Ageism

Stereotypes of people in late adulthood lead many to assume that aging automatically brings poor physical health and mental decline. These stereotypes are reflected in everyday conversations, the media, and even in greeting cards (Overstreet, 2006). Age is not revered in the United States, and so laughing about getting older in birthday cards is one way to get relief. The negative attitudes people have about those in late adulthood are examples of ageism, or prejudice based on age. The term ageism was first used in 1969, and according to Nelson (2016), ageism remains one of the most institutionalized forms of prejudice today.
Nelson (2016) reviewed the research on ageism and concluded that when older individuals believed their culture’s negative stereotypes about those who are old, their memory and cognitive skills declined. In contrast, older individuals in cultures, such as China, that held more positive views on aging did not demonstrate cognitive deficits. It appears that when one agrees with the stereotype, it becomes a self-fulfilling prophecy, or the belief in one’s ability results in actions that make it come true.

Being the target of stereotypes can adversely affect individuals’ performance on tasks because they worry they will confirm the cultural stereotypes. This is known as stereotype threat, and it was originally used to explain race and gender differences in academic achievement (Gatz et al., 2016). Stereotype threat research has demonstrated that older adults who internalize the aging stereotypes will exhibit worse memory performance, worse physical performance, and reduced self-efficacy (Levy, 2009).

In terms of physically taking care of themselves, those who believe in negative stereotypes are less likely to engage in preventative health behaviors, less likely to recover from illnesses, and more likely to feel stress and anxiety, which can adversely affect immune functioning and cardiovascular health (Nelson, 2016). Additionally, individuals who attribute their health problems to their age, had a higher death rate. Similarly, doctors who believe that illnesses are just natural consequence of aging are less likely to have older adults participate in clinical trials or receive life-sustaining treatment. In contrast, those older adults who possess positive and optimistic views of aging are less likely to have physical or mental health problems and are more likely to live longer. Removing societal stereotypes about aging and helping older adults reject those notions of aging is another way to promote health and life expectancy among the elderly.

Minority status: Older minority adults accounted for approximately 21% of the U. S. population in 2012, but are expected to reach 39% of the population in 2050 (U. S. Census Bureau, 2012). Unfortunately, racism is a further concern for minority elderly already suffering from ageism. Older adults who are African American, Mexican American, and Asian American experience psychological problems that are often associated with discrimination by the White majority (Youdin, 2016). Ethnic minorities are also more likely to become sick, but less likely to receive medical intervention. Older, minority women can face ageism, racism, and sexism, often referred to as triple jeopardy (Hinze, Lin, & Andersson, 2012), which can adversely affect their life in late adulthood.

Poverty rates: According to Quinn and Cahill (2016), the poverty rate for older adults varies based on gender, marital status, race, and age. Women aged 65 or older were 70% more likely to be poor than men, and older women aged 80
and above have higher levels of poverty than those younger. Married couples are less likely to be poor than nonmarried men and women, and poverty is more prevalent among older racial minorities. In 2012 the poverty rates for White older men (5.6%) and White older women (9.6%) were lower than for Black older men (14%), Black older women (21%), Hispanic older men (19%), and Hispanic older women (22%).