-image by devaluing older people (p. 148).
- **Social Affordances.** This theory states that people’s appearances reveal their opportunities for acting or interacting. For example, children may learn that old people with wrinkles will not interact with them as readily as younger people.
- **Social Role Perspective.** This theory asserts that “beliefs about older adults are linked to the roles they are perceived to occupy” (p. 138), such as being retired and therefore less active and engaged with life.
- **Terror Management.** This theory states that “ageism may result from the tendency for the elderly to arouse thoughts of death in others” (p. 37). In order to defend against these thoughts, younger people may avoid older people, or psychologically distance themselves from elders, or enhance self-esteem by derogating the elderly, etc.

One of the most useful things in this book is Table 4.1, which summarizes in one handy table “Studies Examining Children’s Age Attitudes” (pp. 84–86).

**Weaknesses**

I hate to criticize such a useful and important book, but I suppose a reviewer has not done a complete job unless he or she points out some of a book’s weaknesses. I have already pointed out that there are several aspects of ageism not dealt with. A few other weaknesses are:

- There is considerable duplication and overlapping among different chapters.
- Nursing homes are criticized for being “total institutions” that deprive residents of their individuality and freedom, and foster dependent behavior. However, this may be almost a necessary aspect of an efficiently run nursing home with meager resources—rather than a result of ageism.
- The classic monographs on ageism are rarely referred to. One wonders if the writers are ignorant of these pioneering works.
- Some statements and assumptions are made that appear to be unintentionally ageist. For example, “most older people should be depressed rather than happy” (p. 268).
Most entries deal only with negative ageism and neglect the huge problems caused by positive ageism such as the Social Security System, Medicare, senior centers, and other programs restricted to older people.

Sometimes psychological jargon obscures the meaning and discussion of some concepts, such as "identity assimilation" versus "identity accommodation" (pp. 253ff).

Where Do We Go From Here?

Nelson’s volume overtly and implicitly indicates several areas where more (or at least some) research is needed:

- The assumed connections between attitudes and behavior are often tenuous and untested. Do negative stereotypes actually cause discrimination against elders in the real world? Only one study is reported that investigated children’s actual behavior toward older and younger adults (p. 87).

- How can we measure or prove discrimination? Just asking people if they discriminate against elders may be as unfruitful as asking people if they discriminate against African Americans or women. On the other hand, perhaps some ageism (such as jokes and cards) is so acceptable that many people would admit to it if asked. This has never been tried as far as I know.

- How much ageism do older people perceive? And which elders are more vulnerable to ageism—or at least report more ageism? The “Ageism Survey,” which was published after this book was written, is one attempt to do this (Palmore, 2001).

- How can we test the most effective ways to reduce ageism? Do we need controlled “clinical trials” with random assignment to experimental and control groups (not to mention “double-blinded” trials)? If ageism is really a kind of “social disease,” perhaps such clinical trials are appropriate.

In summary, this is an important book for at least three reasons. It marks the “coming of age” of theory and research on ageism. It is a good summary of the latest theories and research in many aspects of ageism. And it indicates, “where we need to go from here.”

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References