Centre for Ageing Better

# Exploring representations of old age and ageing

Literature review

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# About us

## Centre for Ageing Better

The UK's population is undergoing a massive age shift. In less than 20 years, one in four people will be over 65.

The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities.

We are a charitable foundation, funded by The National Lottery Community Fund, and part of the Government's What Works Network.

# Contents


Introduction **02**

1: Understanding who is ‘old’ **05**

2: Common traits, characteristics and expectations regarding older people and ageing **08**

3: Focus on work, health and social care and other life domains **17**

4: Age as a social identity **21**

5: Intersectional identities **24**

6: Language and communication **27**

7: Age and ageing in policy **29**

8: Age and ageing in the media **31**

9: Values and social norms **36**

10: Research tools for measuring attitudes to age and age stereotypes **39**

Pathways to change **41**

Conclusion **43**

Appendix 1. Method **44**

Appendix 2 **46**

References **49**

## Introduction

# Literature review: Exploring representations of old age and ageing

The world population is ageing. Driven by decreasing fertility and increasing longevity, people aged 65 and over are now the fastest growing age group globally. United Nations projections suggest that 25% of people in Europe and North America could be 65 or over by 2050, and the number of people aged 80 or over is set to triple between 2019 and 2050. In the UK, the average age of the population breached 40 for the first time in 2014, and nearly one in seven people are expected to be aged 75 or over by 2040 (Government Office for Science, 2016). This level of demographic change presents significant socio-economic challenges, but also opportunities (OECD, 2019). In response, the World Health Organization launched a global strategy and action plan to promote healthy ageing (WHO, 2017), and the United Nations and European Commission have launched an 'Active Ageing Index' to understand and monitor national progress in supporting quality of life and active participation of older adults (UNECE/European Commission, 2018). In the UK, the government identified the ageing population as one of its four 'Grand Challenges' in its Industrial Strategy, and launched funding for a healthy ageing programme to address this challenge and encourage business initiatives and innovation in products and services (Gov.UK, 2018).

As population ageing and our response to it progresses, it becomes increasingly important that we understand barriers to people experiencing a good later life. The World Health Organization's (WHO) global strategy to promote healthy ageing recognises that ageism needs to be addressed, and our attitudes towards ageing need to be challenged, to enable older adults' full participation (WHO, 2017). Ageism describes discriminatory behaviours against people because of their age, the stereotypes and prejudices held about people on the grounds of their age (Ray, Sharp & Abrams, 2006), as well as negative attitudes regarding the ageing process (Butler, 1969). Within the UK, age discrimination is defined as when people are treated differently because of their age in contexts such as the workplace or when using public services. This could be direct, such as an older person not

being hired because they are believed to be too old to do the job, or indirect, in which older people are disadvantaged by a policy or way of working, such as a requirement to have a post-graduate degree for promotion when older people are less likely to hold such qualifications (EHRC, 2019).

Surveys conducted in the UK since 2004 have consistently shown that one third of people report experiencing age prejudice or discrimination on the grounds of their age (Abrams, Eilola & Swift, 2009; Abrams, Russell, Vauclair & Swift, 2011; Abrams, Swift & Houston, 2018). Many of these experiences are underpinned by stereotypes held about older people and out-dated attitudes about the ageing process, which have become more negative. For instance, research suggest that media portrayals of older people have become increasingly negative, tending to represent older people as frail, dependent and in decline (Ng, Allore, Trentalange, Monin & Levy, 2015; Bugental & Hehman, 2007). Negative old-age stereotypes can not only influence how people are treated by others via discriminatory practices, but also affect how people view themselves and how they feel about their own ageing.

Research conducted in psychology has shown that embodiment (internalisation) of these stereotypes and the threat they can pose to our identity (stereotype threat) mean that older people can start to perform in line with age stereotypes contributing to their self-fulfilling nature. In addition, exposure to negative age stereotypes has been associated with worse health outcomes (Levy, 2009), including a reduction in longevity (Levy, Slade, Kunkel & Kasl, 2002) and increased risk of dementia (Levy, Ferrucci, Zonderman, Salde, Troncoso & Resnick, 2016). Along with age discrimination in society, ageism directed towards the self may discourage older people from embracing the behaviours and opportunities that would enable them to fully participate in society (Swift, Abrams, Lamont, & Drury, 2017). It is through these processes that ageism presents a significant barrier to capitalising on the opportunities offered by an ageing population (e.g., Levy, 2009; Cuddy, Fiske, & Glick, 2007; Gov.UK, 2018).

However, notions of age, such as when someone is perceived to be ‘too old’, or understanding what is expected in old age, are to some extent socially constructed. For instance, perceptions of when someone becomes old can vary according to one’s own age, but also according to context. They can be shaped by our experiences, interactions, what we see around us and what role models we are exposed to (e.g. Swift, Abrams, & Lamont, in press; Ayalon, Doron, Bodner, & Inbar 2014). Therefore, to challenge ageism we need to rethink the way we represent ageing and older people in order to change the way we think and feel about our own ageing and the way we think, feel and behave towards older people.

Yet, to date, there has been little analysis of how ageism permeates our everyday lives through representations of age or ageing in the media, social

media or in policy. To understand these issues, this report summarises the key findings from a semi-systematic review of research and policy documents to shed light on how society thinks and feels about ageing and older people. While we recognise that ageism can be experienced by anyone at any age, this report focuses specifically on representations of age, ageing and older people, and on language and framing used around ageing. The research is summarised into ten key areas:

1) Understanding who is 'old'
2) Common traits, characteristics and expectations regarding older people and ageing
3) Focus on work, health and social care and other life domains
4) Age as a social identity
5) Intersectional identities
6) Language and communication
7) Age and ageing in policy
8) Age and ageing in the media
9) Values and social norms
10) Research tools for measuring attitudes to age and age stereotypes

Section 1

# Understanding who is ‘old’

Our understanding of age and ageing is socially constructed, and encapsulated in commonly-held age stereotypes, internal representations of what younger and older people are and should be (eg. Taylor & Earl, 2015; Loretto, 2010). Understanding when people are categorized as belonging to the old age group is important because it is through this categorization process that people become at risk of being viewed through the lens of age stereotypes, and consequently at risk of experiencing prejudice and discrimination. Data collected in 2007/8, and more recently in 2018, reveals that there exists both individual and country level variation between perceptions of when someone becomes an ‘older person’, and, these perceptions change over time. In 2008/9 UK data from the European Social Survey revealed (with respondents aged 16-100), on average, old age to begin at 59 (with 60 being modal value), in 2018 IPSOS data (with respondents aged 16-64) revealed that on average, old age is perceived to begin at 68 (Swift, Abrams, & Lamont, in press, See Table 2).

**Table 2. Age at Which People are Considered as Old by Country.**

| Country | ESS data 2008/9 (average for respondents aged 16 to 100) | IPSOS data 2018 (average for respondents aged 16-64) |
|---|---|---|
| Belgium | 64 | 70 |
| Czech Republic | 60 | 65 |
| France | 63 | 69 |
| United Kingdom | 59 | 68 |
| Germany | 62 | 62 |
| Hungary | 61 | 65 |
| Poland | 64 | 65 |
| Romania | 62 | 64 |
| Spain | 62 | 74 |
| Sweden | 62 | 66 |
| Turkey | 55 | 65 |
| Average | 61 | 67 |

Note. Swift, Abrams, & Lamont, (in press)

This comparison suggests that perceptions of when old age begins may be changing. Although this change cannot be tested empirically with these data, analysis of the 2007/8 ESS revealed that perceptions of the onset of old age vary according to respondents own chronological age, but also the age group respondents feel they belong to, their gender and other circumstances (Abrams, et al., 2011; Ayalon et al., 2014; Basleven, 2010). For instance, perceptions of the onset of old age increase with respondents' age and for respondents who self-categorised themselves as belonging to a younger age group (relative to those who are the same chronological age) (Basleven, 2010). Women perceived the onset of old age to be later than men did, while higher levels of education, better subjective health, higher life satisfaction and sharing a residence with a spouse or partner were all associated with perceiving old age to be later (Ayalon et al. 2014). Ayalon et al. (2014) also examined how contextual factors, such as country-level differences are

associated with the perceived onset of old age. Respondents in countries with higher average levels of education and higher levels of inequality, were more likely to perceive old age to be later. Official retirement age, fertility rates and life-expectancy were not associated with perceived old age.

Section 2

# Common traits, characteristics and expectations regarding older people and ageing

Societal representations of older people are captured in commonly-held stereotypes. Stereotypes of older people contain both positive and negative characteristics, but negative perceptions tend to dominate (Swift, et al., 2017; Posthuma & Campion, 2009), and have become more prevalent (Ng et al., 2015). For instance, one study explored US print media from 1810 to 2009, analysing the words that co-occurred most often with synonyms for elderly, and found that stereotypes of older people had become increasingly negative over that period. The authors consider this to be due to the increased medicalisation of ageing, a tendency to associate older people with ill health and illness (Ng et al. 2015; See Figure 1.). However, it is interesting to note that this shift also mirrors increases in life expectancy, (see Figure 2) although the relationship has not been statistically tested.

**Figure 1. Increasing negativity of older age stereotypes from 1810 to 2009, with best-fit line and 95% confidence limits for each decade. The horizontal line represents the neutral point in the Age-Stereotype Index, with scores lower than three (before 1880) indicating average positive-age-stereotype scores and scores greater than three (after 1880) indicating average negative-age-stereotypes scores (Ng et al., 2015).**

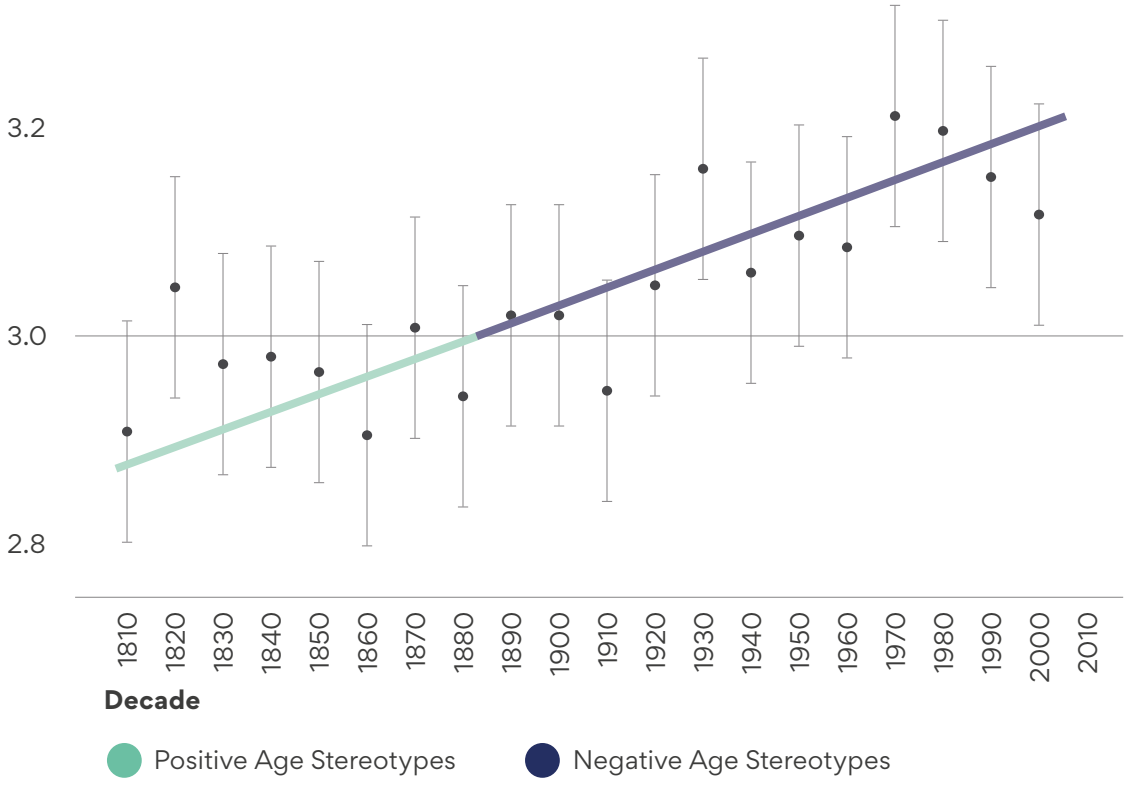
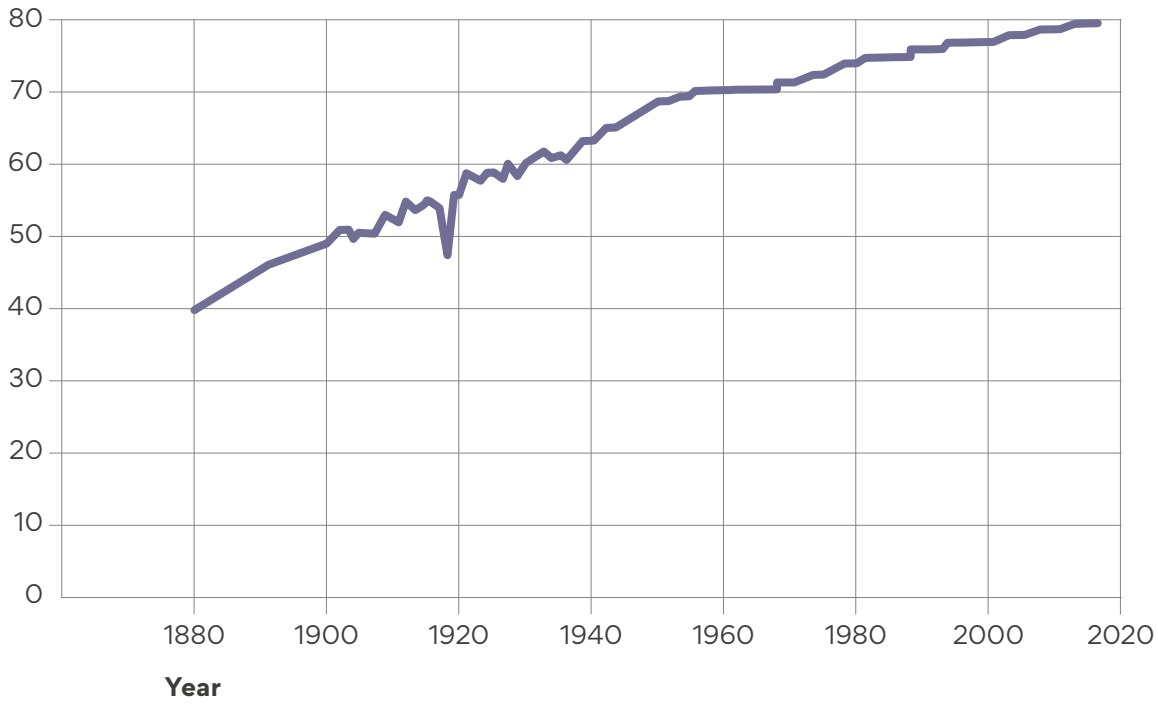


**Figure 2. Life expectancy in the United States, 1860 to 2020. Data from Clio-Infra estimates until 1949; UN Population Division from 1950 to 2015. (Roser, M, 2019)**




The literature explores different types of stereotypes. Descriptive stereotypes represent what we think older people are typically like. Positive descriptive stereotypes of older people include politeness, ability to settle arguments, and ability to understand others (Abrams, Swift, & Drury, 2016). Negative descriptive stereotypes of older people include being less attractive and physically able (Kite, Stockdale, Whitley & Johnson, 2005). See Table 3 for a list of common positive stereotypes of older people, and Table 4 for a list of common negative stereotypes of older people obtained from the literature.

**Table 3. Positive Stereotypes Associated with Older People.**

| | |
|---|---|
| Able to get along with people | Less likely to miss work |
| Able to manage people | Likeable |
| Able to use a library | Loyal |
| Academically skilled | Make good financial decisions |
| Accepting | Moral |
| Active in the community | Neat |
| Calm | Polite |
| Careful | Pride in their work |
| Cheerful | Reliable |
| Committed to the job | Sage |
| Complain effectively | Settle arguments |
| Dependable | Sincere |
| Experienced | Solving crosswords |
| Friendly | Spry |
| Generous | Stable |
| Good-natured | Traditional |
| Good story-tellers | Trustworthy |
| Happy | Understand others |
| Have a healthy diet | Warm |
| Helpful | Willing to take direction |
| Honest | Wise |
| Intelligent | Work ethic |
| Kind | |

Source: Abrams, Swift, & Drury, 2016; Abrams, Swift, Lamont, & Drury, 2015, Bai, 2014; Bugental & Hehman, 2007; Chrisler, Barney, & Palatino, 2016; Cuddy et al., 2005; Harper, Khan, Saxena, & Leeson, 2010; Kesby, 2017; Kite et al., 2005; Kydd & Fleming, 2015; Levy, 2009; Levy & Macdonald, 2016; Loretto, 2010; Marcus, Fritzsche, Le, & Reeves, 2016; Milner, van Norman, & Milner, 2012; Montepare, Kempler, & McLaughlin-Volpe, 2014; Nelson, 2005; Ng & Feldman, 2012; Nussbaum, Pitts, Huber, Raup Kriger, & Ohs, 2005; Posthuma & Campion, 2009; Rozanova, 2010; Swift et al., 2017; Taylor & Earl, 2015; Walker, 2008.

**Table 4. Negative Stereotypes Associated with Older People.**

| | |
|---|---|
| Asexual | Lonely |
| Boring | Low energy |
| Bothersome | Mentally inflexible |
| Cautious | Mentally slower |
| Costly to employ | Needy |
| Declining physical and cognitive health | Passive |
| Dependent | Physically weak |
| Depressed | Poor adaptability |
| Depressing | Poor health |
| Difficult | Poor IT skills |
| Disabled | Poor performance |
| Easily confused | Religious |
| Feeble | Resistant to change |
| Forgetful | Rigid |
| Forgettable | Sad |
| Frail | Senile |
| Frustrating | Shorter job tenure |
| Grumpy | Sickly |
| Ill | Slow |
| Ill-natured | Slow learners |
| Inactive | Socially isolated |
| Incompetent | Ugly |
| Inflexible | Unable to learn new skills |
| Irritable | Unattractive |
| Less engaged | Unimaginative |
| Less motivated | Unproductive |
| Less trusting | Weak |
| Less willing to change | Worried |

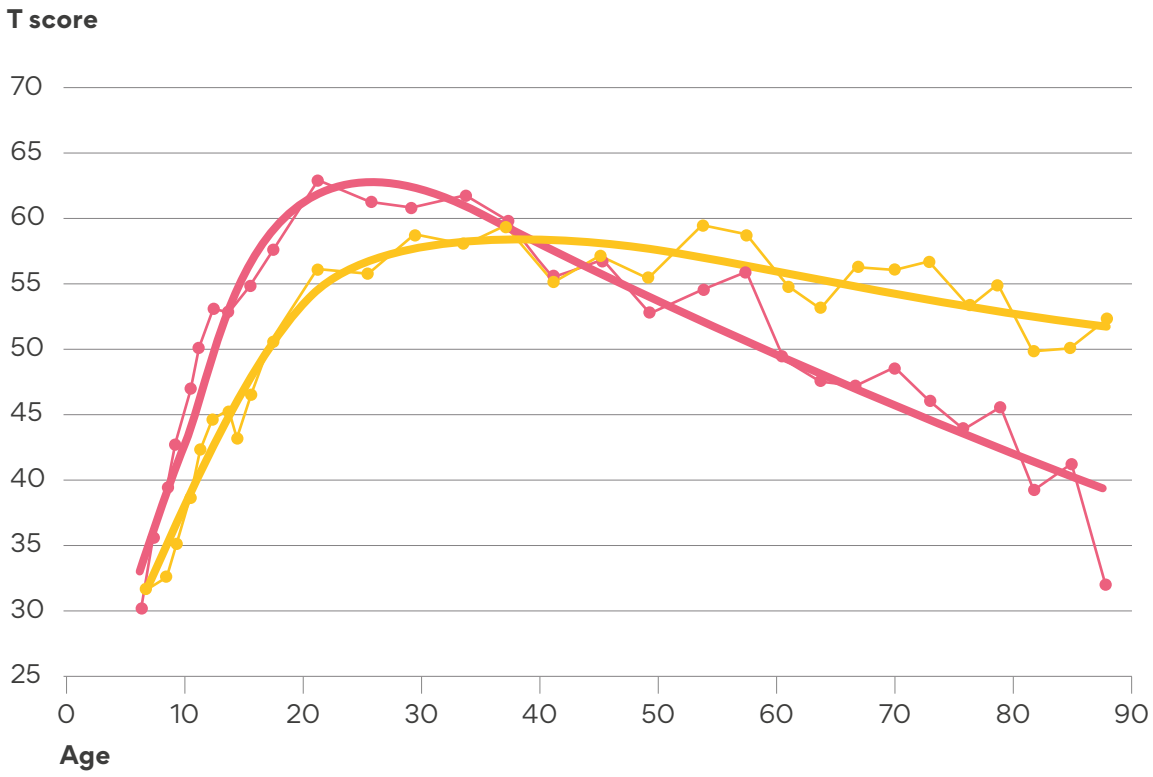
Source: Abrams, Swift, & Drury, 2016; Abrams et al., 2015, Bai, 2014; Bugental & Hehman, 2007; Chrisler et al., 2016; Cuddy et al., 2005; Harper et al., 2010; Kesby, 2017; Kite et al., 2005; Kydd & Fleming, 2015; Levy, 2009; Levy & Macdonald, 2016; Loretto, 2010; Marcus et al., 2016; Milner et al., 2012; Montepare et al., 2014; Nelson, 2005; Ng & Feldman, 2012; Nussbaum et al., 2005; Posthuma & Campion, 2009; Rozanova, 2010; Swift et al., 2017; Taylor & Earl, 2015; Walker, 2008.

Many of the negative and positive descriptive traits and characteristics of people can be summarized along two dimensions of perceived competence (i.e. how well people function cognitively and physically) and warmth (i.e. friendliness), which are captured within the Stereotype Content Model (SCM)(Fiske et al., 1999). The SCM is supported by over 14 years of national and international research (Eg. Fiske et al., 2002; Cuddy, Norton, & Fiske, 2005). It proposes that older people are consistently positioned as high in warmth but low in competence, resulting in the dominant characterisation of older people as 'doddery but dear' (Cuddy, Norton & Fiske, 2005).

Prescriptive age stereotypes define what we think older people should and should not do: that older people should pass on power to younger people (succession), not consume too many shared resources (consumption), and not engage in activities more associated with younger people (identity) (North & Fiske, 2013a). Research conducted in the US suggests that when older people behave in line with these prescriptive age stereotypes, for example by retiring and downsizing, they are rewarded and viewed more favourably. When older people violate prescriptive stereotypes, for example by working beyond traditional retirement age or by behaving in ways seen to be 'young', they can experience backlash and face criticism and censure (North & Fiske, 2013a). This backlash has been associated with hostile forms of ageism, such as social exclusion, particularly in times of resource scarcity and demonstrates clearly the power of prescriptive stereotypes to influence behaviour and the experiences of older people (North & Fiske, 2013a; North & Fiske, 2016).

It is important to note that some stereotypes of older people can also be seen as possessing a kernel of truth, although it doesn't tell the whole truth. A general decline in fluid intelligence as we age, or the ability to solve novel problems, is exaggerated in stereotypes of older people being poor performers and unable to learn new skills; similarly, the comparatively greater retention of crystallised intelligence, or the ability to use existing knowledge and skills, is associated with older people being perceived as more knowledgeable and wise (Big Window, 2017; See Figure 3). Visible from Figure 3, is that decline in fluid intelligence actually happens much earlier in life than most anticipate, therefore, despite the truth that there is some decline, the gradual nature of the decline and the age it starts is not accurately reflected in age stereotypes. In addition, there is much greater variation in fluid and crystallized ability in later years. It is important to note that age stereotypes in line with biological ageing processes, such as a decline in physical and cognitive abilities, are more likely to be endorsed across different cultures, and so may represent perceptions of older people that are more entrenched and difficult to shift (Lockenhoff et al., 2009; The Big Window, 2017).

**Figure 3. Crystallized and fluid intelligence ability by age. T-scores are standardised scores that facilitate the interpretation and allow for comparison between different measures (Voelkle & Lindenberger, 2014; adapted from Li et al., 2004)**




Previous research has identified both positive and negative stereotypic old-age identities prevalent in US society, presenting subgroups of older people. Negative stereotypic identities of 'severely impaired', 'despondent', 'recluse' and 'shrew/curmudgeon' embody negative old-age stereotypes of decline, social exclusion and sadness; positive stereotypic identities of 'golden ager', 'perfect grandparent' and 'John Wayne conservative' draw on positive old-age stereotypes of high-warmth, tradition and wisdom, and also a more modern identity of positive ageing (Hummert, Gartska, Shaner, & Strahm, 1994). The terms used to describe older people are also associated with differing levels of competence stereotypes, so that 'older person' and 'older adult' are associated with higher perceived competence than 'senior' and 'elder' (Sweetland, Volmert, & O'Neil, 2017).

### The impact of age stereotypes

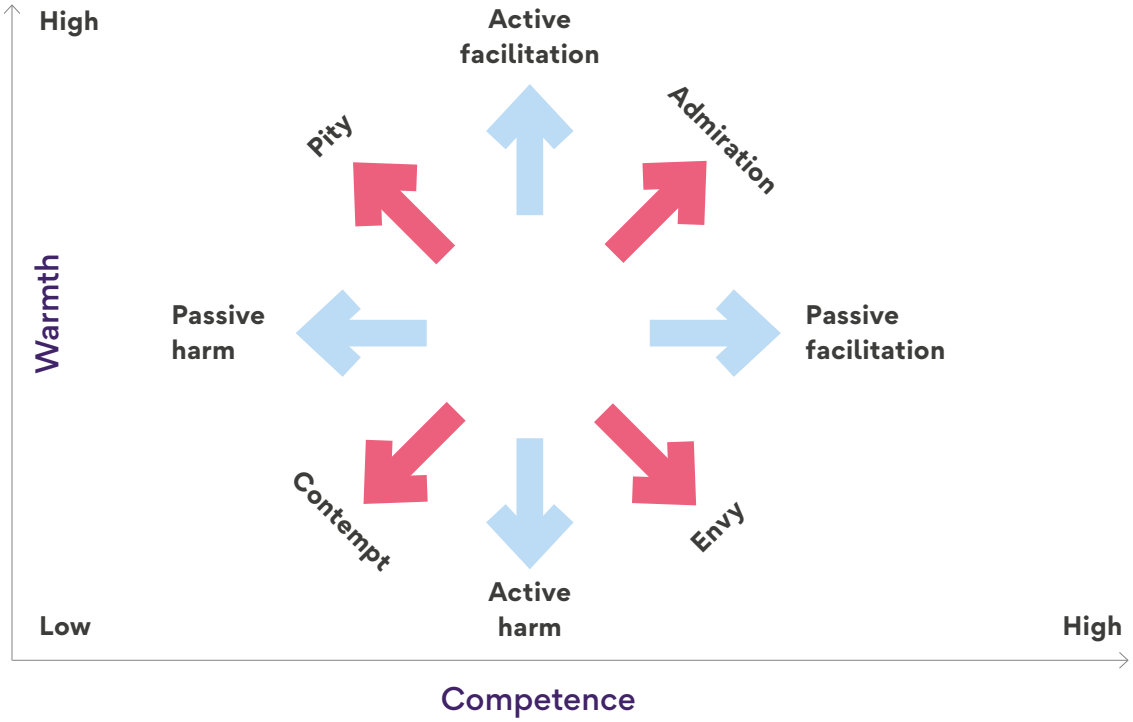
Research conducted in the UK and US has shown that age stereotypes can impact on how older people view themselves, their capabilities, and the tasks they engage with, so that they become self-fulfilling prophecies (Ng &

Feldman, 2012; Swift et al. 2017). As we internalise the old-age stereotypes prevalent in society, and they become increasingly self-relevant as we age, we can start to embody them (Levy, 2009). This is known as stereotype embodiment. This can be beneficial, as belief in positive old age stereotypes has been associated with better physical health, functional ability and increased longevity (Ng, Allore, Monin, & Levy, 2016). However, stereotype embodiment can also be detrimental and belief in negative stereotypes can impair health, ability, and life expectancy, and increase loneliness (Levy, 2009; Ng et al., 2016; Marques, Swift, Vauclair, Lima, Bratt, & Abrams, 2015; Pikhartova, Bowling, & Victor, 2016).

Similarly, what we think other people think about older people (meta-perceptions) can influence self-perceptions, so that older people perceive higher levels of age discrimination if they believe that older people are generally believed to be low in status, pitied and negatively stereotyped (Vauclair, Lima, Abrams, Swift, & Bratt, 2016).

Age stereotypes also impact on how older people are viewed by others, for example older voices are perceived as less powerful but wiser than younger voices (Montepare et al., 2014), and also might impact on how others behave towards them. For instance, groups perceived to be high in warmth but low in competence, such as older people, elicit feelings of pity and encourage helping behaviours, but also passively harming behaviours such as neglect and exclusion (Cuddy et al., 2007; Cuddy et al., 2005). Helping behaviours can be categorised as benevolent ageism, with older people spoken to in an overly patronising manner, dominated by others in decision-making contexts, and treated as though they are less intelligent and capable than others; harming behaviours can be categorised as hostile ageism, encouraging social exclusion and elder mistreatment (e.g., Bugental & Hehman, 2007; Abrams et al, 2015; see Figure 4.). Overall, societal attitudes to older people have been described as 'benign indifference', where there are higher levels of benevolent, indirect age discrimination than direct, hostile ageism (Abrams et al., 2015). This is observed in European Social Survey data, where more people reported that someone showed them a lack of respect due to their age (41.5%), than being treated badly (e.g. insulted or abused) due to their age (23%) (Abrams, et al. 2011).

**Figure 4. Representation of the emotions and behaviours elicited from competence and warmth stereotypes. Emotions are represented by red arrows. Behaviours are represented by blue arrows. Cuddy et al., (2007).**




The internalisation of age stereotypes, concern about conforming to them, and age discrimination can also act as a barrier to wider societal change. For instance, the embodiment of prevailing negative age stereotypes may act as a barrier to older people engaging with the more positive representations of old age in active ageing policies (Swift et al., 2017). The internal representations of age and ageing in stereotypes help define how older people view themselves and interact with the world, how older people are treated, and have the potential to both enable and impede policies driving more positive representations of age and ageing, as we describe in the following sections of this review.

Section 3

# Focus on work, health and social care and other life domains

### Work

Socio-economic pressures to prolong working life and economic productivity means that the workplace has become a rich area of research into representations of older people. Within the UK, although it holds more positive views of older workers than other developed countries, stereotypes of older workers still tend to be more negative than positive (Harper et al., 2010; Posthuma & Campion, 2009; Swift et al., 2017). There are positive stereotypes of older workers being more dependable, loyal and reliable, but older workers tend to be rated more highly on attributes less valued by employers (Posthuma & Campion, 2009; Harper et al, 2010; Ng & Feldman, 2012; Taylor & Earl, 2015). Furthermore, there is a much wider range of negative stereotypes associated with older workers, including lower performance, lower motivation, more resistance to change, less ability to learn, shorter job tenure, and being more costly compared to younger workers (Posthuma & Campion, 2009; Harper et al., 2010; Ng & Feldman, 2012; Taylor & Earl, 2015). These stereotypes vary across context and are stronger in industries such as finance and retail, and in smaller companies rather than larger companies (Posthuma & Campion, 2009).

Although mostly contradicted by evidence, negative representations of older workers persist and disadvantage older workers in employment-related decisions, such as recruitment, development and appraisals (Posthuma & Campion, 2009; Ng & Feldman, 2012; Loretto, 2010; North & Fiske, 2016; Abrams et al., 2015). Stereotypes of older workers as being less able and willing to learn, means that employers can be reluctant to train older people, with workers aged over 50 less likely to receive training than younger age groups in the UK (Dibbden & Hibbett, 1993). Furthermore, older people are less preferred in recruitment, and may only be preferred if the position is more junior to a younger person (Abrams, Swift, & Drury, 2016).

### Health and social care

The perceived cost of an ageing population on health and social care budgets means that much research has also been carried out in a health and social care context. Negative stereotypes of older people also predominate

this area (e.g., Swift et al., 2017). Healthcare professionals associate older people with death and physical decline, and stereotype older people as rigid, boring, lonely, and depressing (reviewed in Chrisler et al., 2016). Echoing societal stereotypes of warmth and competence, older patients are seen as friendly and likeable, but also frail, weak and dependent (Higashi, Tillack, Steinman, Harper, & Johnston, 2012; Kydd & Fleming, 2015). This mixed evaluation of incompetence (negative) and warmth (positive) explains why benevolent ageist behaviours occur in healthcare settings, such as patronising, infantilising talk and dismissing older patients' concerns (review by Chrisler et al., 2016; Lievesley, 2009).

However, age discrimination can be directly experienced in healthcare settings when older patients are denied treatment and care when compared to younger patients with the same conditions (Abrams, Swift, & Mahmood, 2016; Lievesley, 2009; Hillerbrand & Shaw, 1990). For example, older people reporting psychological problems are more likely to be dismissed and less likely to be referred than younger patients with similar conditions (Hillerbrand & Shaw, 1990). Associations between old age and illness and depression, can mean that when older people report on physical or mental health complaints, their symptoms are attributed to old age and they are less likely to be treated in same way as younger counterparts who present similar symptoms (reviewed in Chrisler et al., 2016). Older people are also more likely to be over- or under-medicated for pain management than other groups, less likely to be screened for sexually transmitted diseases or substance abuse, and less likely to be on organ transplant lists (Correa-de-Araujo, 2006; Gullette, 2004; Durvasula, 2014; Van Egeren, 2004; reviewed in Chrisler et al., 2016).

The association between age and physical decline, enhanced by a healthcare context in which older people are often present due to ill-health, can mean that age is used as a proxy for understanding someone's health. Therefore, negative attributions given to older people by healthcare professionals, such as worse prognoses than younger people with the same condition, may be a form of healthism in which older people are automatically assumed to be in poor health (reviewed in Nelson, 2005). It also means that pain and ill health tend to be seen by older people as a normal part of getting older (Sarkisian, Hays, & Mangione, 2002; Kydd & Fleming, 2015), which can influence their engagement in rehabilitation or other health related behaviours (Swift et al. 2017).

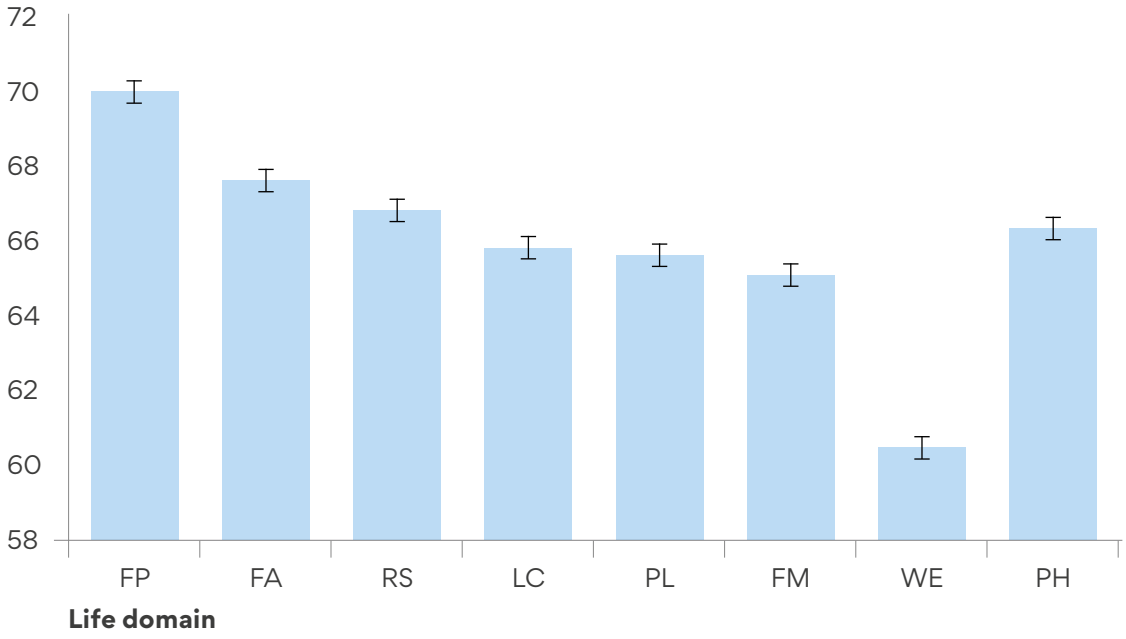
In terms of how older people are treated by others, the association between age, ill-health and death may encourage distancing behaviours, in which healthcare workers may prefer not to work with older people because they remind them of their own inevitable ageing and mortality (reviewed in Martens, Goldenberg, & Greenberg, 2005; Chrisler et al., 2016). In terms of how older people view themselves, although a younger subjective age is associated with improved health and longevity, the inevitable physical deterioration that comes with ageing may make association between age

and ill-health increasingly salient and self-fulfilling (reviewed in Lev, Wurm, & Ayalon, 2018).

### Other domains

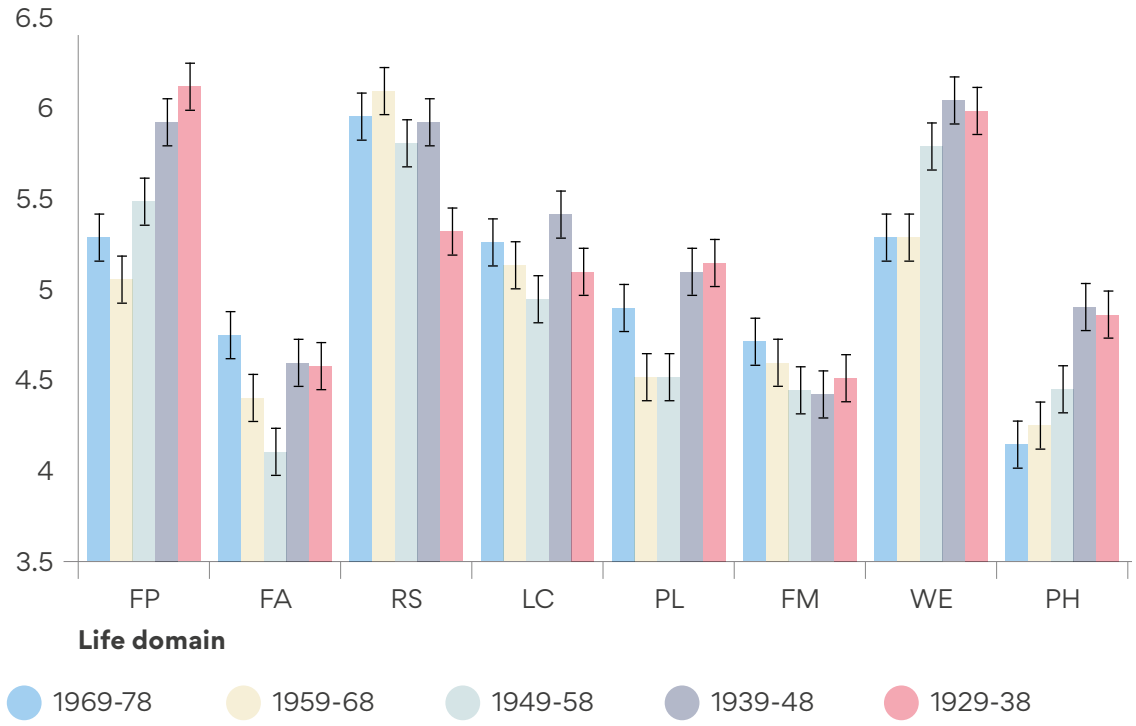
The predominant focus on work and healthcare can mean that research into other domains of ageing can appear limited. Studies in Germany have revealed significant variations in how older people are perceived in different domains of life, which can affect older people's life satisfaction. First, people are categorised as old at different points depending on the domain, being categorised as old at 60 in a work domain, but at 70 in a family and relationship domain (see Figure 5.). Second, older people are viewed more positively in some domains, such as family and religion, and more negatively in others, such as health and friends (see Figure 6.). Third, in domains where older people were evaluated more positively, this predicted higher life satisfaction. Fourth, people from older age groups tended to evaluate older people more positively, and believe that old age started later, than younger people (see Figure 6.; Kornadt & Rothermund, 2011).

**Figure 5. Ratings of when someone is classified as old in different domains.**




FP=family and partnership; FA=friends and acquaintances; RS=religion and spirituality; LC=leisure activities and social or civic commitment; PL=personality and way of living; FM=financial situation and dealing with money-related issues; WE=work and employment; PH=physical and mental fitness, health and appearance. Kornadt & Rothermund, (2011).

**Figure 6. Evaluations of older people in different life domains, by five different cohorts.**




FP=family and partnership; FA=friends and acquaintances; RS=religion and spirituality; LC=leisure activities and social or civic commitment; PL=personality and way of living; FM=financial situation and dealing with money-related issues; WE=work and employment; PH=physical and mental fitness, health and appearance. Kornadt & Rothermund, (2011).

The variation of perceptions of age and ageing across domains in the UK, however, is comparatively under-explored and further study would help us better understand the domains in which older people in the UK are viewed in a more positive light. This would help us draw a more balanced view of how older people are represented across different domains, beyond the domains of work and healthcare in which older people are often represented in terms of a problem.

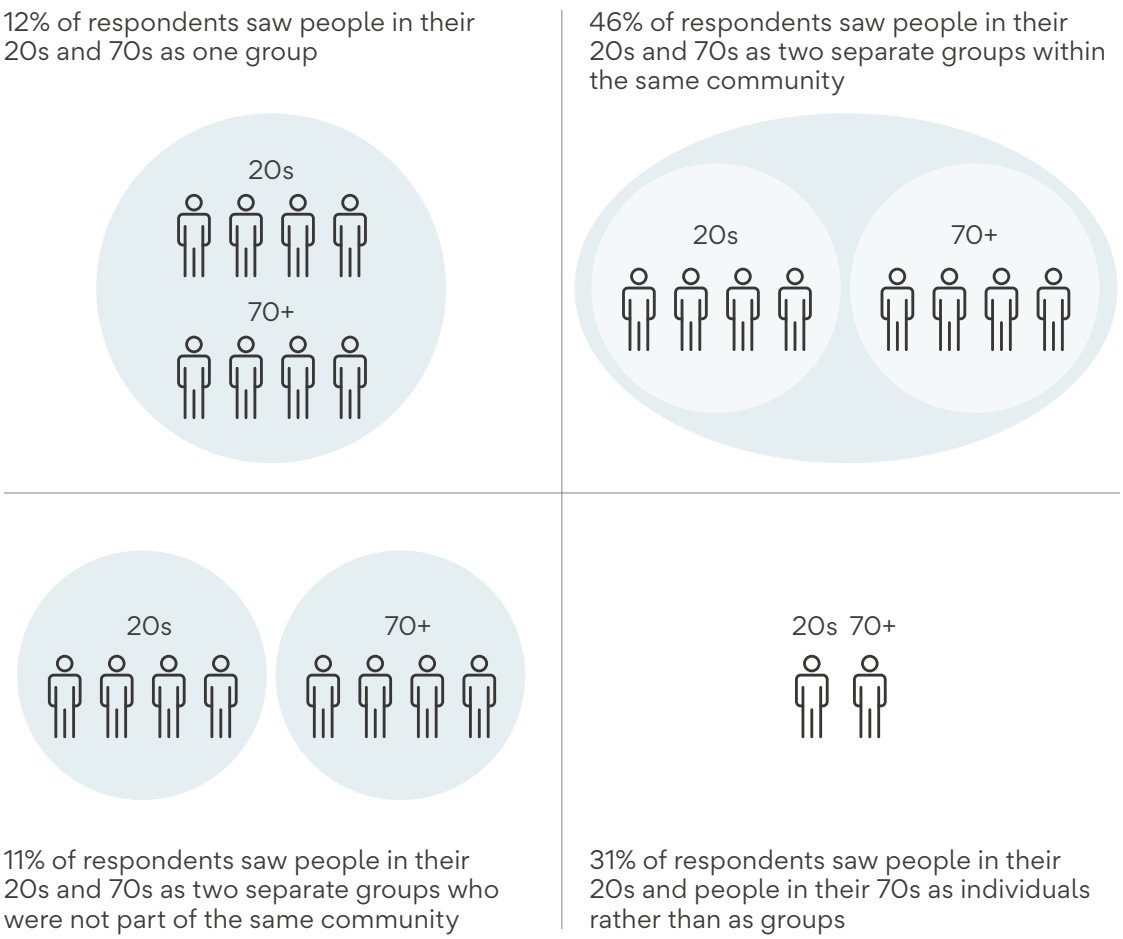
## Section 4

# Age as a social identity

Our age, and the age group we belong to (or feel we belong to), helps define who we are and differentiates us from others (Social identity theory e.g., Hogg & Abrams, 1988; Tajfel & Turner, 1979). People tend to belong to multiple groups (e.g., age, gender, nationality, political affiliation, professional group), and this affects how we view and behave towards members of groups we belong to ourselves (referred to in the psychology literature as an ingroup) and members of groups we do not belong to (known as an outgroup). For instance, age and the corresponding age group we belong to (e.g. young age group or old age group) can be seen as a proxy for similarity, so that we see ourselves as more similar to people from the same age group, and so prefer people from our own age-group compared to people from other age groups (Naegele, De Tavernier, & Hess, 2018). This is observed in ESS data which shows people tend to have more friends from the same age group than friends who are either aged 30 and under or 70 and over (Abrams et al. 2011).

Younger people's perception of older people as an outgroup and as 'other' can encourage negative attitudes towards them. These perceptions may lead to people distancing themselves from older people, both at an individual level with younger people avoiding contact with older people, and at a societal level with the creation of defined social spaces for younger and old people, such as elderly housing (Chrisler et al., 2016; Montepare et al., 2014). In the UK, the majority of people do see younger and older people as two separate groups within the same community, which could offer a route to forging a more shared and similar identity (see Figure 7. Abrams & Swift, 2012), but many also tend to see people in their 20s and over 70s as individuals, with no shared identity.

**Figure 7. Perceived similarity of younger and older age groups. (Abrams & Swift, 2012)**




The perceived similarity of people in their 20s and 70s varies by respondents' age group. Older age groups were less likely to view people in their 20s and in their 70s as two groups within the same community and more likely to think that they should be seen as individuals and not affiliated with an age group (Abrams & Swift, 2012).

Although most people will succeed to the category of 'older person', we can still deny similarity between the 'old' of today and the 'old' of tomorrow (i.e., us in the future) and continue to view the old of today as 'other' to both our present and future selves (reviewed in Jonson, 2013). The segmentation of older people into a third age or young-old, in which older people are still active and healthy, and a fourth age or old-old, of older people who are less healthy and more dependent, supports this distinction and marks old age as a complex category in which older-old people are still marginalised and 'othered' (Powell & Wahidin, 2008). This could enable a denial of old age as a personally relevant identity, amongst both younger generations and members of the third age. Furthermore, subjective age, or how old someone feels themselves to be, rather than chronological age, can impact attitudes, with older people with a younger subjective age having more positive

perceptions of ageing (reviewed in Swift, Abrams, Marques, Vauclair, Bratt, & Lima, 2018). There is clearly variability of experience within older age-groups, and the age with which we identify with can affect our representations of age and ageing.

When people do identify as old this can have negative consequences on their health and functioning. People identifying as old report lower health and wellbeing, and when people's older age is highlighted, it creates a sense of threat which can reduce cognitive ability, memory, and physical performance (Marques et al., 2015). This may be driven by identifying with a group that is perceived as low status. Conversely, when older people are perceived as a higher status group, identifying with the old-age group can have positive effects on health because old age is positively valued (Marques et al., 2015).

In sum, age is a very complex social identity. The interplay between a person's individual and group identity affects how they are seen by themselves and others, and children holding more positive perceptions of older individuals still hold more negative perceptions of older people as a group (Chasteen, Schwarz, & Park, 2002; Newman, 1997). For older people, identifying with the old age group can have positive benefits to self-esteem, self-concept and self-rated health, but only when old-age is valued and seen as a high-status group. Exaggerated differences in health, attitudes and lifestyles between younger and older age groups can lead to a lack of contact, which can perpetuate negative attitudes and misunderstandings between generations. Conversely initiatives that increase intergenerational contact can improve attitudes and behaviours toward older people (Abrams et al, 2015; reviewed in Bugental & Hehman, 2007; Cuddy et al., 2005; Hehman, Corpuz, & Bugental, 2012; reviewed in Gilbert & Ricketts, 2008; see Drury et al., 2017, for review of intergenerational contact programs in the UK).

## Section 5

# Intersectional identities

Although stereotypes encourage a homogenised view of older people, increasing attention is being paid to intersectional identities. As old age is assigned a lower status than youth, there can be an association between stereotypes of old age and other marginalised identities. For example, alignment between high-warmth and low-competence stereotypes of older people and women, mean that people are represented as less masculine and more feminine as they become older (Kite, Deaux, & Miele, 1991). The cumulative effect of old age combined with other stigmatised identities can result in a 'double jeopardy', whereby members of already marginalised groups are further stigmatised as they age (reviewed in Bugental & Hehman, 2007).

Women's higher life expectancy means that a higher proportion of older people are women, and this proportion is even greater for the oldest age categories (Zahidi, 2012). Gender affects our perceptions of older people and is therefore an essential intersectional identity to consider (Chrisler et al., 2016). As women are already confronted by a low-competence gender stereotype, older women may be even more associated with old age stereotypes and more likely to be represented as weak, frail and dependent than older men (Bai, 2014; Bugental & Hehman, 2007). This perceived frailty could explain healthcare disparities in which older women tend to be assigned less aggressive medical treatment than their older male peers (Chrisler et al., 2016). The perceived incompetence of older women can also be seen in increasingly negative behavioural intentions concerning competence toward women as they age, a larger gender pay group for women aged over 50, and women being less likely to be represented as leaders in the media (Kite et al., 2005; Abrams, Swift, & Mahmood, 2016; Abrams et al., 2015).

Furthermore, gender differences in old age are also seen within the association between old age and physical decline. For women, age is associated with less physical attractiveness, whereas men are often viewed as looking more distinguished as they age; for men, perceived physical decline is associated more with less physical ability and competence (Chrisler et al., 2016; Bugental & Hehman, 2007; Kite et al., 2005). Evidence for a double jeopardy experienced by older women is mixed, and the alignment between low competence stereotypes of women and older people may not disadvantage women, but instead allow women to escape the censure experienced by older men who retain positions of power. The expectation that older people should cede power to younger people is stronger for older men than older women, as older men can represent more of a threat to shared resources. Therefore, older women may be more able

than older men to hold on to positions of power and influence (Martin, North, & Phillips, 2019). Furthermore, the interplay between gender and age stereotypes can depend on the context. Older men are viewed more positively in domains such as work and finance, which fits with a male gender stereotype of agency, whereas older women are viewed more positively in domains such as friends and leisure, which fits better with feminine gender stereotypes of being collaborative and social (Kornadt, Voss, & Rothermund, 2013). Women also tend to favour their ingroup, giving higher evaluations than older men to older women, whereas men do not demonstrate the same ingroup bias (Kornadt, Voss, & Rothermund, 2013). However, the impact of people's gender on how they view older people can depend on what is being evaluated, for example men tend to give higher ratings of competency to older people, but demonstrate less positive behaviour (Kite et al., 2005). Clearly the interplay of gender and age stereotypes, and our own identity, can mean that older women and older men tend to be represented in different ways in different contexts.

Similar complexity can be found in how identities of age and race interact. Older people from black and minority ethnic (BME) backgrounds in England have poorer perceptions of their health than White older people (Katbamna & Matthews, 2006). However, within healthcare, older people from ethnic minorities are more likely to be dismissed and less likely to receive certain treatments than their white contemporaries, suggesting older ethnic minorities also experience double jeopardy (reviewed in Bugental & Hehman, 2007; Chrisler et al., 2016). Again, however, the evidence for double jeopardy is conflicted, and identities of age and race have been found to have not additive effect on evaluations of older people's competence and speech style (Atkinson & Sloan, 2017). Representations of older people from ethnic minorities can also assume a homogeneity that masks diversity within this group, and in research can too often be presented in terms of a social problem (Zubair & Norris, 2015).

This assumed homogeneity is despite evidence that cross-cultural differences can affect attitudes to age and ageing. In a review of research exploring cross-cultural differences in age stereotypes, North and Fiske (2015) found that people from Eastern countries held more negative attitudes toward older people than people from Western counties, but also observed differing attitudes at a country and regional level beyond a broad East/West divide. For example, attitudes toward older people were found to be particularly negative in East Asian countries. Within the UK, the different socio-economic profiles of BME groups may drive different representations and experiences of old age. In England, Indian and Black Caribbean groups have more over 65s than Pakistani or African groups, and in Bangladeshi and Pakistani groups there are more men aged 65 and over than women (Katbamna & Matthews, 2006). It would seem reasonable to expect that different demographic profiles would encourage different experiences and representations of old age and ageing. However, ethnic minority ageing is a

neglected area of research and a better understanding is needed of representations of ageing within different ethnic groups so we can better understand how race and ethnicity intersect with age (Zubair & Norris, 2015).

Alignment of low-status identities, and experiences of double jeopardy, can be seen in other marginalised elderly groups. Older disabled people can experience double jeopardy in healthcare settings, with older people with hearing loss receiving less attention than younger patients, and older people reporting being taken advantage of (Jennings, 2005; Abrams, Swift, & Drury, 2016). Age and sexuality may also intersect, with older LGBTQ people feeling invisible in care settings (Abrams, Swift, & Drury, 2016).

However, the existing body of research into how old age intersects with other identities is small and therefore our understanding is limited. Older people as a whole tend to be under-represented in research, and the lack of representation of older people with other stigmatised identities in particular needs to be addressed (Lievesley, 2009; Chrisler et al., 2016). Research into representations of old age among ethnic minorities, for example, is often restricted to health contexts and doesn't take into account the diversity of ethnic minority experiences of age and ageing (Zubair & Norris, 2015).

Furthermore, although there is evidence to support the notion of double jeopardy, for example in the healthcare and pay disparities experienced by older women, it has been more difficult to establish a causal relationship between combined marginalised identity stereotypes and such disparities. The concept of double jeopardy needs to be developed and explored further to ensure we understand the complexity of how intersectional identities impact on representations of old age (Krekula, Nikander, & Wilinska, 2018).

Age discrimination may be influenced not just by people's age, but by intersecting identities including characteristics such as gender, race, disability, sexuality, and socio-economic status (Ayalon & Tesch-Romer, 2018). This means that different groups may need to employ different strategies to resist negative stereotypes of ageing, for example older women may benefit more from assertiveness training than older men to be confident in expressing their views in healthcare settings (Adler, McGraw, & McKinlay, 1998). We need to develop our understanding of how age can compound inequalities for already disadvantaged groups, and also how it may differently impact members of otherwise high-status groups.

## Section 6

# Language and communication

Language is an important vehicle for the social construction of age and ageing. The language and communication style we use with older people can stem from an attempt to accommodate what language and style we expect from older people, and can therefore be vulnerable to stereotypes of old-age and ageing. When the style and language we choose is not appropriate, for example patronising and infantilising, it can encourage older people to conform to the negative old-age stereotype of low competence and high dependence (Coudin & Alexopulos, 2010).

The high-warmth, low-competence stereotype of older people is also reflected in benevolent ageist language such as 'elderspeak', in which older people are spoken to more slowly and simply, in a way that is often perceived as patronising (Bugental et al., 2007; Nussbaum et al., 2005). Using benevolent ageist tone is more likely to be employed and viewed as acceptable in healthcare settings, with older women in particular being addressed in infantilising terms such as 'sweetie' or 'dearie' (reviewed in Chrisler et al., 2016; Nussbaum et al., 2005). Patronising talk is a powerful tool in the stereotyping of older people, and exposure to it can reduce sense of self, self-esteem, and communication ability in older people (Nussbaum et al., 2005).

The influence of age stereotypes can also be seen in the themes of age discrimination language. Analysis of the language used on twitter by groups of health profession students working with older mentors, found that 12% contained age discriminatory language (Gendron, Welleford, Inker, & White, 2015). From this analysis, eight inter-connected themes were identified as reflecting language-based age discrimination. Themes of 'assumptions and judgements' which reflect generalisations about older people, and 'uncharacteristic characteristics', concerned with behaviours that are not expected from older people, show how age stereotypes are reflected in our language. Themes of 'Old as a negative state' and 'Young as a positive state' further illustrate the positive value assigned to younger stereotypes and the negative valued assigned to older stereotypes. Stereotype embodiment is reflected in themes of 'internalised ageism' and 'internalised micro-aggression' by older people, whereas the influence of stereotypes on others' attitudes and behaviours can be seen in the themes of 'older people as different from others' and 'infantilising of older people' (Gendron et al., 2015). Overall, Gendron et al.'s (2015) analysis of language-based age discrimination fits well with the ageism literature in highlighting

generalisations about age and how they impact on older people and others (e.g., Levy 2009; Cuddy et al., 2007).

The use of ageist language and tone also heightens the impact of negative age stereotypes on older people, encouraging stereotype-conforming behaviours, and affecting other people's attitudes and behaviours towards older people (Nussbaum et al., 2005). Within family relationships, benevolently ageist language that emphasises care and concern, and which fits with an old-age stereotype of incompetence, can encourage dependency and discourage more active ageing behaviours (Nussbaum et al., 2005). This suggests a symbiotic relationship between age stereotypes and ageist language, in which age stereotypes impact the language we use and how we speak to older people, which in turn enhances the power and salience of those same old-age stereotypes.

The context in which ageist language is expressed is also important in determining how acceptable it is. Benevolent ageist language and behaviours are viewed as more acceptable if they come from friends or same-aged family members, as good intentions are more likely to be attributed to family and friends, and friendship is inherently equitable. However, ageist behaviours and language, such as 'elderspeak' are more unacceptable if they are employed by non-intimate others, such as unfamiliar healthcare workers, and even more unacceptable if they are used by younger people rather than people of the same age (Horhota, Chasteen, & Crumley-Branyon, 2019; Nussbaum et al., 2005). The importance of context suggests a complexity and subtlety to ageist language, which can have a significant effect on how its use is perceived by older people.

Section 7

# Age and ageing in policy

Policy can be framed around a perceived intergenerational conflict, in which older people are depicted in hostile ageist terms as the villain, unfairly consuming too much of society's resources at the expense of a younger generation; or in benevolent ageist terms as vulnerable, the victim, irredeemably weak and dependent on others (Kesby, 2017). In advocacy policy in the US, age and ageing are most frequently depicted in terms of the "throwaway generation", focused on the mistreatment and abuse of older people, and also in terms of 'government as a problem', in which government policy is seen as partly causing the financial challenges experienced by older people (O'Neil & Haydon, 2015). Both narratives play on old age stereotypes of dependency, incompetence and frailty. They also encourage the view of old people as a problem requiring urgent action, with a focus on the presumed economic burdens of an ageing population (Kesby, 2017).

However, in recent years more positive narratives of ageing have emerged in policy. For example, the World Health Organization's focus on healthy ageing and active ageing represents a positive view of ageing, offering a framework that encourages older people to be active in maintaining their health, social participation, security and productivity (WHO, 2017: Zaidi & Howse, 2017; Walker, 2008). Older people are represented as active agents with individual responsibility for how they age, so that successful ageing is presented as an individual choice (Rozanova, 2010; Kesby, 2017).

The narrative of active ageing can appear at odds with the negative age stereotypes of decline and dependency. However, it can also be seen as a response to it, reflecting a perceived need to reframe old age so that older people can remain active and productive for longer to mutual economic benefit (Kesby, 2017; Coole, 2012). It therefore has the potential to counter negative stereotypes. However, it can also exacerbate existing inequalities within older people, such as differing levels of health and socio-economic status. With its focus on agency and individual responsibility, it can depict older people as either successful agers who are healthy, wealthy and independent, or unsuccessful agers who are unhealthy, unproductive, and a burden on society (Milner et al, 2012). Therefore, it risks excluding and stigmatising those older people who are unable to achieve the active ageing model, and who are then blamed for not doing so (Kesby, 2017; Stephens, 2017; Rozanova, 2010). Furthermore, stereotype embodiment and stereotype threat may mean that older people are encouraged to conform

with prevalent negative old-age stereotypes, and so fail to adopt the behaviours associated with the active ageing model (Swift et al., 2017). Overall, policy often represents older people through conflicting narratives of age and ageing: active ageing vs. inevitable decline, burden vs. benefit, vulnerable vs. productive (Taylor & Earl, 2015; Coole, 2012; Kesby, 2017). These narratives both reflect and challenge prevalent stereotypes of old age. Just as stereotyped representations of ageing present older people as a homogenised group, so may active ageing models present a similarly homogenised counter-stereotype that does not reflect the diversity and individuality of all older people.

Section 8

# Age and ageing in the media

Many of the trends of how age and ageing are represented in policy are evident in media depictions of age and older people. They tend to reflect a traditional deficit narrative of ageing, in which older people are characterised by an inevitable decline in cognitive and psychosocial ability and dependency, and negative age stereotypes predominate (reviewed in Bugental & Hehman, 2007; Kesby, 2017). Portrayals of older people in the mass media largely focus on stereotypes of frailty and dependency and a narrative of decline. Analysis of US media including newspapers, television and news blogs, identified common negative narratives of ageing and older people: 'throwaway generation' (vulnerable and mistreated), 'government as problem' (government threatening older people's financial stability), and 'demographic crisis' (impending social crisis); all of which reflect negative old-age stereotypes of frailty, incompetence and dependency (O'Neil & Haydon, 2015).

Within the print media, older people are represented as more of a burden than a benefit, described as frail non-contributors to society, and there is a dearth of images of older people, particularly older women and disabled older people (Bai, 2014; Martin, Williams, & O'Neill, 2009; Rozanova, 2010). In a review of representations of older people in the Economist, 64% of articles represented older people negatively, and only 12% portrayed older people as a benefit, and this pattern stayed consistent over a ten year period (Martin et al., 2009). Older people are more likely to be portrayed as senile, ugly, stupid, unskilled, unproductive, unhealthy, badly-dressed, sedentary and inactive, all portrayals aligned with negative old age stereotypes of low competence and physical and mental decline (Rozanova, 2010). Although there are positive representations of older people in the print media, negative representations of older people tend to dominate (Rozanova, 2010).

One study explored representations of older people on German television have also found that older people, particularly older women and older-old people, are under-represented, the authors suggests this is because the negative stereotypes of old age would depress rather than entertain people (Kessler, 2004). When older people are represented, it is largely as a homogenous group lacking individual differentiation. Older people are also often represented non-stereotypically as resource-rich and productive, but this is almost in an exaggeratedly positive light, stripped of any features of

'old age' and more attuned to middle-age than old-age. The research suggests that gender role stereotypes seem to determine representations of older people more than age, with common portrayals of 'powerful older men' or 'caring older women' (Kessler, 2004). Although representations of older people in entertainment media may appear positive at first glance, they may instead constitute a denial of old age rather than a positive representation.

Within magazines and advertising similarities emerge. Older people, particularly older women, are under-represented in magazine imagery and, when they are, present a youthful, idealised view of ageing that is impossible for most to achieve (Milner et al., 2012; Bai, 2014; Ylänne, 2015; Zhang, Harwood, Williams, Ylänne-McEwan, Wadleigh, & Thimm, 2006). Analysis of the number of advertisements featuring older people in UK magazines over a five year period found that in Saga (a magazine targeted at people who have retried or are approaching retirement), 62% of advertisements featured older people, but this dropped to 5.9% for BBC Good Food, 3.6% for Marie Claire, and just 0.9% for Men's Health (Williams, Ylänne, Wadleigh, & Chen, 2010b). In terms of how older people are presented, magazine advertising tends to present older people in a negative light, often mockingly, as unattractive and unhealthy, in line with negative old age stereotypes; or as successful agers, independent, socially engaged and able to defy the effects of ageing (see Milner et al., 2012; Bugental & Hehman, 2007).

Analysis of the representation of older people in advertising has been aligned with stereotype research to highlight six common representations of older people. The 'golden ager', synonymous with the successful ageing model; the 'perfect grandparent', in line with positive age stereotypes of warmth and kindness; a 'legacy/mentor' theme, aligned with positive age stereotypes of wisdom and experience; the 'celebrity role model', presenting a successful ageing role model; the 'coper', needing support to cope with the decline associated with age; and 'comedic' older people, presented either positively as someone to laugh with, or negatively in denigrating or mocking humour (Ylänne, 2015; Williams et al., 2010b). A review of the images of older people focused on UK magazine advertising, revealed four similar portrayals of older people: frail and vulnerable, in line with negative old-age stereotypes; mentors, in line with positive old-age stereotypes of being wise and experienced; and happy and affluent, and active and leisure-oriented, both reflecting a narrative of successful ageing (Williams, Wadleigh, & Ylanne, 2010a).

The most frequently occurring images of older people are of happy retired people, 'golden agers' and 'perfect grandparents', suggesting that magazine advertising reflects and reinforces traditional, positive stereotypes of older people (Williams et al., 2010a; Williams et al., 2010b; Ylänne, 2015). Overall, portrayals of older people in advertising tend to be positive, and Williams et al. (2010b) found that 80% of portrayals of older people in UK

magazine advertising were positive or somewhat positive. This could be emblematic of the positive framing to be expected from an industry focused on selling, and such portrayals can be perceived as unrealistic and overly positive by consumers (Williams et al.,2010a; Williams et al., 2010b; Ylänne, 2015). It is also notable that the leading discourse underlying the representation of older people in UK magazines is one of needing to take action to maintain health and wellbeing in old age (Ylänne, Williams, & Wadleigh, 2009). Analysis of the principle health products advertised to older people found that 36% were linked to mobility aids, 18% were linked to lifestyle enhancers, and 13% were linked to sheltered housing or respite care (Ylänne et al., 2009). Overall this suggests that the positive images of older people are still operating within a narrative associating old age with decline and ill health, and that positive images of older people are being linked with negative age stereotypes (Ylänne, Williams, & Wadleigh, 2009; Zhang et al., 2006).

The audience being targeted by the advertising also affects which portrayals of older people predominate. When advertising is targeted at a younger audience, comedic representations of older people tend to be mocking and reliant on negative old age stereotypes (Ylänne, 2015). However, for magazines targeted at an older market, images of successful ageing are in the majority, sometimes presenting a glamorized image of successful ageing that is out of financial reach for most older people (Ylänne, 2015).

Low representation of older people in media and advertising, along with dichotomous representations of "good" and "bad" ageing, can mean there is a lack of balanced representation of ageing that reflects the actual lived experience of older people. Previous research has found that as little as 3% of television advertisements feature people aged over 60, and only 32% of older characters played major roles (Bai, 2014). Therefore, most older people feel that advertising does not reflect their lives, ignores them, and is patronising (Milner et al., 2012). This picture may be driven by an advertising industry dominated by people under 50 and which mostly targets the under 35s, an example of the psychological processes that encourage younger people to prefer their age-group peers and denigrate older people through reliance on stereotypes (Milner et al., 2012).

Despite the predominance of negative representations of age in the media, there are also positive portrayals of older people as healthy, vigorous, productive, attractive and intelligent (Rozanova, 2010; Bai, 2014). There is also evidence that change is happening. Less stereotyped depictions of older people have been found in analysis of Canadian newspapers, representing more diverse portrayals of ageing – across different ages, roles and contexts – as well as focusing on individual experiences of ageing rather than group-based stereotypes (Rozanova, 2010). Furthermore, representations of older people in Dutch television advertising have become less stereotypical and more diverse since the 1990s, and there is evidence

that this has successfully translated into higher sales (Milner et al., 2012).

The shift in policy towards a successful ageing model is reflected in increasing visibility and positivity in media representations of older people since the 1990s, depicting older people as active, healthy and independent (Loos & Ivan, 2018). It also appears in narratives around ageing and older people in the US media of 'vibrant senior' (physically active), 'Ageing workers' (social and civic engagement) and 'independent senior' (autonomy), which overtly reject old-age stereotypes of decline and dependency and embrace the tenets of healthy ageing (O'Neil & Haydon, 2015). The trajectory of representations of age and ageing now seems to be moving more towards successful ageing, with the most common depictions in the US being the 'adventurous golden ager' and 'perfect grandparent' (Bai, 2014).

However, although this shift challenges negative stereotypes of ageing and encourages engagement of older people, this media narrative may also run the risk of further stigmatising older people unable to achieve the successful ageing model through ill health or poverty (Rozanova, 2010). Analysis of Canadian newspapers has identified three broad themes of successful ageing: successful ageing as a personal choice, driven by individuals' lifestyle decisions; individual responsibility for unsuccessful ageing, where 'bad' ageing is also driven by individuals' choices; and successful ageing through staying engaged, keeping busy and staying active in society. Together, these themes present a media view of 'bad ageing' as a disease that can be cured through individual effort, and reflect a policy focus on personal responsibility at the expense of collective support (Rozanova, 2010). More exploration is needed to see how translatable these themes are into a UK media context.

Furthermore, despite the shift towards more positive representations of age and ageing, negative stereotypes of older people remain dominant in the media (Bai, 2014) and the language used can reflect a more hostile ageism. The frequent use of metaphors such as 'grey tsunami', 'silver tsunami', 'demographic cliff' and 'demographic timebomb' presents old age in terms of crisis, reflecting a perception of old age as a societal burden (Sweetland et al., 2017; Kesby, 2017). This language exemplifies old-age stereotypes of dependency and decline, so encouraging negative stereotyping of older people. Such urgent language also has the potential to stoke intergenerational conflict and increase the perception of older people as 'other'. This can also be seen at a personal level, with older people referred to in terms such as 'hags' and 'fossils', dehumanising them and depicting them as 'other' (Jonson, 2013).

Finally, social media may present a route in which to challenge stereotypes and redefine age and ageing. Older people use blogs to share their experiences of ageism, reframe notions of old age, and construct old-age identities based on their own experiences and situation rather than societal

stereotypes of old-age (Lazar, Diaz, Brewer, Kim, & Piper, 2017). Analysis of blogs written by older people finds clear evidence of both the internalisation and embodiment of negative old-age stereotypes, and awareness and challenge of societal narrative of old age, and blogs are used to create an online community of older people who represent more diverse and individualised perspectives on old age (Lazar et al., 2017). Therefore, social media may offer a way of challenging accepted stereotypes of age and ageing and forging new narratives of old age more attuned to individual experiences of ageing, and less constrained by narratives of decline or successful ageing.

## Section 9

# Values and Social Norms

Values are the universal, guiding principles held by individuals and groups, and studies into the values underpinning our beliefs offer an insight into how different people may perceive age and older people (Schwartz et al., 2012). Research has identified the common values that can encourage positive attitudes towards diversity and equality (Blackmore, Sanderson, & Hawkins, 2014). These include self-transcendence values, encompassing universalism (understanding, appreciation, tolerance and protection of welfare for all) and benevolence (preservation and enhancement of welfare of people), and openness-to-change values, including self-direction (independent thought and action) and stimulation (excitement, novelty, and challenge). People who hold self-transcendence or openness-to-change values have been found to be more positive about diversity, understanding and comfortable with difference, to have more contact with different groups, to be less likely to justify inequalities in society, and more likely to have positive attitudes towards immigration. The values of universalism and self-direction have also been specifically associated with positive attitudes toward gender equality (Blackmore et al., 2014).

Conversely, other values have been associated with higher levels of prejudice and discrimination (Blackmore et al., 2014). Self-enhancement values, including values of power (social status, prestige, and dominance over others) and achievement (personal success through competence) are associated with more negative attitudes towards diversity, higher sexism, belief in negative stereotypes of homosexuals, and belief in social dominance in which some groups are superior to others. Conservation values, including conformity (disinclination to upset others or social norms) and tradition (respect and acceptance of traditional culture and customs), are associated with higher levels of prejudice, less desire to have contact with other groups, higher sexism, belief in negative stereotypes of homosexuals, and negative attitudes towards immigration (Blackmore et al., 2014).

This research highlights clear associations between values and attitudes towards equality, finding that the values held by the population of a country can predict discriminatory intentions. The association between self-transcendence values and positive attitudes toward equality is encouraging, particularly as self-transcendence values tend to be more important to people than self-enhancement values, and benevolence is the most valued value in Europe and the UK (Blackmore et al., 2014). It would therefore appear reasonable to expect that harnessing and promoting these values would encourage more positive representations of age and ageing.

Moreover, universalism is the value most frequently employed by equality bodies to promote equality. However, the links between values and attitudes to age specifically appear both complex and under-researched.

Although the values of universalism have been associated with positive attitudes toward people aged over 70, and being more comfortable with political leaders aged over 75, they are also associated with more negative attitudes towards political leaders aged under 30. Similarly, power and achievement values predict positive attitudes towards younger people, but more negative attitudes towards older people (Blackmore et al., 2014). Therefore the promotion of values that enhance representations of one age group, may inadvertently encourage more negative attitudes of another. Furthermore, values of benevolence have been linked with more positive attitudes towards diversity, but they could also encourage paternalistic behaviours that reinforce old-age stereotypes of dependency. Values of benevolence framed in terms of protecting and looking after older people may need to be avoided, in favour of benevolence messages framed in terms of equality and inclusivity.

Overall, in this review has found only a few papers exploring values and their impact on age prejudice and attitudes to age specifically. Values held by individuals of communality (warmth, friendliness) and values held by groups of self-expression predict more positive attitudes to ageing and older people, suggesting an association between values, age stereotypes, and attitudes to ageing (Zhang, Xing, Guan, Song, Melloy, Wang, & Jin, 2016; Lockenhoff, et al., 2009). Values of conservation (concerned with conformity, security and tradition), benevolence, and universalism have all been found to be important to older people (Schwartz et al., 2012).

Research into social norms and representations of age and ageing may also offer insight into the importance of values for reducing ageism, as values represent the abstract principles that influence behaviour through more tangible shared social norms (e.g. Hiratsuka, Perlaviciute, & Steg, 2018). Social norms around tolerance and being unbiased are associated with lower age discrimination and can have a greater impact than our meta-perceptions of how older people are viewed (Vauclair et al., 2016). In this way, the values that are promoted and held in high esteem by organisations and cultures, and the social norms they encourage, could act as leverage to advocate more positive representations of older people. However, these relationships still need to be tested.

The use of values in messaging has been explored, testing the effectiveness of messages that highlight extrinsic and intrinsic values. Extrinsic values are focused on external worth, including values of wealth, social recognition and social status; intrinsic values are focused on the value of the thing itself, and include values of broadmindedness, equality, and social justice (Teran, 2015). Communications that invoke intrinsic values have been found to be more effective at encouraging people to be concerned and take action, than

messages that invoke extrinsic values. Furthermore, it is not necessary to highlight intrinsic values explicitly concerned with equality for this to happen as the activation of one intrinsic value tends to activate others, therefore messages that activate intrinsic values in general can strengthen concerns about equality (Teran, 2015). Communications that frame messages in terms of values of justice, for example that older people are unfairly excluded from society, have been found to be effective in encouraging people to think about ageing in terms of equality (Sweetland et al., 2017).

Communications that invoke intrinsic self-transcendence, openness-to-change, and justice values may be successful in encouraging positive representations of old age and ageing. This is also important as messaging that emphasises values rather than facts could help highlight ageing issues without fuelling anxiety (Sweetland et al., 2017). However, this approach must be tested in an age context, in particular to ensure it does not advantage representations of older people at the expense of those of younger people (Blackmore et al., 2014). Existing research into values and representations of age and ageing offers some promising avenues to encourage positive attitudes, but many of the insights are yet to be tested and further research is needed.

Section 10

# Research tools for measuring attitudes to age and age stereotypes

Representations of age and ageing used in research can also affect how we view older people. A focus on research in areas where older people can be seen as a problem, such as work and healthcare, and a predominance of studies focused on negative rather than positive views of ageing, may encourage a research picture in which older people are presented overly negatively (Levy & Macdonald, 2016). Furthermore, the methods used in research may also help create biased representations of old age. The focus on age categories of 'young' and 'old' may over-simplify representations of ageing and only present part of the picture. Researching age using continuous measures that better reflect ageing as a continuous process, may encourage a richer, less oppositional, and less negative perspective of ageing (Levy & Macdonald, 2016). Research and clinical trials have also been criticised as not employing diverse enough samples, with older people and older minorities under-represented and marginalised so their views and experiences are not represented enough in research findings (Lievesley, 2009; Chrisler et al., 2016; Zubair & Norris, 2015; Powell & Wahidin, 2008).

The measurement tools used in age research may also encourage overly negative representations of older people. There are tools that measure positive aspects of ageing, such as the attitudes to ageing questionnaire (AAQ), which measures successful ageing, and tools such as the image of ageing scale that are balanced in employing both positive and negative questions to assess attitudes to ageing (Laidlaw, Power, Schmidt & the WHOQOL-OLD Group, 2007; Levy & Macdonald, 2016). However, measures of attitudes to ageing often focus on negative aspects of ageing, which could over-emphasise negative representations of ageing in research literature (Levy & Macdonald, 2016). Furthermore, a recent review of measures of ageism found a lack of comprehensive, valid measures of ageism that could mean that existing estimates of the prevalence of ageism could be inaccurate (Ayalon et al., 2019). The development and validation of a new ageism scale that evaluates three core dimensions of ageism (stereotypes, prejudice, and discrimination), and takes into account both

positive and negative ageism, may be needed to ensure that age research accurately reflects ageist attitudes and behaviours (Ayalon et al., 2019). See Appendix 2 for a list of measurement tools used in age research.

# Pathways to change

The current literature highlights some key areas for future research that could help us identify pathways to change, so that representations better reflect lived experiences of people. The identification of old-age stereotypes of decline as difficult to change, suggests that research into the stereotypes that are more malleable could highlight a path of least resistance. Furthermore, punishing older people who violate prescriptive age stereotypes, means that more research is needed into backlash and how to overcome it if successful ageing models are to be achieved. Research into the domains of ageing beyond work and healthcare could mirror findings in Germany in isolating domains in which older people are viewed more positively, in which positive and balanced representations of age and ageing may gain more traction. Intersectional research could encourage a more heterogenous understanding of representations of age and ageing, as well as clarifying processes around double jeopardy that could show how this could be avoided. Research into the dominant themes in the UK media around age and ageing, and the values and social norms that support positive attitudes toward older people, would help to identify existing levers that could drive change. However, although social norms of tolerance and equality strongly predict reduced age discrimination, this can benefit older people, but not reduce age discrimination experienced by younger people (Bratt, Abrams, & Swift, manuscript submitted for publication). Therefore research must consider what reframing old-age may mean for other age groups.

Furthermore, research that employs more age-diverse samples, including greater intersectional age representation, would give us greater confidence that research is representative of lived experiences of all older people. More experimental and longitudinal studies would allow us to better delineate causal patterns in those relationships so we can better determine how to reduce ageism, and also give us a fuller picture of the evolution of representations of age and ageing. Research that employs age as a continuous variable could also encourage a less oppositional and more nuanced understanding of ageing as a process.

In terms of practice, the literature highlights the importance to addressing stereotype embodiment, stereotype threat, and age discrimination if models of successful ageing are to be achieved. Messaging that increases perceptions of older people's competence would encourage more admiration of older people and promote old-age as a high-status identity, so stimulating more positive age identification in older people and positive stereotype embodiment. Avoiding the curse of the kernel of truth by challenging the myth perceptions around old-age, and re-orienting cultural and work values to appreciate positive aspects of ageing and crystallised

intelligence, would promote more positive associations with old-age. Harnessing values of benevolence and universality to reduce old-age discrimination could present an effective route for positive change. However, it is important to consider the targets of such interventions, how they may inadvertently affect other age groups, and also take into account the contexts in which ageism is more acceptable. Although promoting a shared identity may be challenging as people see distinct differences between age-groups, advancing perceptions of different age-groups as living in a shared community may be more successful. Finding more opportunities for positive intergenerational contact could also help reduce age discrimination (Drury et al. 2017).

Research suggests that using language tailored to individuals rather than stereotypes, using positive terms such as 'older people', and training healthcare personnel to avoid 'elderspeak', could also reduce the effect of negative age stereotypes on older people. In domains such as healthcare and the workplace, training in general around age stereotypes would encourage more balanced representations of, and responses to, older people. Within the media, increased visibility and diversity of representation of older people would ensure that experiences of older people are more accurately portrayed. Social media also presents a key pathway for change, both in terms of older people sharing more representative experiences of ageing, and for agents such as researchers and advertisers to better understand and respond to those experiences.

# Conclusion

Representations of older people are predominantly negative, driven by age stereotypes that position older people as high-warmth but low-competence, in decline and dependent. These stereotypes can be embodied by people as they age, more strongly endorsed by younger people, eliciting pity and behaviours that can be both helpful and harmful. Ageist narratives surround us in popular culture and policy debate, negatively affecting older people's self-perceptions and encouraging unfair and discriminatory behaviours against older people (Chrisler et al., 2016; Bytheway, 2005). There are also higher levels of perceived age discrimination in England than other countries, such as the US (Rippon, Zaniotto, & Steptoe, 2015). Age stereotypes are context-dependent and influence our perceptions of when old-age begins in different life domains. Prescriptive stereotypes around succession, consumption and identity can also mean that older people experience backlash when stepping out of prescribed roles. Older people are generally presented as a homogenised group, lacking individual and intersectional definition. These representations dominate in language, policy and media, although a shift toward more visible and positive representations of older people appears to be underway.

This shift appears to be driven by an evolution in concepts of ageing, moving from a deficit model, in which old-age is associated with decline, to a successful ageing model focused on continued health and social participation. Ageing is increasingly seen as either 'bad ageing', in which decline is attributed to sub-optimal life choices, or 'good ageing' in which older people have agency and responsibility for ageing successfully. Although challenging embedded negative stereotypes of old age, the successful ageing model also has the potential to present a similarly homogenised view of older people, to mask individual differences between older people, and to further marginalise already stigmatised groups of older people.

These representations of older people and ageing are produced in, and connected to, the context of an ageing population. Frequently depicted in policy and media in terms of urgency and crisis, the ageing population is presented as a 'grey tsunami' and 'demographic timebomb'. The ageing population is seen in terms of an increasing burden on society, and framed in terms of an intergenerational conflict pitting hard-working and productive younger people against passive and dependent older people. However, this review highlights pathways to change in both research and applied practice that have the potential to drive more positive representations of older people, ageing and the ageing population. As we live longer, and work longer, this is essential for life satisfaction and social inclusion into old age.

# Appendix 1.
# Method

Relevant research was identified by conducting a detailed search of online databases Google Scholar, EBSCO Host[1], International bibliography of the Social Sciences (IBSS)[2], Google, and NGO and research funders including the British Academy, Leverhulme, the Wellcome Trust, the European Social Research Council (ESRC), and the Arts and Humanities Research Council (AHRC).

We identified primary and secondary search terms based on a previous literature review conducted for the Equality and Human Rights Commission (EHRC) (Abrams, Swift & Mahmood, 2016), and on a previous project conducted by Swift in 2012 exploring representations of age in UK print media. Primary and secondary search terms are detailed in Table 1. Primary search terms were used in conjunction with secondary search terms, although for databases with less advanced search capability we searched on primary search terms only.

1 EBSCOhost, an online database host housing 20 databases on topics relating to humanities, social sciences and sciences.

2 The International Bibliography of the Social Sciences (IBSS) which includes over 6,000 journals from a range of social science disciplines, including anthropology, economics, education, political science, religious studies and sociology.

**Table 1. Primary and Secondary Search Terms Used in the Literature Search**

| Primary search terms | Secondary search terms (Language) |
|---|---|
| Ageism OR Ageing OR Ageist<br>Old age OR Old OR Older OR Elderly<br>Intergenerational OR "Ageing population" OR "Ageing society"<br>Senior citizen OR Senior person OR Senior People OR "Baby boomers" OR "Later life"<br>Pension OR Pensioner<br>Retired OR Retirement OR Retiree<br>Grandfather OR Grandmother OR Grandparent<br>"Demographic change" OR "Demographic challenge" OR "Demographic Timebomb" OR "Demographic shift" | Language<br>Representation<br>Narrative<br>Discourse<br>Framing<br>Media<br>Humour |
| | **Secondary search terms (Attitudes)** |
| | Prejudice<br>Stereotypes<br>Values<br>Norms<br>Attitudes<br>Discrimination<br>Bias<br>Expectations |

To select which articles to review, we initially assessed the title of each article in the search results against the inclusion criteria: 1) articles should be about representations of age, ageing, older people, or the language or framing of age, ageing or older people; 2) articles should be published in the last fifteen years (2004-2019); and 3) articles should be academic, practitioner, or grey literature. Articles relevant to the UK will be prioritised, but international research and literature will be included where there are gaps in evidence from UK.

For each search, the selection process ended once three pages of irrelevant articles were produced. We then removed duplicates, before reviewing the abstracts of the remaining selected papers against the inclusion criteria. The final selection focused on theoretical review papers and meta-analyses to narrow the scope, but included other papers where necessary to ensure key aspects of representations of age and ageing were covered. The final selection was supplemented with additional research papers familiar to the researchers. Ninety-two papers were included in the final selection.

# Appendix 2.

### Table 5. Measurement Tools Used in Age Research

| Measure name | Authors | Date | Measurement object | Target: self vs. other | Domains covered |
|---|---|---|---|---|---|
| Ageist beliefs in teaching scale | Redman & Snape | 2002 | Stereotypes | Other | Work |
| Age group evaluation and description inventory | Knox et al. | 1995 | Attitudes | Other | Goodness, positivity, vitality, maturity |
| Aging opinion survey | Kafer et al. | 1980 | Attitudes | Self & Other | Stereotypic age decrement, personal anxiety toward ageing, social value of the elderly |
| Aging semantic differential * | Rosencranz & McNevin | 1969 | Stereotypes | Other | Descriptive stereotypes |
| Age stereotypes and age in social interaction | Kruse & Schmitt | 2006 | Stereotypes | Other | Age stereotypes, age salience in social interactions |
| Ambivalent ageism scale | Cary, Chasteen, & Remedios | 2017 | Attitudes | Other | Benevolent and hostile ageism |
| Anxiety about aging scale * | Lasher & Faulkender | 1993 | Attitudes | Self | Anxiety about ageing |
| Attitudes of children toward supporting aged parents | Dinkel | 1944 | Attitudes | Other | Family relationships |
| Attitudes to ageing questionnaire * | Laidlaw, Power, Schmidt, & WHOQOL-OLD Group | 2007 | Attitudes | Other | Psychological growth, psychosocial loss, & physical change |
| Attitudes toward employment of older people scale | Kirchner et al. | 1952 | Attitudes | Other | Work |

| | | | | | |
|---|---|---|---|---|---|
| Attitudes toward old people * | Kogan | 1961 | Attitudes | Other | Housing, discomfort, heterogeneity, relationships, dependence, cognitive capacity, personal appearance |
| Beliefs about older workers' ability and desire for learning/ development | Maurer et al. | 2008 | Stereotypes | Self | Work |
| Beliefs about older workers scale | Hassell & Perrewe | 1995 | Stereotypes | Other | Work |
| Evaluative age stereotypes in different life domains | Kornadt & Rothermund | 2011 | Attitudes / stereotypes | Other | All areas of life |
| Facts on aging quiz * | Palmore | 1999 | Attitudes | Other | Knowledge of ageing |
| Five-item Attitudes towards own ageing subscale of the Philadelphia Geriatric Center Morale Scale | Liang & Bollen, 1983; Lawton, 1975 | 1983 | Attitudes and experiences of ageing | Self | Comparison between experiences of being younger and older |
| Fraboni scale of ageism * | Fraboni et al. | 1990 | Attitudes | Other | Affective and cognitive components of attitudes to ageing |
| Fraboni scale of ageism * | Rupp et al. | 2005 | Attitudes | Other | Affective and cognitive components of attitudes to ageing |
| Image of aging scale * | Levy et al. | 2004 | Attitudes | Other | Activity, appearance, cognition, death, dependence, personality, physical health, relationships, and will to live |
| Interdisciplinary study on adult development | Kliegel & Zimprich | 2005 | Stereotypes | Self | Cognitive complaints, memory, intellectual performance, negative age stereotypes, depressive symptoms, neuroticism, conscientiousness |

| | | | | | |
|---|---|---|---|---|---|
| Intergenerational tensions scale | North & Fiske | 2013b | Stereotypes | Other | Intergenerational tensions |
| Intolerant schema measure | Aosved et al. | 2009 | Attitudes | Other | Affective and cognitive components of attitudes to ageing |
| Munster work values measure | Krumm et al. | 2013 | Values | Self | Work |
| Nine-item positive age stereotype subscale of the image of ageing scale | Levy et al. | 2004 | Attitudes | Other | Comparing positive age stereotypes to own perceptions of ageing |
| Nordic age discrimination measure | Furunes & Mykleton | 2010 | Attitudes | Other | Work |
| Older workers questionnaire * | Tuckman & Lorge | 1954 | Attitudes / Stereotypes | Other | Work |
| Seventeen-item short form Aging Perceptions Questionnaire (APQ) | Barker et al. | 2007 | Attitudes / experiences | Self | Own experiences of ageing |
| Unnamed measure | Taylor & Walker | 1994 | Attitudes | Other | Work |
| Work-related age-based stereotypes scale | Marcus, Fritzsche, Le, & Reeves | 2016 | Stereotypes | Other | Work |
| Notes. Table adapted from Marcus et al., 2016 and Swift et al., 2016. * These measures were evaluated in the systematic literature review of ageism scales by Ayalon et al. (2019). | | | | | |

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