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Public Perceptions of Older People and Ageing: A literature review



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Public Perceptions of Older People and Ageing: A Literature Review

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Executive summary

As people live longer, the population of older people is growing significantly. This brings with it many social, political and economic challenges. It becomes increasingly important to gain an insight and understanding into how older people are perceived by the public as it is from these perceptions and attitudes that ageist behaviours, discrimination and mistreatment of older people can develop. Therefore, the main aim of this literature review is to establish what is currently known about public perceptions of older people and ageing, describe the factors that influence them, and the consequences of these perceptions on the lives of older people.

A systematic search of published works was conducted using the Cochrane databases, MEDLINE, and PsycInfo, and using a variety of search terms relating to 'public perceptions', 'older people' and 'ageing'. The review is comprised of relevant articles sourced from the period January 1989 until July 2009.

A review of the literature revealed that older people are sometimes perceived in a positive light, as active members of the community, loyal, sociable, and warm. However, negative perceptions tended to predominate. For example, older people were stereotyped as having poor health with diminishing mental ability, unattractive, sexless, negative personality traits, unhappy, lonely and excluded from society.

The review identifies that age, gender, level of knowledge, frequency and type of contact with older people, cultural influences, modernisation and the media may be factors which play a role in influencing people's perceptions. The perceptions the public hold of older people can impact on the elderly in employment, education, and health services, and in the general treatment of older people. Further research is needed to examine public perceptions of older people, and the nature and direction that they take, so that interventions can be developed to ensure that older people can and do live a better quality of life. Recommendations are made for education, policy and practice.

1. Introduction

Ireland has a growing and vibrant population of older people. In light of the increasing population of older people and the government's commitment to developing an age friendly society it is imperative that attitudes towards ageing and older people are explored. The rationale being that an exploration of prejudices, attitudes and behaviours will inform future education programmes and the development of public policy. Therefore, the aim of this review is to examine the public's perceptions of ageing and older people. The first part of the review outlines the trends related to ageing in Ireland. This is followed by a discussion on defining the 'older person'. An overview of the methods often employed to measure people's perceptions of ageing and older people are also explored. This review identifies and brings together the perceptions held by the public towards older people and the factors which influence such perceptions. The review will conclude with the implications these perceptions have for employment, healthcare, social inclusion, and on the overall well-being of the older person. Based on the findings of this review, recommendations are made for research, policy, practice and education.

2. Background

In Ireland approximately 11% of people (467,926) are over the age of 65 years (Central Statistics Office (CSO) 2007). This figure has increased by 54,000 people since the late 1990s and all indications are this figure is set to rise. It has been estimated that by 2030, one in four Irish people will be 65 years old or older (CSO 2007). Population projections suggest that between now and 2050 the numbers of people over the age of 65 will triple to approximately 1,435,000 (Department of Health and Children (DoHC) 2007). This rise in the population of older people is not unique to Ireland and it has been estimated that by 2050, almost a quarter of the world's population will be over the age of 60 years (United Nations 2009).

3. Defining the 'older person'

Most developed countries have generally accepted the chronological age of 65 years as the definition of an 'older person' (World Health Organisation (WHO) 2009). In addition to chronological age, the age of a person can be defined in many ways, encompassing biological, psychological and socio-cultural processes (Cohen 2002). For example, age can be defined by the social roles one occupies, by a person's level of physical ability, by a subjective

assessment of how old one feels, as well as their chronological years (Barrett & Cantwell 2007).

Physical factors such as facial looks, hair colour and body image have been highlighted in the literature as defining features of ageing. Mental alertness and mobility have also been considered particularly important criteria in defining an older person (Musaiger & D'Souza 2009). However, even the chronological age at which a person is defined as an older person varies widely. A U.S. study of elementary school students found that some participants considered an older person to be as young as 20 years, whilst others considered an older person to be someone as old as 100 years (Hall & Batey 2008).

The age of the perceiver has been identified as a factor that has considerable impact on the perceiver's understanding of when someone is defined as 'old'. Older people tend to judge the onset of old age to occur later in life than do younger people (McConatha *et al.* 2004; Kimuna *et al.* 2005; Davidovic *et al.* 2007). For example, participants aged 20-29 years considered 60-69 years as elderly, whereas participants over 50 years of age defined 80 years as elderly (Musaiger & D'Souza 2009). The gender of both the perceiver and the perceived has been noted as a pertinent factor when defining a person as old. Men are more likely to cite a younger chronological age as constituting 'old age' than women; and women are generally perceived by men to reach old age at a younger chronological age than men (Knox *et al.* 2005; Musaiger & D'Souza 2009).

Historical perceptions and cultural norms have also been known to influence what constitutes being considered old. In the early nineteenth century, old age was considered to begin at 40 years, whereas in the last decade 65 years of age has been referred to as the upper end of middle age (McConatha *et al.* 2004). This may be attributable to the steady increase in life expectancy. What constitutes being old can also vary between countries. For example, old age is considered to begin much earlier in Turkey than in North America and Germany where old age is perceived to start at a comparatively later chronological age (McConatha *et al.* 2003; McConatha *et al.* 2004).

These studies suggest that no consensus has been reached as to what constitutes being 'old'. Factors such as physical appearance, age and gender

of both the perceiver and the perceived as well as time and cultural differences all impact on whether or not a person is perceived as being 'old'.

4. Public perceptions of older people

As people live longer and the ageing population grows worldwide, it becomes increasingly important to identify prevailing attitudes towards older people in society. Ageist attitudes may lead to discrimination and mistreatment of older people. Furthermore, it is essential to understand factors that influence how we understand and perceive ageing and older people (McConatha *et al.* 2004; Narayan 2008; Raman *et al.* 2008). These factors can then be targeted when educational and social interventions are being developed to protect and improve the treatment of older people.

The ageing of the world's population brings with it many new social, political, and economic challenges (WHO 2002). Within this context, public perceptions of ageing and older people impact on the formulation and implementation of social policies affecting the elderly (Arnold-Cathalifaud *et al.* 2008; Musaiger & D'Souza 2009). For example, as people age, their need for day-to-day support and healthcare is likely to increase. According to Zhou (2007), good quality care service and healthy relationships with older adults are necessary, but are unlikely if people's views of older adults are negative.

A recent Health Service Executive (HSE) (2009) report, *Open Your Eyes* highlighted how people's attitudes and perceptions can have a significant negative impact on the lives of older people. The report states:

Ageism and ageist attitudes are not the sole factors contributing to elder abuse but can give rise to a culture which creates a fertile environment in which elder abuse can develop, leading to age discrimination, and devaluing and disempowering older people (HSE 2009, p. 21).

A report by the *Working Group on Elder Abuse* (WGEA), a group set up to advise and to make recommendations to the Irish government in relation to issues regarding elder abuse, identified a need for academic knowledge on public perceptions of ageing and older people (WGEA 2002). This call for research into attitudes related to older people was also identified by Rupp *et al.* (2005) who stated that research into the perceptions of ageing and older people is warranted given the potential negative impact of ageism on both individuals and organisations alike.

How older people are perceived can have implications on how they are treated in society. Recent developments have emphasised the need to focus attention on how older people are perceived so steps can be taken to reduce ageist attitudes and the mistreatment of the elderly. However, Lee (2009) states that it is still unclear the extent to which negative attitudes towards ageing and older people prevail in different societies. Without an evidence base for the nature and extent of negative perceptions of older people and ageing, it is difficult, if not impossible, to target resources efficiently and effectively to promote positive attitudes and to tackle age discrimination (Gilhooly 2001; Arnold-Cathalifaud *et al.* 2008; Allan & Johnson 2009).

5. Overall aim

The overall aim of this literature review is to establish what is currently known about public perceptions of older people and ageing, and identify factors that influence them.

6. Search strategy

A systematic search of published works was conducted using three main electronic databases. These included Cochrane database, MEDLINE (Pubmed) and PsycInfo. The search was confined to the period between January 1989 and July 2009 using a combination of the following keywords: age; aged; ageing; ageism; ageist; attitude; awareness; belief; comprehension; conception; discrimination; elder; experience; facts; familiarity; geriatric; information; interpretation; judgement; knowledge; mature; myth; old age pensioners; older adult; older people; older person; pensioner; perceive; perception; perspective; prejudice; reality; representations; self representations self perceptions; senior; social construction; social identity; stereotyping; stigma; understanding and value.

Four journals were hand searched for the period January 2004 to July 2009, using a combination of the same aforementioned search terms. These journals included: *Ageing and Society*; *Educational Gerontology*; *Journal of Ageing Studies*; and *Journal of Social Issues*. Relevant articles were also retrieved from the bibliographies of selected papers. Relevant dissertation abstracts, grey literature and conference proceedings were also sought by a general internet search using a combination of terms for the same period (January 2004 to July 2009).

6.1 Eligibility criteria

Articles were deemed relevant to the literature review if they were:

- In the English language;
- Published between 1989-present (July 2009);
- Incorporated public perceptions of ageing and older people (this included the general public as well as different societal groups such as students and children).

7. Review of the literature

7.1 Overview

This section begins by examining the terminology used and methods of measuring people's perceptions. Following this three major areas of focus which emerged from the literature are explored. These include: 1) perceptions and stereotypes of older people; 2) factors which influence public perceptions of older people and; 3) how perceptions and stereotypes impact on the health, social care and well being of older people.

7.2 Terms and definitions

Social perception concerns the process by which people interpret information about others and form impressions of them (Bernstein *et al.* 2000). Our perceptions of other people are both reflected in and influence our thoughts, feelings and actions. Some commonly used terms often used interchangeably with the term perceptions include ageism, attitudes, beliefs, discrimination, prejudice, stereotypes and views (see Appendix 1). It has been noted that the inconsistency with which terminology is used across studies makes comparison between bodies of work difficult (Lichtenstein *et al.* 2005). Similarly various terminology such as old, aged, elderly, elders, senior citizens have been used to describe an older person (Arnold-Cathalifaud *et al.* 2008). For the purpose of this paper, the focus is on how older people and ageing are perceived by the general public and the above terms will be used interchangeably throughout.

7.3 Measuring perceptions of older people and ageing

A number of methods including face-to-face interviews, focus groups and surveys have been adopted to examine people's perceptions of older people, with the predominant method being quantitative surveys (Lichtenstein *et al.* 2005; Barrett & Cantwell 2007; Barrett & Pai 2008). Some of the more commonly used instruments in surveys have included *Kogan's Attitudes*

Towards Old People Scale (Kogan 1961), *The Ageing Semantic Differential Scale* (Rosencranz & McNevin 1969), and *Palmore's Facts on Ageing Quizzes* (Palmore 1977, 1981).

7.4 Mixed perceptions of older people and ageing

A substantial body of literature exists which examines age-related perceptions not least in relation to perceptions of older people (Gellis *et al.* 2003). Overall, previous research in this field has tended to draw on and then compare and contrast the perceptions towards older people within different societal groups, such as children and students. Research into public perceptions of older people and ageing has traditionally been based on the assumption that negative attitudes are widespread (Butler 1969) with numerous studies reporting negative views of older people and ageing (e.g. Kite *et al.* 2005; Arnold-Cathalifaud *et al.* 2008; Allan & Johnson 2009). Nosek *et al.* (2002) found that negative implicit attitudes towards older people relative to young people were, on average, the strongest of any obtained in their study, including attitudes toward race and gender stereotypes. Furthermore, many of these more negative views tend to be reported by younger age groups (Kite *et al.* 2005; Woolf 2006; Cottle & Glover 2007). These negative views will be examined in greater detail throughout the paper.

Despite the fact that Arnold-Cathalifaud *et al.* (2008) maintained that there are few exceptions to these negative responses to older people and ageing, a number of recent studies have reported overall positive or at least neutral attitudes. For example, Fernia and colleagues (2008) reported that from a small sample of children in the US, approximately 75% of 8-9 year old children gave either neutral or positive descriptions of older people. Similarly, in Taiwan, Yen *et al.* (2009) examined attitudes of nursing and medical students towards older people and found a tendency towards positive attitudes for this cohort. Consistent with these findings, Tan *et al.* (2004) studied Chinese university students' perceptions of older people and found that overall, they also expressed positive or, at the very least, neutral attitudes toward older people. These findings concur with recent research conducted in other countries such as in the US, the UK and in Sweden (e.g. Soderhamn *et al.* 2001; Kaempfer *et al.* 2002; Cummings & Galambos 2003; Fitzgerald *et al.* 2003; Laditka *et al.* 2004; Moriello *et al.* 2005; Snyder 2005; Brown *et al.* 2008; Hughes *et al.* 2008; Narayan 2008; Voogt *et al.* 2008). Similarly, studies have also reported that older people have been perceived as

warm, sincere, kind, and motherly (Cuddy *et al.* 2005; Barrett & Cantwell 2007).

Reviews of the literature in this area have generally found that perceptions, at both individual and societal level can vary widely (Kite *et al.* 2005; Narayan 2008). This inconsistency in findings may be explained by the argument put forth by some researchers that the varied perceptions that have been reported are multi-dimensional in nature (Kite *et al.* 2005). In other words, ambivalent findings regarding attitudes towards older people and ageing are indicative of the fact that most people tend to rate old age positively on some dimensions whilst rating it negatively on others (Williams *et al.* 2007; Gilbert & Ricketts 2008). This has been evidenced in many studies. For example, Gellis *et al.* (2003) found that students displayed negative attitudes towards older adults on productivity, adapting to change, independence, and optimism; however they responded positively on a subscale examining acceptability. Similarly, Davidovic *et al.* (2007) reported that the majority of respondents in a sample of forty-eight nurses in Serbia gave conditional responses to the question "Is old age unattractive?" For example, many remarked that old age was not unattractive if a person is in good health, or stated that it depended on the person themselves and his or her own attitude.

Such studies denote the complexities inherent in perceptions held of older people. Whether older people are perceived positively or negatively is often dependent on the different dimensions they are being perceived on i.e. physical appearance, health, adaptability and so on. Furthermore, it is likely that people do not have fixed positive or fixed negative perceptions of old age, but rather they have different views of the many and varied features of older people and ageing.

7.5 Myths and stereotypes of ageing

Societal perceptions of ageing and older people are frequently based on myths and stereotypes (Musaiger & D'Souza 2009) (see Appendix 1 for a definition of stereotypes). Kite *et al.* (2005) concluded from a meta-analysis of 232 studies that people tend to hold clear stereotypic beliefs that differentiate older adults from younger adults. Age-related stereotypes are often based on beliefs held about the characteristics associated with older people and ageing, and people's perceptions of the position older adults occupy in society (Lichtenstein *et al.* 2005).

Research studies carried out on the stereotypes of older people have identified positive, as well as neutral and negative elements in people's perceptions held of ageing and older people (Robinson *et al.* 2008). According to Palmore (1999) many of the most commonly held stereotypes reflecting old age are twofold with many reporting older people in a negative light as well as corresponding positive stereotypes that are almost a direct opposite. For example, Cuddy *et al.* (2005) reported that mainstream societal stereotypes perceive elderly people as warm (positive) but also as incompetent (negative). Similarly, Barrett and Cantwell (2007) examined age-related stereotypes using student drawings of elderly people and found that the sketches depicted both negative and positive stereotypes. In a follow on study, students examined and discussed a similar sample of drawings of older people (Barrett & Pai 2008). Examples of words students associated with the positive sketches included wise, knowledgeable, experienced, patriotic and "golden ager". However the list describing the negative stereotypes was substantially longer and consisted of descriptors such as shrewd, greedy, selfish, stubborn, and grumpy. Other words included lonely, depressed, closed-minded, boring, wrinkled, forgetful, and technologically challenged. Older people have also been described as pessimistic, difficult, grouchy and irritable (Tan *et al.* 2004). Older men, in particular have been viewed as 'intolerant, suspicious and conflictive' more so than older women (Arnold-Cathalifaud *et al.* 2008; Narayan, 2008). Although both positive and negative descriptors of older people are presented, it is evident from the substantive list above that more negative descriptors are associated with older people. This finding is consistent with Sauer (2006) who reported that students were three times more likely to use mostly negative rather than positive descriptors to characterize older adults. Furthermore, Palmore (1981) found that seven of the nine most frequent misconceptions of older people tend to reflect negative stereotypes. Similar studies have also reported that older people are more likely to be negatively stereotyped (Gellis *et al.* 2003; Kite *et al.* 2005; Musaiger & D'Souza 2009). Arnold-Cathalifaud *et al.* (2008) concluded that, although no one stereotype of old age exists, old age is generally perceived as a stage in which the positive characteristics of life, such as health, are lost.

People often construct their perceptions of older people based on stereotypes, which tend to be fixed beliefs and are assumed to apply to all older people. Although, these stereotypes tend to be twofold, it is evident from the

literature that negative perceptions of older people outweigh the positive. This becomes particularly evident in the next section, which presents commonly held stereotypes of older people as reported in the literature.

7.5.1 Commonly held stereotypes of older people

From a review of the literature, the most commonly held stereotypes of older people relate to their health, body image, sexuality, mental ability, personality and social involvement.

7.5.1.1 Ill-health and decline

A large body of research indicates that people generally associate ageing with ill-health or death (e.g. Novaes & Derntl 2002 cited in Wachelke & Lins 2008; Arnold-Cathalifaud *et al.* 2008; Hall & Batey 2008; Musaiger & D'Souza 2009). Older people are generally perceived as sickly, weak or ill with health worries, requiring regular check-ups and fearing death (Arnold-Cathalifaud *et al.* 2008; Musaiger & D'Souza 2009). These themes of illness, dependency and death have been identified in the literature. Arnold-Cathalifaud *et al.* (2008) for example, found that older people were considered 'dependent' by two-thirds of respondents. Other studies conducted with students revealed that they tend to focus on chronically ill or dependent individuals in essays or reflective writing exercises, describing the health status of older adults in terms of multiple diseases, chronic conditions, and as a group of people who use multiple drugs (Sauer 2006; Westmoreland *et al.* 2009). Few people described older people as healthy or active. Hall and Batey (2008) examined children's ideas about ageing and found that when asked what happens to people as they age, over half of the children (58%) said that they 'die' and a substantial proportion (36%) said that they get 'weak or sick'. These findings are also consistent with older students where Kimuna *et al.* (2005) noted that college students were likely to believe that older people's physical strength declines with age and physical limitations increase. Similarly, Arnold-Cathalifaud *et al.* (2008) reported that 66% of young people believed senior citizens to be fragile, 62% in the case of elderly men and 78% in the case of elderly women.

Studies that have used student drawings to examine perceptions of older people have produced sketches reflecting images of sickness, frailty and impairment (Barrett & Cantwell 2007; Barrett & Pai 2008). Indicators of physical impairment were not uncommon, as demonstrated by drawings which displayed physical aids, such as walking sticks, canes, crutches, walkers, or

wheelchairs as being associated with old age. To a lesser extent sensory deficits such as being chronically hard of hearing have also been associated with old age (Musaiger & D'Souza 2009). Falchikov's (1990) study involving sketches drawn by 10 and 11 year olds found that of a third of the pictures of old men included hearing aids. Similarly, Barrett and Cantwell (2007) found that thirty-five per cent of student sketches of older people included vision-correcting glasses.

Musaiger and D'Souza (2009) presented findings which are contrary to the popular perception that older people live out their retirement in ill-health and physically dependent. For example, only 1.6% of respondents in a sample of 305 Kuwaiti adults aged between 20 and 64 years believed that older people require a geriatric home. This may indicate positive attitudes towards care for the older person. However it may also be reflective of cultural beliefs about caring for older people within the family. Findings also reported positive perceptions regarding the ability of the elderly to travel alone which indicates respect for the desire of older people to live independently (Musaiger & D'Souza 2009).

Overall it is evident from the literature on the public's perceptions of ageing that older people are predominantly associated with poor health and are generally perceived as weak and frail. Older people are also characterised as having physical impairments, needing physical support aids as well as having declining eyesight and hearing. Although some evidence exists which indicates that older people are viewed as having the capacity to live long independent lives, the majority are stereotyped as becoming progressively frail and needing support as they get older. It is acknowledged that although the stereotypes of older people as weak, frail and disabled result from the ageing process and therefore have a basis in reality, some researchers have argued that it is not the experience of all older people and is often based more on myth than reality (Barrett & Pai 2008).

7.5.1.2 Body image

Other commonly held stereotypes of older people are associated with physical attributes and appearances. Facial appearances in particular have been reported as an important criterion for defining elderly people (Musaiger & D'Souza 2009). This has been found to be predominantly true for elderly women with about 60% of a sample of over 300 people considering facial

looks important in considering if a woman is elderly, while around 54% considered it important for defining men as elderly (Musaiger & D'Souza 2009).

Perceptions and stereotypic attitudes towards older people are often based on physical attributes (Okoye 2004). Balding, greying and thinning hair, and wrinkling of the skin are physical features most commonly associated with ageing (Valeri-Gold 1996; Lichtenstein *et al.* 2005; Ajala 2006; Musaiger & D'Souza 2009). Musaiger and D'Souza (2009) found that 35% of men identified greying of hair as a criterion for defining older women whereas women placed less emphasis (27%) on hair colour for both older men and women (n = 305). Other studies have found that wrinkles were depicted even more frequently in sketches of older people. Lichtenstein *et al.* (2005), for example, found that 61% of drawings of older people included wrinkles. Similarly, Barrett and Cantwell (2007) reported that 41% of student drawings of older people included wrinkles. A third of children aged approximately between eight to nine years, when asked what happens to people as they age, responded that they 'get wrinkles' (n= 269) (Hall & Batey 2008).

There is a common perception among the public that age reduces attractiveness and older people tend to be stereotyped as ugly (Palmore 1999; Kite *et al.* 2005). Tan *et al.* (2004) noted that in multiple research studies in the United States, Southeast Asia and the Caribbean, words such as 'unattractive' and 'unappealing' are automatically associated with ageing. Recent findings also support the stereotype that the elderly lack care in their appearance (Musaiger & D'Souza 2009).

Therefore, physical appearance, particularly facial features play an important role when it comes to defining a person as old. Balding and wrinkling are among the most commonly perceived physical changes as people age; however, these are normally not welcomed changes and are often perceived negatively.

7.5.1.3 Sexuality

Sexual activity in the lives of older people may tend to decline, but sexual interest including desire and capacity often still remains (Allen *et al.* 2009). Despite this, older people are often perceived and described as being 'asexual'. Barrett and Cantwell (2007) reported that nearly one in five

sketches of elderly people drawn by a sample of students lacked clear depictions of gender. These images were explained by students as reflections of the stereotype of older people as sexless, lacking sexual desire, interest, ability, and activity. This stereotype of older people has been reported in other studies (Kimuna *et al.* 2005; Arnold-Cathalifaud *et al.* 2008). Any sexual behaviour in older people is generally negatively perceived and deemed as unacceptable by the public (Kane 2006).

Older women in particular, are more likely to be perceived as non-sexual. For example, Arnold-Cathalifaud *et al.* (2008) found from a sample of young people surveyed, 69% tended to consider elderly woman 'sexually inactive', compared to 62% for elderly men. Similarly, Kane (2006) reported that perceptions surrounding older males who engaged in sexual behaviours were generally negative but judgments on this were much harsher for older women. On the whole, older people are generally stereotyped as asexual and sexless. Sexual activity among the elderly is frowned upon and deemed unacceptable, particularly for older women.

7.5.1.4 Mental decline

A decline in mental ability is perceived as inevitable in older people and is another commonly reported stereotype associated with ageing (Palmore 1999). This stereotype believes that age reduces competence, intelligence, ability, and results in memory loss (Kite *et al.* 2005). Musaiger and D'Souza (2009) noted the importance of mental alertness in defining older age. They found that most respondents agreed that the elderly tend to have decreased learning capability, and that older people become confused, forgetful, and cannot remember or learn new things (Musaiger & D'Souza 2009). Cuddy *et al.* (2005) found that older people are rated as less intellectually competent than younger people. Furthermore, people are more likely to attribute memory failure in older adults to intellectual incompetence, while memory failures in younger adults are often attributed to lack of attention or effort (Erber *et al.* 1992; Erber *et al.* 1996; Erber & Prager 1999).

In Arnold-Cathalifaud *et al.*'s (2008) study, students were asked to estimate an age for three categories: senior citizens, elderly men and elderly women. Senior citizens were perceived to be significantly younger than elderly men and women and were subsequently rated better on a number of competence related domains. For example, 43% of participants considered senior citizens

as 'productive' compared to 39% of elderly women and 34% of elderly men, while 48% considered elderly men as 'unproductive'. Similarly, 58% perceived senior citizens to be 'inefficient', compared to 35% believing elderly men to be 'inefficient' (Arnold-Cathalifaud *et al.* 2008). However, this pattern was not reflected for all traits. Elderly women were rated as slightly higher than senior citizens when it came to being 'skilled' (Arnold-Cathalifaud *et al.* 2008). Having 'wisdom' is a trait that has frequently been associated with older age (Wachelke & Lins 2008). Lichtenstein *et al.* (2005) found that wisdom was frequently mentioned by children in written descriptions of their drawings of older people.

Declining mental ability is perceived as a feature of growing old. Older people are stereotyped as progressively becoming incompetent, unproductive and forgetful, and this can vary between subgroups of older people i.e. senior citizens and the elderly. However, despite the fact that older people are perceived to have poor cognitive functioning, a small number acknowledge that older people possess valuable experience and wisdom.

7.5.1.5 Personality and disposition

Ageing and older people are frequently negatively associated with developing particular personality traits. Older people are often perceived as being pessimistic, difficult, inflexible, suspicious, secretive, grouchy or irritable, angry, and bitter (Gellis *et al.* 2003; Tan *et al.* 2004; Okoye & Obikeze 2005; Sauer 2006). Older men, in particular, are seen as more intolerant, suspicious and conflictive than elderly women and senior citizens, although these adjectives are generally associated with all categories of older people (Arnold-Cathalifaud *et al.* 2008). In contrast, older people have been stereotyped on more positive personality traits reflecting warmth such as friendliness, being good-natured, sincere and warm (Cuddy *et al.* 2005). Fiske *et al.* (2002) found that on perceived warmth, elderly people were rated higher than other societal groups such as people with a disability or the homeless. Older people have also been described as outgoing (Arnold-Cathalifaud *et al.* 2008); and are perceived as being more dependable than younger people (Palmore 1999). These perceived personality traits are consistent with positive stereotypes elicited in similar studies (Barrett & Cantwell 2007).

Older people have also been identified as conservative, set in their ways, and increasingly religious (Okoye 2004; Tan *et al.* 2004). For example, Arnold-

Cathalifaud and colleagues (2008) examined perceptions of a sample of nearly 700 young people using a semantic differential measure and found that 68% of participants associated older people with conservatism (77% in the case of elderly men and 68% in the case of elderly women). Similar findings have been observed in an Irish context. For example, the ARK Survey on attitudes to older people reported that over half of the general public believed that "older people are "too set in their ways and ideas" and 42% felt that older adults are "not willing to listen to young people's views" (O'Connor & Dowds 2005, p. 28).

Older people are often characterised as having negative personality traits, particularly associated with elderly men. On the other hand, some traits associated with warmth, i.e. outgoing, dependability, have been used to describe older people, particularly older women. Conservatism has also been associated with older people, i.e., being perceived as having fixed ideas and not willing to listen to young people.

7.5.1.6 Lonely and isolated

Several studies have indicated that older people are viewed as both sad and lonely (Tan *et al.* 2004; Sauer 2006). Researchers have used depictions of facial expressions or emotions in student drawings to ascertain their images of later life. Findings indicated ambiguity in students' perceptions of the emotional quality of later life (Barrett & Cantwell 2007; Barrett & Pai 2008). Approximately 50%-62% of drawings of older people incorporated smiles (Weber *et al.* 1996; Lichtenstein *et al.* 2005; Barrett & Pai 2008). This supports Palmore's (1999) contention that old age can be recognised as a time of happiness, serenity and freedom from responsibilities such as work and child rearing. However, Lichtenstein *et al.* (2005) found that, although nearly half of the older people were drawn with smiles, follow-up questioning revealed that only about a quarter of the figures were viewed by their artists as happy suggesting that ageing is not necessarily considered a happy time in a person's life. This concurs with other studies that found nearly 40% of images included sad, neutral or vague facial expressions (Valeri-Gold 1996; Lichtenstein *et al.* 2005; Barrett & Cantwell 2007). Barrett and Pai (2008) examined a similar sample of drawings of older people and participants remarked that depictions of faces were expressionless and frowning.

Happiness in older life may be perceived to be determined by health and physical appearance as smiles in pictures of older people were significantly less likely to be included in pictures that also contained 'physical aids' or 'baldness' (Barrett & Cantwell 2007). Palmore (1999) asserted that stereotypes of older people as sickly, weak and incompetent lead many people to believe that older people must therefore be unhappy.

A commonly held stereotype is that older people are isolated from their communities and have diminished interaction with the outside world (Denmark 2002). Arnold-Cathalifaud *et al.* (2008) reported that in terms of social integration, over half of respondents viewed senior citizens as marginalised, and this was perceived to be particularly true in the case of elderly men. Sketches of older people were examined and it was found that older people were drawn physically smaller than younger people were depicted (Falchikov 1990). It has been suggested that such findings provide further evidence of the marginalized status of older people (Barrett & Cantwell 2007). However, exceptions to these negative perceptions regarding social integration and socializing have been observed. Musaiger and D'Souza (2009) reported that a high percentage (83%) of people aged between 30 and 39 years responded positively in relation to older people maintaining social relations and participating in social activities. Moreover, older people have been considered to be more affluent and to wield increasing political power (Palmore 1999).

Although some studies may indicate that older people are stereotyped as generally happy, the process of ageing and old age are frequently perceived as unhappy stages in life marked by isolation, marginalisation and depression. However, the majority of older people live capable and independent, active lifestyles. Furthermore, a recent survey of older people also identified that the experience of loneliness was not in fact a major issues in the lives of the majority of older people (Drennan *et al.* 2008).

7.5.1.7 Disrespected and undervalued

A recent report entitled *Discrimination in the European Union: Perceptions, Experiences and Attitudes* (European Commission 2008) reported that just under half of Europeans believe that age discrimination is an extensive problem. In Ireland, a report by the *National Council on Ageing and Older People* (NCAOP 2005a) revealed that Ireland is not perceived as an age

friendly society. As one ages, less respect is received from the public who do not recognise the contribution that many older adults are able to make to society (NCAOP 2005a).

These findings are consistent with other studies, which have examined the position older people hold in society. For example, in the US, Cuddy *et al.* (2005) reported that older people were rated as having lower status than other societal groups. Furthermore, research by Arnold-Cathalifaud *et al.* (2008) reported that approximately half of a sample of young people viewed older people as passive rather than active citizens, suggesting that older people are not perceived as socially valued citizens in society.

7.5.2 Summary

This section examined the common stereotypes held of older people and ageing. A review of the literature suggests that older people are predominantly negatively perceived. Namely, older people are stereotyped as having poor health, as being unattractive, asexual and with a declining mental ability. Older people are also perceived as being conservative as well as being unhappy, lonely, isolated and overall undervalued by society. However evidence does exist to suggest that older people are perceived as being warm, dependable, content and active members of their communities.

7.6 Factors that influence public perceptions of older people and ageing

Numerous factors influence public perceptions of older people and ageing. This section examines the following factors: gender, age, knowledge and understanding, level of contact with older people, societal and cultural influences, modernisation and industrialisation, and the media.

7.6.1 Gender

7.6.1.1 Gender of the perceiver

A person's gender may influence how they perceive an older person. On average, men exhibit less favourable attitudes towards older people and fewer positive ageist behaviours than women (Bernardini Zambrini *et al.* 2008; Bodner & Lazar 2008; Cherry & Palmore 2008; Allan & Johnson 2009). However, not all studies support these findings (Arnold-Cathalifaud *et al.*

2008; Hughes *et al.* 2008). For example, in the US, Lee (2009) compared 125 university students' perceptions towards older people. Measures used included *Kogan's Scale for Attitudes toward Old People*, the *Facts on Ageing Quiz (FAQ)*, and journal entries about beliefs, emotions, and experience regarding older people. Male students were found to have significantly more negative attitudes than females on Kogan's Scale. However no gender differences were found in relation to positive attitudes on the scale or in either of the other measures. Similarly, Musaiger and D'Souza (2009) found statistically significant differences between males and females on some perceptions of older people but not on others. When the gender of the person being perceived is taken into account, male participants rate older females notably more positively than female participants rate older males on attitude measures (Laditka *et al.* 2004).

Bodner and Lazar (2008) found that while older men held more stereotypical perceptions of older people than women; both groups were characterized by avoidance of older people. Women tended to have more negative conceptions of the contribution of older people to society. However, research surrounding gender differences in this area must be interpreted with caution. Rupp *et al.* (2005), for example, pointed out that in their study, although statistically significant, the difference in ageism scores attributed to gender was relatively small and could have been affected by the size of the sample. It must also be noted that there is a considerable gender imbalance in many studies with female participants far out-weighting males (Soderhamn *et al.* 2001). According to Rupp *et al.* (2005), further research is necessary to determine the accuracy and generalisability of the gender-ageism relationship.

Some evidence exists to suggest that the gender of the perceiver influences how a person perceives an older person. Males were generally found to hold more negative perceptions of older people than women on certain aspects of ageing, however studies should be interpreted with caution as sample sizes are often small and have a gender-imbalance.

7.6.1.2 Gender of the older person

Research reviewed has indicated that older men and older women are perceived differently. The gender of the person being rated or evaluated might impact on the attitude measured (Kite *et al.* 2005). It has been proposed that older women are evaluated more negatively than older men;

this is referred to as the 'double standard of ageing' (Sontag 1979). However, Narayan (2008) asserted that there has been little research that specifically addresses this issue. Consistent with the 'double standard of ageing', sketches of older women have been found to be much more likely to include wrinkles than in drawings of older men (Falchikov 1990). However, physical aids were depicted significantly less frequently in sketches of women than men (Barrett & Cantwell 2007).

The age at which men and women are considered old may be a factor. For example, Musaiger and D'Souza (2009) found that men were generally perceived to reach old age at a later age than women. More specifically, participants in this study viewed 40-49 years as elderly for women, however 70-79 years was considered elderly for men. Researchers have reported that older males are perceived more favourably than older females, who tend to be subjected to more negative biases and prejudices (McConatha *et al.* 2004; Tan *et al.* 2004). This was evident in a study by Middlecamp and Gross (2002) who observed that children had higher levels of prejudice against older women than older men.

In contrast, some studies have found the opposite to be true where older women are rated significantly more positively than older men (Laditka *et al.* 2004; Narayan 2008). Arnold-Cathalifaud *et al.* (2008) reported that elderly men were perceived as increasingly more intolerant, suspicious and conflictive than elderly women. In addition, in terms of efficiency, 39% of elderly women were deemed efficient compared to 33% of elderly men. Elderly women were also more positively perceived as outgoing (62%) than men (44%) (Arnold-Cathalifaud *et al.* 2008). Drawings of women by students were found to be more likely to depict sketches of older women with smiles; depict interaction with grandchildren; or show engagement in social activities (Lichtenstein *et al.* 2005; Barrett & Cantwell 2007; Barrett & Pai 2008). In some cases, this has been attributed to cultural representations and expectations regarding gender, as well as ageing. Specifically, there is greater tolerance of emotional expression among women than men, and women of all ages are considered to be more easy-going, accommodative, kind, and forgiving than men (Barrett & Pai 2008).

Despite the fact that women tend to live longer than men (Austad 2006), men have been found to be over-represented in drawings relative to their

proportion in the population of older people (Barrett & Cantwell 2007; Barrett & Pai 2008). This finding is attributed by some to a persistently 'male-dominated society'. Lichtenstein *et al.* (2005) found that students tend to sketch a man when instructed to draw 'a typical older person'.

Substantial gender differences have been observed in the perceptions of older men and older women on a wide range of personality and competence domains. Women are generally perceived to reach older age earlier than men. Further research is necessary to develop a clearer understanding of these gender differences.

7.6.2 Age of the perceiver

One's age is often thought to influence one's perception of older people and ageing (Musaiger & D'Souza 2009). Studies suggest that older people hold more positive attitudes towards ageing than younger people (Kite *et al.* 2005), which suggest that younger people may be more likely to demonstrate ageism (Soderhamn *et al.* 2001; Laditka *et al.* 2004; Allan & Johnson 2009). This is supported by findings from Rupp *et al.* (2005) who reported that younger participants tended to be more ageist than older participants. Similarly, Kruse and Schmitt (2006) found that those aged between 58 and 64 years held more optimistic views about age than both younger and older age groups. However, caution must be exercised when interpreting these findings, as some variance exists within age categories. For example, although Allan and Johnson (2009) reported that 'older' participants were found to exert less ageist attitudes than their younger counterparts, the age range of participants was from 17 to 49 years. Similarly, Soderhamn *et al.* (2001) stated that 'older' students held more favourable attitudes than 'younger' students, with a cut-off of 25 years of age. In contrast, Laditka *et al.* (2004) found 'middle aged' participants, between the ages of 35 and 59 years, to have the least positive attitudes towards older people.

Several studies have reported finding no association between respondents' age and their attitudes or behaviours concerning the elderly (Tan *et al.* 2004; Cherry & Palmore 2008; Lee 2009). However, the age range of participants in two of these studies (Tan *et al.* 2004; Lee 2009) was 18 to 50 years (mean age 25 years) and 18 to 26 years (mean age 20 years) respectively. Nosek *et al.* (2002) reported findings related to differences in the association of age with explicit and implicit attitudes. They found that while there was a clear

linear trend showing increasing positive explicit attitudes toward older people relative to younger people commensurate with respondent age, there remained strong negative implicit attitudes toward older people amongst all participant age groups.

Children's attitudes are considered an important area of study, as they may be reflective of societal attitudes as a whole (Schwalbach & Kiernan 2002). Social learning is often considered one of the strongest determinants of stereotyping and prejudice against stigmatised groups (Montepare & Zebrowitz 2002). Barrett and Cantwell (2007) asserted that early socialisation leads children to assume ideas and attitudes towards older people and ageing which become well embedded and taken for granted as they get older.

A review of literature conducted by Montepare and Zebrowitz (2002) regarding children's attitudes towards older adults revealed that the tendency to differentiate people based on their age begins in early infancy and that both negative feelings toward older adults and varied stereotypes emerge in the early preschool years. Other researchers similarly report that children as young as four or five have well defined ideas about older people and ageing and exhibit negative attitudes toward older adults (Cottle & Glover 2007; Gilbert & Ricketts 2008). Gilbert and Ricketts (2008) asserted children's ideas and attitudes change and develop with age. It has also been suggested that children's attitudes tend to become less negative, more differentiated and more elaborate with age (Montepare & Zebrowitz 2002). A study by Davidovic *et al.* (2007) revealed positive perceptions of old age in a sample of 162 school children, which led them to conclude that ageism is adopted later in life.

Age may be an influential factor in the perceptions of older people and ageing. While some researchers assert that young people tend to hold negative attitudes which then develop into more positive attitudes as they get older, others have argued that ageist attitudes tend to be adopted in later life. Further research is needed to clarify the nature and direction of the perceptions and attitudes of older people.

7.6.3 Knowledge and understanding of older people

Researchers have suggested that ageism is not innate but develops over time (Lichtenstein *et al.* 2005; Davidovic *et al.* 2007). Such arguments promote the

opportunity to develop strategies to engage and educate young people to develop positive attitudes towards older people. The Canadian Network for the Prevention of Elder Abuse (CNPEA 2007), for example states that most prevention strategies view education as one of the best means of countering ageism. According to Davidovic *et al.* (2007), most researchers agree that educational and intergenerational programmes are the best way to influence and improve perceptions of older people and ageing. However, studies examining the impact of education on knowledge of ageing and attitudes towards older people have produced rather ambiguous and somewhat contradictory findings. Studies have examined the public's knowledge of ageing, particularly among students in health and social care courses. These studies reveal that students tend to have moderate or below moderate levels of knowledge about ageing, and that myths and misconceptions about older people are widely held (Gellis *et al.* 2003; Lee *et al.* 2006; Rust & See 2007; Lee *et al.* 2008). Even students who have undertaken courses on ageing and older people often score less than 50% on 'ageing' quizzes (Gellis *et al.* 2003; Allan & Johnson 2009; Lee 2009). Many of the misconceptions held about ageing represent negative age stereotypes (Rust & See 2007; Lee 2009). For example, Okoye (2004) reported that 56% of incorrectly answered questions illustrated anti-ageing bias, compared to just 22% indicating pro-ageing bias. These less favourable attitudes towards older people may stem from limited knowledge and misconceptions about ageing (Scott *et al.*, 1998; Montepare & Zebrowitz 2002; Barrett & Cantwell 2007).

However, evidence from several studies indicates that participation in education programmes can have a positive effect on attitudes towards ageing and older people (Puentes & Cayer 2001; Funderburk *et al.* 2006; Cottle & Glover 2007). For example, Knapp and Stubblefield (2000) found improvement in knowledge of ageing in students who enrolled in a gerontology course. While others suggest the value of education in enhancing attitudinal change or altering beliefs is limited, or may even be detrimental (Paton *et al.* 2001; Happell 2002; Hughes *et al.* 2008). The many means of imparting information about ageing and the effectiveness of education in bringing about changes in attitude may well depend on the type of educational intervention put in place. For example, many courses on ageing or geriatrics tend to focus on older adults in ill health, thus reinforcing negative stereotypes. The age at which an educational intervention takes place may also be of key importance. Lichtenstein *et al.* (2005) proposed that education

should be aimed at young adolescents who have not yet adopted negative societal stereotypes and attitudes and are still at a point where teaching can have an impact and encourage a more positive outlook on ageing and older people.

In contrast, researchers have also reported finding no association between knowledge of the ageing process and attitudes towards older people, despite using similar measures of knowledge and attitudes, indicating that people may form attitudes towards older people independent of knowledge and understanding of older people (Fitzgerald *et al.* 2003; Woolf 2006; Cottle & Glover 2007; Narayan 2008).

It is unclear if attitudes towards older people are influenced by education, and whether ageist attitudes can be positively changed over time through education. The effectiveness of such courses may depend on how older people are portrayed within it and the age at which it is administered.

7.6.4 Level of contact with older people

Level of contact and exposure to older people is considered a factor which may influence people's perceptions of older people. Interaction with older people may occur in a personal domain, or in an educational or professional context, and with different levels of contact in terms of both frequency and intimacy. Some researchers have found that perceptions of ageing reflect the frequency of contact with older individuals (Kimuna *et al.* 2005). Many educational programmes focus on increasing contact with older people as a means of improving perceptions of older people and ageing. Researchers have identified insufficient opportunities for interaction across age groups as a barrier to developing positive attitudes towards older people amongst children, and as a basis for negative attitudes (Hagestad & Uhlenberg 2005; Gilbert & Ricketts 2008).

Lichtenstein *et al.* (2005) proposed that perceptions are constrained by personal experience. Perceptions of older people may therefore change as experience is gained. Opportunities for interaction and engagement with healthy older people are thus believed to promote more positive attitudes and help people acquire more accurate knowledge about ageing (Tan *et al.* 2004; Gutheil *et al.* 2009).

Contact between older and younger groups allows individuals the opportunity to learn about healthy ageing, to challenge stereotypes and see beyond prejudices to other positive qualities of older individuals (Hagestad & Uhlenberg 2005; Gilbert & Ricketts 2008). A well-integrated society with contact and interdependence between young, middle aged and older people is believed to encourage a sense of respect for and liking and valuing of older people (Cuddy & Fiske 2002; Peri *et al.* 2008).

The empirical evidence behind these assertions is inconclusive (Kimuna *et al.* 2005). It has been asserted that direct contact and experience with older people can, in an immediate and sustained way, improve attitudes and beliefs about ageing, counter negative stereotypes and result in a more positive outlook (Sauer 2006; Hall & Batey 2008; Voogt *et al.* 2008; Walsh *et al.* 2008). For example, Lee (2009) found that students who communicated regularly with older adults had more positive attitudes, less negative attitudes, and expressed less anti-ageing bias than those who communicated less regularly. Prior to this intergenerational intervention, many students held negative stereotypes and beliefs about older people in terms of lifestyle, cognitive function, physical health, and the willingness of older adults to change. However, post-intervention, students recognised that older adults were often independent, active, busy, healthy, and receptive, had good memories, and took their advice seriously.

In contrast to the findings outlined above research has also observed negative perceptions following direct contact with older people (Happell 2002; Brown *et al.* 2008). For example, living with an older person, which is likely to entail frequent contact, has not been found to be associated with more positive perceptions, and in fact has been associated with higher levels of anxiety about ageing (Bernardini Zambrini *et al.* 2008; Allan & Johnson 2009; Lee 2009). Rather it is the nature and quality of intergenerational contact, relationships and experiences with older people that is increasingly recognised as having an important influence on subsequent perceptions and attitudes towards older people (Gilbert & Ricketts 2008; Voogt *et al.* 2008; Allan & Johnson 2009). Consistent, structured social interaction between generations can make the commonalities between people of different age groups more prominent and minimize the differences between groups (Puentes & Cayer 2001). Stable, enduring relationships, characterised by sustained contact, familiarity and personal knowledge are considered by some to be essential in

improving attitudes and perceptions of older people, and combating ageism (Hagestad & Uhlenberg 2005).

In an educational or work-related setting, the importance of the quality of experience with older people may be reflected in people's desire to work in older persons' care settings in the future. Happell (2002) for example, reported that nursing students who ranked care of the older person as their least preferred career option frequently cited previous or current experiences working with older people in their reasoning. Healthcare students' contact with older adults is often in the form of frail patients with multiple disabling medical problems in long-term care or hospital settings (Westmoreland *et al.* 2009). Brown *et al.* (2008) asserted that negative views could develop during nursing training and through work placements in environments with poor standards of care and evidence of negative attitudes towards older people.

Conversely, studies have found that early exposure to healthy older people can improve perceptions of older people and ageing (Bernard *et al.* 2003). Positive experiences in enriched environments could reinforce existing positive perceptions of work with older people, or positively influence initially negative perceptions. The attitude of other staff towards their work, the quality of leadership and communication were found to be particularly crucial factors in the creation of positive or negative learning environments (Brown *et al.* 2008).

It may not be the level of exposure to older people that may influence people's perceptions, but may be the nature and quality of contact people have with older people. It therefore seems important to highlight the positive aspects of ageing and older people and encourage meaningful experiences in the design of any intergenerational intervention to overcome negative stereotypes and improve perceptions of older people.

7.6.5 Societal and cultural influences on perceptions of older people

Public perceptions of older people can frequently stem from the culture within which they are embedded. For instance, these can include the household and familial beliefs, social influences, popular culture, the media, literature, and even the environment (Gilbert & Ricketts 2008; Robinson *et al.* 2008; Musaiger & D'Souza 2009).

Various studies indicate that perceptions of the aged are not the same across all cultures, or even within countries (Gilbert & Ricketts 2008). For example, older people are believed to have a devalued status in American society, while in other cultures older people are respected and admired for their experience and wisdom (Cuddy *et al.* 2005; Barrett & Cantwell 2007; Musaiger & D'Souza 2009). Palmore (2004) reported that the majority of older adults in America and Canada frequently encounter incidents of ageism and are treated by others as ailing and frail. In contrast, Tan *et al.* (2004) argued that a sample of younger people in China held more positive attitudes towards all categories of older people when compared with findings from studies in the US, Singapore and Trinidad. Some researchers attribute these differences in perceptions to the individualistic nature of North American and Western European culture, which value and emphasise the rights of an individual as an autonomous self, free to express themselves, and act in their own self-interest free from the constraints of others (Cuddy *et al.* 2005; Bodner & Lazar 2008).

Eastern and Middle-Eastern cultures, such as Chinese, Arabic and Israeli cultures are considered to possess more collectivist values (Bodner & Lazar 2008) where societies tend to encourage interdependence and therefore traditionally provide support and care for older people within their families (Bodner & Lazar 2008; Musaiger & D'Souza 2009). Tan *et al.* (2004) also noted that there is a family obligation towards the care of older people enshrined in law in China with punishments for adult children who fail to support a dependent parent.

These examples demonstrate the diversity between countries in perceptions of older people suggesting that different cultural beliefs play an important role in influencing public perceptions of older people.

7.6.6 Modernisation and industrialisation

Many researchers argue that ageist attitudes are more prevalent in modern societies than in the past or in more traditional cultures (Basford & Thorpe 2004; Palmore 2004; Lee 2009). According to Brocklehurst and Laurenson (2008) old age is now associated with vulnerability and dependence where in the past it was seen by society as a sign of wisdom that could be handed down from generation to generation. Modernization and industrialisation on a global scale has been posited as one contributing factor for the increasingly

pan-cultural nature of ageist attitudes and negative perceptions of older people (Eyetsemitan *et al.* 2003). Changes in social roles associated with the global economy and technological advancement help shape attitudes towards older people (McConatha *et al.* 2004).

A theory of modernization (Cowgill 1986) has been proposed which suggests that a relationship exists between ageing and modernization, where older men and women in less technologically advanced societies tend to yield more economic and social power than those in more industrialised countries. In spite of the traditionally collectivist nature of some cultures, changes associated with all modern societies have led to the growth of individualism, which according to Hernandez and Gonzalez (2008) is now one of the characteristics of our civilization.

Some researchers also note that although extensive socio-cultural changes have taken place with increasing modernization and industrialisation, many collectivist cultures still retain the importance of family and the status of older people within them (McConatha *et al.* 2004; Musaiger & D'Souza 2009). A further feature of modern society hypothesised to influence perceptions of older people is demographic change and acceleration in the growth of the older population (Basford & Thorpe 2004; Brocklehurst & Laurenson 2008). For example, McConatha *et al.* (2004) suggested that their findings of more negative perceptions of, and greater fear and anxiety about, ageing amongst a Turkish sample compared to their American counterparts could be attributed to the fact that in Turkey the older population remains relatively small and therefore there are few resources or education programs in place outside of the family to provide accurate information about ageing. In contrast, the authors argue that in the US there is a considerable body of research addressing the needs of the older population and numerous gerontological programmes in place (McConatha *et al.* 2004).

Modern society brings with it technological advances and changes in social roles. Traditional roles where older people were seen as great sources of knowledge and wisdom in society are beginning to change and impact on the public perceptions of older people.

7.6.7 The media

The media, including television, print media (books, newspapers, magazines, and advertisements) are considered a major and pervasive source of socio-cultural influence on the public's perceptions of older people and ageing. The media act as a resource for learning about the world in general and supplies information and ideas about older people and ageing that can play a role in the formation and reinforcement of these images (Lee *et al.* 2007; Robinson *et al.* 2007; Williams *et al.* 2007; Gilbert & Ricketts 2008). Some researchers argue that in the absence of real-world contact between younger and older people, the media is a particularly important source of intergenerational contact (Williams *et al.* 2007).

Many researchers have argued that the media, particularly in the US, celebrates and promotes youth, and has a central role in perpetuating ageist images and stereotypes (McConatha *et al.* 2004; Barrett & Pai 2008). Children are believed to be particularly vulnerable to the consequences of negative media images (Montepare & Zebrowitz 2002). Exposure to stereotypical portrayals of older individuals may lead to distorted views of the realities of old age and of older people in society, and may influence the way in which people interact with older individuals (Kessler *et al.* 2004; Robinson *et al.* 2007).

Research in this area has examined how older people are represented or portrayed in the media, documenting their presence in television programmes, films, advertisements and books, the types of roles they play, and the traits most frequently associated with older characters, which may reflect ageing stereotypes (Zhang *et al.* 2006; Lee *et al.* 2007). Television in part, because of its ubiquity, is believed to play an especially significant role in shaping public attitudes, and is frequently blamed for perpetuating negative stereotypes of ageing and older people in society (Cohen 2002; Horton *et al.* 2007; Lee *et al.* 2007). Donlon *et al.* (2005) for example, found that greater exposure to television was a significant predictor of more negative stereotypes of ageing amongst older people.

Television characters can both consciously and unconsciously create standards of social comparison and role models for viewers (Kessler *et al.* 2004). Older people participating in a study by Healey and Ross (2002) suggested that the generally negative and disrespectful portrayals of older people on television

have a direct relationship to the way they are treated in real life. However, participants also acknowledged that to a certain extent television merely reflects values of society at large and therefore cannot be entirely blamed for ageist attitudes (Healey & Ross 2002). Older people have been found to be both under-represented on television and film and also portrayed in a negative light, often reflecting stereotypes around physical and cognitive decline and sexual impotence (Montepare & Zebrowitz 2002).

A body of research has focussed on how older people are represented in children's programmes. Robinson and Anderson (2006) reported that older people remain underrepresented in children's animated television programmes, accounting for just 8% of the total characters. A similar representation of older people was also found in other countries such as in Germany (Kessler *et al.* 2004). More recently, Robinson *et al.* (2007) argued that the number of older characters in Disney films for example, has been rising over the last four decades. However, despite appearing in rising numbers, the majority of these older characters tend to be minor roles with little significance to the plot (Robinson & Anderson 2006; Robinson *et al.* 2007). According to these studies, older characters in television and film were deemed in the majority of cases to be portrayed in an overall positive light based on physical and personality traits (Robinson & Anderson 2006; Robinson *et al.* 2007). However, 44% of negative representations of older characters were also reported (Robinson *et al.* 2007).

There are also differences in the portrayal of older men and older women on television, which may have utility in explaining the gender differences discussed earlier. Robinson and Anderson (2006) reported that a large majority of older characters in children's animated television programmes were male. In Germany Kessler *et al.* (2004) noted that nearly two-thirds of animated characters were men, which is not representative of the German population. Furthermore, they found a tendency for men to be portrayed as having more socio-economic resources than women, especially with regard to status, education and profession (Kessler *et al.* 2004). Further supporting the prevalence of gender inequality in television and film, Robinson *et al.* (2007) found that in a sample of thirty-four Disney animated films, older male characters portrayed all the roles of authority (e.g., clergy, ruler, and mentor), while the only role dominated by older females was the role of villain.

The media has been noted to have very persuasive power in influencing people's perceptions and stereotypes. Older people are underrepresented in the media, particularly in television, which is watched by all groups in society and those that are represented are usually older men who tend to play a powerful dominant role. Therefore, the media is a pertinent mode of communicating stereotypes of how older people and how ageing is portrayed.

7.6.8 Summary

This section explored the factors, which influence public perceptions of older people and ageing. The gender of both the perceiver and of the older person, age, level of knowledge and understanding, nature and quality of contact with older people, cultural influences, advances in modernisation, and the media all play pertinent roles in the stereotyping of older people and whether this group is positively or negatively perceived. An understanding of these factors and how they impact on public perceptions of older people are crucial to the planning of tailored interventions that may mediate or change people's images of, and attitudes towards, older people. As the literature has highlighted how older people are perceived by society will have an impact not only on how they are treated but on their role in society.

7.7 Implications of public perceptions of ageing on the lives of older people

This third section addresses the consequences of stereotyping older people and ageing and the effects this may have on their lives and in society. These include the stereotyping of older people and ageist behaviours in society ageism in employment, ageism in healthcare and avoidance of a career with older people, social exclusion, and elder abuse and neglect.

7.7.1 Stereotyping of older people and ageist behaviours

Public perceptions and stereotypes play an important role in ageist behaviours and age discrimination (Hagestad & Uhlenberg 2005). Stereotypes are readymade assumptions about a group of people that are built up over time through experience and exposure to culture (Steele *et al.* 2007). Stereotyping thus provides information that guides our interactions with others, helping us to quickly know what to expect and often leading us to behave in ways that confirm the stereotypes (Laditka *et al.* 2004; Hagestad & Uhlenberg 2005; Steele *et al.* 2007). When meeting an unfamiliar person, for instance, people

may modify their behaviour based on their stereotypic expectations to facilitate a smoother social interaction (Cuddy & Fiske 2002). For example, someone may speak more loudly to an older person based on the frequent stereotyping of older people as having hearing problems (Steele *et al.* 2007).

Stereotyping of older people often goes largely unchallenged and there is evidence that there is a lack of awareness that this stereotyping even occurs (Cuddy & Fiske 2002). Many people are thus unaware of their discrimination against older people (Lee 2009). However, research throughout the European Union indicates that discrimination on the grounds of age is the most commonly experienced form of discrimination (European Commission 2008). Palmore (2004) indicated that the majority of older adults in America and Canada frequently encounter incidents of ageism and many are treated by others as ailing and frail. In the US, McGuire *et al.* (2008) reported that 84% of people in a sample of 247 community dwelling adults aged 60 to 92 years of age had experienced at least one type of ageism. In Ireland, using this same measure, Stokes *et al.* (2003) found a lower prevalence of ageism, with 46% of a sample of 543 people aged between 51 and 99 years reporting having experienced some form of ageism. Of those who reported experiencing incidents of ageism, 40% of the incidents occurred more than once.

Ageist behaviour can occur in both positive and negative forms. Cherry and Palmore (2008) asserted that positive ageist behaviours are exhibited more often than negative behaviours. Positive ageist behaviour was exemplified by statements such as holding doors open for old people (94%), enjoying conversations with older people due to their age (93%), complimenting an older person on how well they look despite their age (90%) and voting for an older person because of their age (20%). Negative behaviour was exemplified by statements such as "you don't look that old" when one discovers a person's age (81%), or when a slow driver is in front and a person assumes it's an older person driving (68%).

Ageist or discriminatory behaviour can take many forms and can occur at individual, institutional or societal level (Palmore 1999). Prejudicial attitudes have been linked to offensive and upsetting behaviour towards older people and ageist attitudes and stereotypes in their most severe forms can, according to Hayes (1993 cited in NCAOP 2005b), lead to elder abuse.

Often based on assumptions rather than reality, stereotyping may lead the public to treat older people in a particular way. Discrimination on the grounds of age is the most common form of discrimination; however people are frequently unaware of their ageist behaviours. Although these behaviours can be both positive and negative, it is the negative ageist perceptions of older people that can have significant adverse consequences for older people and can lead to mistreatment and in its severest form abuse of the older person.

7.7.2 Ageism in the workplace

Negative stereotyping of older workers has been identified as a major factor in the workplace (Gringart *et al.* 2007). Age stereotypes can influence management decisions and can have implications for recruitment, job security, promotion, salary, and retention or termination of employment (Brooke & Taylor 2005; Kooij *et al.* 2008).

According to McVittie *et al.* (2003), the increasing under-representation of older people in the labour force can be attributed, at least in part, to employment practices adopted by employers which favour the recruitment and retention of younger workers rather than older workers. Research examining the attitudes and practices of employers towards older workers has shown the persistence of widespread age-stereotypes (Brooke & Taylor 2005). Studies have generally found that older people are perceived as less efficient than younger workers, resistant to change, difficult to train, unable or slow to adapt to new technologies, too cautious and with poor health, fitness, stamina and computing skills (Gellis *et al.* 2003; Okoye 2004; Cuddy *et al.* 2005). Findings from a research study on age-related issues and attitudes in Northern Ireland found that nearly two thirds of the general public believed that "older workers need younger colleagues for their fresh ideas and energy" (Equality Commission for Northern Ireland 2008, p. 36).

Stereotypes and beliefs relating to mental ability, competence and productiveness are seen as the main basis for mandatory retirement policies which are believed to invoke active age discrimination in occupational settings (Palmore 1999; Musaiger & D'Souza 2009). Gringart *et al.* (2007) found a significant correlation between attitudes and the likelihood of hiring older workers. A perception existed which viewed younger workers as more able to make skills transitions than older workers and was found to impede the redeployment of older workers to positions using new technologies (Brooke &

Taylor 2005). Such negative stereotypes and attitudes can result in a self-fulfilling prophecy resulting in limited opportunities for promotion, exclusion from training and skills development, which in turn may lead to obsolescence and ultimately early retirement. This then further fuels the ageing norms and stereotypes held by managers (Kooij *et al.* 2008).

Some studies have reported more positive attitudes towards older workers (Hayward *et al.* 1997; McGoldrick & Arrowsmith 2001; Equality Commission for Northern Ireland 2008). For example, older people are perceived to be more reliable, loyal, dedicated and dependable than younger workers. They are also perceived to be productive, and to offer a good return on expenditure. Brooke and Taylor (2005) reported in a case study of an Australian logistics company that older workers were explicitly valued for their experience and expertise. This expertise was perceived as enabling older people to work 'smartly' and avoid mistakes, allowing them to maintain and improve productivity. This finding concurs with that of a study on age-related issues and attitudes in Northern Ireland (Equality Commission for Northern Ireland 2008), which reported that 77% of participants believed that older workers were helpful towards their younger colleagues in terms of advice and experience.

Bittman *et al.* (2001, p. 43) concluded from their study of over 1,000 employers that there was 'no clear pattern whereby employers favoured the characteristics typically associated with either older or younger workers'. In fact, the majority of respondents (62%) in a survey of the general public (n=1000) agreed that people should be allowed to retire when they want to (Equality Commission for Northern Ireland 2008). A report by the National Council on Ageing and Older People (2005a) stated that just 14% of participants felt that people in their fifties should retire from work to make way for their younger counterparts.

Many countries have introduced legislation or codes of practice to tackle the problem of age discrimination and to promote equal opportunities for older and younger workers alike. However, anti-age discrimination legislation does not necessarily expose the age perceptions that are the foundation of discriminatory practices, and findings suggest that ageist attitudes continue to affect mainly the youngest and oldest groups of workers (McVittie *et al.* 2003; Brooke & Taylor 2005). McVittie *et al.* (2003) suggested that equal

opportunity policies within organizations can in fact have the opposite effect and can be used to justify the existing marginalisation of older workers.

Both positive and negative attitudes towards older people exist in the workplace. Some employers view older people as reliable, loyal and as a valuable source of experience. Others consider them to be inflexible, to have fixed ideas as well as difficulty in adapting to new technologies. Legislation has been introduced to protect older people; however this may not always serve to protect the older person and may instead be used to reinforce ageist attitudes and behaviours in the workplace.

7.7.3 Ageism in healthcare services

Positive attitudes in the care of older people are vital and are considered a prerequisite for high-quality health services for older people in a variety of different settings (Soderhamn *et al.* 2001; Bernardini Zambrini *et al.* 2008). In the same way, negative stereotypes or unfavourable attitudes towards older people could potentially interfere with developing an empathetic and caring relationship with an older adult (Sauer 2006).

In Ireland, the Department of Health and Children (2002) conducted a survey that examined public attitudes to health. The report stated that poor attitudes towards older people were frequently prevalent and were acknowledged by both health service users and providers. Three quarters of comments made by the public about services for older people were negative, with many referring to a need for service delivery to be underpinned by an attitude of respect for the status, contribution and dignity of the older person. Other Irish studies have found poor attitudes in the conduct of staff towards older people (NCAOP 2005b). Generally, there has been a tendency amongst staff in health and social services in Ireland to stereotype older people as frail, passive, dependent and incapable of making decisions (NCAOP 2005b). For example, this has been evidenced in practice where healthcare staff have been known to speak to families of older people regarding their conditions and care without consulting the older person themselves (NCAOP 2005b). Reference to older patients in acute settings as 'bed-blockers' is a further example of the prejudicial attitudes exhibited in health and social care settings (NCAOP 2005b).

Negative stereotyping and prejudicial attitudes can have a significant impact on the quality of care that older patients receive and may result in older people being inadequately assessed and thus being omitted from services most appropriate to their needs (Department of Health (DoH) 2001; NCAOP 2005b). For example, concerns have been expressed as to whether older people are more likely to be denied cardiopulmonary resuscitation on the grounds of age (DoH 2001). Similarly, several studies have suggested that mental health disorders in older age are often under-diagnosed, misdiagnosed and under-treated (Ólafsdóttir *et al.* 2004; Volkens *et al.* 2004; Jeste *et al.* 2005; Vink *et al.* 2008).

Age discrimination in health and medical settings can be direct or indirect (Brocklehurst & Laurensen 2008) and can occur at both an individual and organisational level, such as treatment and referrals to specialist services on the basis of one's age (NCAOP 2005b). Direct discrimination includes laws or policies that explicitly state that goods or services are unavailable to specific sections of the community (NCAOP 2005b). In Ireland a study reported both older people and staff perceived discrimination of older people in their access to services. For example, O'Neill and O'Keefe (2003) argued that women over the age of 65 years in Ireland are not entitled to free breast cancer screening and that this was evidence of overt institutional ageism. If ageism is pervasive at national and societal levels, it has been argued that it tends to filter down through institutional policies and practices (NCAOP 2005b). Age limits governing access to screening and treatment may be found at all levels in healthcare systems, including legislation or regulations specifying the rights and entitlements of patients, professional codes, guidelines or regional and local level protocols (NCAOP 2005b). Indirect discrimination occurs when individual or organisational attitudes are used to inform decision-making and determine service provisions (NCAOP 2005b). Within healthcare systems it occurs when care is offered using a criterion, provision or practice that disadvantages particular groups (Brocklehurst & Laurensen 2008). For example, it may include organisational decisions that deny older people treatment, result in older people being given low priority or experience a lower quality of service (NCAOP 2005b; Brocklehurst & Laurensen 2008).

Ageism in health and social services may occur because health problems in the older population are characterised as 'normal aspects of ageing' (NCAOP 2005b, p.23). A survey in Ireland by Stokes *et al.* (2003) reported that the

most common form of ageism reported was the attribution of ailments as a consequence of age by healthcare workers. Cuddy and Fiske (2002) asserted that older people are sometimes denied services afforded to young people even when presenting with similar symptoms. For example, older patients admitted to Emergency Departments in Scotland with blunt trauma injuries were much less likely than younger people with similar injuries to receive appropriate management and treatment (Grant 2000).

Although in some cases there may be reasons for treatment rates to be lower in older age groups (e.g. older people are more likely to suffer from co-morbidities which can complicate treatment, or compromise its effectiveness), it is recommended that decisions about treatment and healthcare should be made on the basis of each individual's clinical needs, overall health status, their ability to benefit from treatment, and their personal wishes, rather than basing decisions solely on a patient's age (DoH 2001). Inadequate assessment, service rationing and inappropriate or delayed treatment can mean that older people become unnecessarily dependent on outside help and, in extreme cases, may require long-stay care (NCAOP 2005b). Even very complex treatment can benefit older people and, it is argued, should not be denied solely on the basis of age (NCAOP 2005b).

Some countries such as the UK have responded by issuing standards in a National Service Framework (NSF) for older people, set up by the government to address widespread concern about unfair and discriminatory practices toward older people. This standard states:

Services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services (Department of Health 2001 p. 16).

Consequently, in an attempt to expand older people's access to services, the UK broadened the eligibility for routine breast cancer screening women up to and including age 70 years (DoH 2001).

The literature suggests that poor attitudes are evident in healthcare settings for older people. Many are unhappy with the conduct of staff and the health services that they receive and assert that older people are disrespected and often discriminated against because of their age and may be denied access to

services, mistreated or misdiagnosed because of their status as an older person. Ill health may be perceived as the norm for older people and thus deemed acceptable for the elderly to suffer from many illnesses without adequate care.

7.7.4 Working with older people as a career choice

Healthcare professionals and nurses in particular tend to be gatekeepers for health information, and play a key role in health promotion and education for older people (Lee *et al.* 2006). A large body of research has focused on the association between health students' attitudes toward older people and ageing and their interest or willingness to work in geriatric care. Redmond *et al.* (2008) for example, proposed that the attitude of social work students before they enter practice could have a significant impact on their occupational choices as professionals. Lee (2009) asserts that negative attitudes towards older people and instances of ageism in American society can become an obstacle to training qualified elder care providers. Unfavourable attitudes and stereotypes of older people among staff are also believed to act as a barrier to the successful delivery of health information and education and overall health management (Lee *et al.* 2006).

Discriminatory practices by staff may not necessarily be based on intent but rather provoked by a lack of skills and confidence in working with older people (DoH 2001). Serious shortcomings in training for healthcare professionals and a need for further education in the care of older people have been identified (Alliance for Ageing Research 2003; Brown *et al.* 2008). Sufficient knowledge of older people and ageing and a positive attitude are thus seen as imperative for imparting health promoting information, which, according to the NCAOP (2005b), will be particularly important to future generations of older people and their health status in terms of dealing with negative attitudes towards ageing and promoting both physical and mental health and well-being.

As populations continue to age there is increasing concern globally about the quality of healthcare currently available to older people, and the availability of suitably qualified health and social care staff with an interest in working with older people (Happell 2002; Brown *et al.* 2008). However, the identification of unfavourable views toward geriatrics as a career choice amongst students in health and social care appears to be a long-standing and recurrent theme in the literature (Happell 2002; Alliance for Ageing Research 2003; Brown *et al.*

2008). Studies across many countries (e.g. Australia, Brazil, England, Germany, Hungary, Israel and the United States) have found working with older people to be amongst the lowest preference career choice (Kaempfer *et al.* 2002; Fitzgerald *et al.* 2003; Weiss 2005; Lee *et al.* 2008; Redmond *et al.* 2008). Happell (2002), for example, found that just under 2% of nursing students cited care of the older person as their most desired area for future employment, while over two third of nursing students ranked this area within their last three preferences.

Caring for older people is often considered basic, unchallenging and unrewarding based on the commonly held perception that older patients do not get better and therefore work in this area is of limited value (Brown *et al.* 2008). A recent study in Ireland revealed that health and social service staff felt that there was little opportunity for career development within the care of older people, particularly for home helps and care assistants (NCAOP 2005b). Working with children or in areas perceived as more technical such as acute care tend to be preferred as they are considered more worthwhile, more exciting and dynamic and result in observable and useful outcomes (Happell 2002).

Conversely, a smaller number of studies (Tan *et al.* 2004; Lee *et al.* 2006) have uncovered neutral or positive feelings among university students about working with older people in their future careers. Lee *et al.* (2006) for example, found that the majority of students considered older person's nursing to be interesting and challenging with 82% of students disagreeing that nursing older people comprised of only basic care and was unskilled. Similarly, only 17% thought that the prospect of working with older people had no appeal for them, and 80% disagreed with the statement that it was difficult to gain satisfaction from working with older people. Similarly, students have demonstrated increased interest in areas such as palliative care where they feel that can make a valuable contribution to end-of-life care (Billings & Block 1997).

Positive attitudes among healthcare students and staff are essential in the education and training and in the delivery of good healthcare for older people. However, prevailing negative attitudes may be attributable to lack of training, lack of skills and confidence of staff. As the population is growing older, it is imperative that healthcare services have highly skilled and trained staff;

however care of the older person is among the least favoured areas of healthcare as it is considered unrewarding and to have few opportunities.

7.7.5 Social exclusion of older people

Social exclusion refers to the marginalisation of an individual or group from mainstream society. According to HelpAge International (2000), the social exclusion of older people is closely allied to negative social and personal attitudes that construe ageing as a state of diminished capacities. Ageist stereotypes that depict older people as frail, vulnerable or confused, for example, promote the idea that older people are a burden on society's human and fiscal resources (Basford & Thorpe 2004). This concern can be translated into rejection, isolation, neglect, victimization and disempowerment of older people (NCAOP 2005b; Brocklehurst & Laurenson 2008; Gilbert & Ricketts 2008).

Bodner and Lazar (2008) examined ageism among Israeli students and found that there was a tendency to avoid older people. Avoidance was associated with either a negative stereotypical view of older people (held mainly by male participants) or a negative view of their contribution to society (held mainly by older females). Basford and Thorpe (2004) suggest that older people are marginalized by active exclusion from equal opportunity in employment, politics, community and recreational activity. The report on the English Longitudinal Study of Ageing (ELSA) examined the social exclusion of older people (Barnes *et al.* 2006) and identified seven different dimensions of social exclusion. These included social relationships (contact with family and friends); cultural and leisure activities (e.g. going to the cinema or theatre); civic activities (e.g. membership of local interest group, voluntary work, voting); access to basic services (e.g. health services, shops); neighbourhood exclusion (e.g. safety and friendliness of local people); financial products (e.g. bank account, pension); and material goods (e.g. consumer durables, central heating). Similar areas of social exclusion have also been identified by other researchers (Burchardt *et al.* 2002; Scharf *et al.* 2005).

According to the ELSA report, approximately half of the sample over 50 years of age did not experience exclusion. However, nearly a third suffered exclusion on one dimension, 13% on two dimensions and 7% on three or more (Barnes *et al.* 2006). Other studies in the UK have also identified social exclusion as prevalent for older people with over two-thirds of the sample

(aged 60 years and over) reporting that they had experienced exclusion (Scharf *et al.* 2005). Findings further revealed that 31% were excluded on a single domain while considerably more (36%) experienced two or more forms of exclusion (Scharf *et al.* 2005).

The ELSA report found that there are a number of characteristics that increase the risk of exclusion across more than one of the dimensions. Those who experienced multiple exclusions tended to belong to one or more of the following categories: those within the oldest-old group (aged 80 years and above), living alone, having no living children, experiencing poor health, suffering from depression, low income, having no access to a private car, never using public transport, and living in rented accommodation (Barnes *et al.* 2006).

Barnes *et al.* (2006) reported that being older is associated with an increased risk of exclusion from basic services and material goods, and also social relationships (those who are 60 years or over have an increased risk of exclusion in respect of social relationships). Almost one-quarter of older people experienced exclusion from basic services, such as energy, food retailing, telephones and banking and those in the oldest age group (75 years and over) were more likely to be excluded on this dimension (Scharf *et al.* 2005).

Social exclusion has also been linked to an individual's self-rated quality of life. Scharf *et al.* (2005) found that nearly two thirds of individuals reporting their quality of life to be poor were more likely to experience exclusion compared with 23% of those who reported good quality of life. These findings concur with those of Barnes *et al.* (2006) who found that those with a greater level of exclusion were more likely to experience a lower quality of life and were particularly likely to feel less life satisfaction and control of their own situation.

Those who hold ageist attitudes believe that older people have little to contribute to society and therefore tend to avoid this societal group. Consequently, older people are often isolated and excluded in the community and from access to services. Social involvement is essential for an older person so that they can achieve a better quality of life.

7.7.6 Elder abuse and neglect

Ageism and negative perceptions of older people have been purported to contribute to the abuse and mistreatment of older people (Quinn & Tomita 1997). According to the Report of the Working Group on Elder Abuse entitled 'Protecting Our Future', elder abuse is defined as:

A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights (WGEA 2002, p.25).

Although the figures are currently unknown in Ireland, a national UK prevalence study on elder abuse has reported a 2.6% rate of abuse among older people (O'Keeffe *et al.* 2007).

While specific research linking perceptions with elder abuse is limited, a recent qualitative study on elder abuse and neglect carried out by the Families Commission in New Zealand found that participants believed older people to be fundamentally undervalued and not respected in society as a whole (Peri *et al.* 2008). Pervasive prejudice against older people has been reported to result from widespread myths and stereotypes about the old and the process of ageing (Quinn & Tomita 1997). Peri *et al.* (2008) found that participants who had suffered mistreatment expressed strong emotion about the ageism, abuse and lack of respect they experienced (Peri *et al.* 2008).

Podnieks (2006) argued that negative social and personal attitudes are closely related to the social exclusion of older people which can easily lead to abusive situations. For example, a disproportionate availability of services for children or adults compared to the older population sends a message to society that older people are not worthy of the same health and social protections as other age groups. Thus ageist attitudes, whilst not direct causes in and of themselves, can lead to a tolerance and acceptance of abuse, and create an atmosphere that paves the way for the abuse and neglect of older people (Quinn & Tomita 1997; HSE 2009).

Ageist attitudes in the community and the marginalisation of older people may also present barriers toward the reporting of abuse (Saunders 2008). Negative perceptions and stereotypes of older people may hinder legislation and lead to scepticism about claims of elder abuse (Golding *et al.* 2005). Saunders (2008) reported that signs of abuse are too often ignored, or

attributed to the ageing process or ill health. Victims of abuse may also be unable to make a report due to physical or psychological impairment, poor communication skills or because of fear of institutionalisation, retaliation, shame or embarrassment (Saunders 2008). Moreover, a youth-orientated society and the associated lack of power and status ascribed to the elderly make it difficult for older people to respond to abuse, violence and neglect (HelpAge International 2000; Jones & Powell 2006).

Perceptions of older people and ageing may also have an impact on the way in which elder abuse cases are dealt with in the justice system. For example, police may make attributions about suspected elder abuse based on stereotypes of elderly people as being old, fragile or accident-prone. Furthermore, prosecutors may be reluctant to put older people on the stand because age stereotypes relating to memory and confusion can lead to assumption that they are not good witnesses (Golding *et al.* 2005). For example, Golding *et al.* (2005) found that when an alleged victim of elder abuse was described as having a cognitive deficit, mock jurors were given a reason to doubt the victim's recounting of the event and subsequently returned significantly fewer guilty verdicts than when the victim was described as having a physical disability.

Finding a way to combat pervasive negative social attitudes and stereotypes of older people has been considered a vital goal in the development of a prevention strategy for elder abuse (Podnieks & Baille 1995; CNPEA 2007). Fundamental respect for older people as valuable individuals has been identified as an essential protective factor against elder abuse (Peri *et al.* 2008). Participants in this New Zealand based study overwhelmingly endorsed the need to promote more positive images of older people and develop a culture of respect that valued the unique contributions that older people can make. Better public understanding of the ageing process, through more widespread education is also advocated for the prevention of elder abuse (Peri *et al.* 2008).

Negative perceptions and stereotyping of older people can often act as a catalyst for abusive behaviours and mistreatment of older people. These negative attitudes can lead to older people being socially excluded, denied access to services and generally be undervalued and disrespected in society which in turn can lead to elder abuse.

7.7.7 Summary

This third section explored the consequences public perceptions can have on older people and society. Negative perceptions and stereotyping can result in ageist behaviours which are conveyed through the workplace where older people are sometimes discriminated against because they are perceived to be incompetent and slow at their work. Ageism is also reflected in health services where older people are denied access to services and exposed to demeaning conduct by healthcare staff. It is also evident in education where healthcare students' are unlikely to engage in work in geriatrics, as this is reportedly the least preferred area of work. Consequently, older people become isolated and socially excluded leaving older people in society vulnerable to elder abuse and neglect.

8. Limitations

This review presented a variety of findings pertaining to public perceptions of older people and ageing. It is important to note that the inconsistency in findings reported may be attributable to numerous factors. These may be due to variations in the definition of 'older people' (e.g. 60 years and over, 70 years and over), the terminology used (e.g. older people, senior citizens, elderly people), the sample recruited (e.g. children, students, young adults), the method and type of data collection instrument used (i.e. questionnaires, interviews etc), as well as the fact that cultural beliefs regarding older people vary from country to country. These factors can make comparisons between bodies of research more difficult (Lichtensein *et al.* 2005).

9. Conclusion

In conclusion the literature has identified that public perceptions of older people are diverse, complex and multivariate. Public perceptions are driven and influenced by a number of factors including the cultural context in which the older person is situated, the increasing modernisation of society and governmental policies. Other factors that may impact on how older people are perceived include age, gender, knowledge and the media. A common theme throughout the literature is that public perceptions of older people can impact both positively and negatively on the lives of older people including their access to social and employment opportunities, as well as access to health services. There is evidence in the literature of positive attitudes towards older people across a number of domains. However, overall, the vast majority of

studies identified at least some level of negative attitudes towards ageing and older people, and the consequences of these negative views are perhaps of most significance. Negative perceptions of older people, especially in the form of stereotypical behaviours and ageism, can result in social exclusion, isolation and ultimately the abuse of older people. The most pervasive forms of ageism can lead to the marginalisation and degradation of older people. A number of educational initiatives, especially intergenerational programmes, have been identified as leading to positive outcomes. However it is acknowledged that more research is needed in this area. These findings present a challenge to the Irish government's aim of becoming an age friendly society and one in which the views of older people are valued, respected and acted upon. Therefore based on an extensive review of the literature a number of recommendations related to informing policy and practice and educating the public about ageing and older people are outlined below.

Recommendations

Based on the findings from this review of the literature it is recommended that:

1. Further research be conducted to enhance understanding of the relative importance of factors such as age, gender, knowledge and culture in the formation of perceptions on ageing and older people. Greater insight into how, and at what stage of the lifespan, these factors influence the development of age stereotypes would prove invaluable when devising effective strategies to tackle negative perceptions of older people and ageing.
2. As fundamental respect for older people as valuable individuals has been identified as an essential protective factor against elder abuse, 'positive ageing campaigns' should be further developed promoting how older people make valuable contributions to society.
3. Positive ageing education programmes should be targeted at all levels of society but especially towards those groups that hold less favourable attitudes towards older people such as men and younger people and adolescents and those working in the service industries.

4. The findings from the review suggest that ageism is not innate but develops over time therefore it is recommended that education programmes be developed that target children and adolescents. These education initiatives should become part of both the primary and secondary school curriculum.
5. Positive ageing education programmes should not be generic but should explore the changing life circumstances of older men and older women, the oldest old and older people with poorer health. This is based on the findings from the literature that identified that the public holds different perceptions of older people according to the gender of the older person.
6. Education programmes should be developed that specifically target areas where the general public's attitudes towards ageing and older people are most negative including attitudes towards older people's health, body image, sexuality, mental ability, personality and social involvement.
7. Consideration should be given to the involvement of older people in the development and running of educational programmes. As the review highlighted, meaningful contact with older people is an effective means of improving perceptions of older people and ageing. This process may dispel a number of negative stereotypical views held of ageing and older people.
8. Innovative educational programmes should not only be developed and implemented, but should also be systematically evaluated to assess their effectiveness with various societal groups. This will help to determine the most successful types of educational interventions for influencing perceptions of older people and ageing.
9. The literature review identified that there are particular issues related to the perceptions of older people in the health and social care settings. Therefore it is recommended that the education of health and social care professionals includes input from older people themselves and that education programmes are specifically designed to negate the stereotypical views held by some health and social care professionals of older people as frail, passive and dependent.

10. The literature has identified that negative stereotyping of older workers is a major factor in the workplace. Although legislation exists to tackle the problem of age discrimination and to promote equal opportunities for older workers there is a need to actively research the experiences of older people in the workplace and to identify factors that lead to their discrimination and exclusion from the world of work.
11. Older people should be encouraged to become more involved in community activities, to increase quality of life, and to reduce social isolation and the possible associated risks of abuse.
12. The literature review identified that social exclusion is an issue that can lead to the marginalisation and, in extreme forms, the abuse of older people. There is evidence that exclusion has a greater impact on the most vulnerable groups of older people including the oldest old, those who have poorer health, those in receipt of lower income and those who live alone. Social exclusion can lead to a lack of access to basic services, such as energy, food retailing, telephones and banking. Therefore this study recommends that all aspects of society that provide services to the public for example banking, utilities, law and retail should actively promote amongst their staff positive images of older people and develop a culture of respect that values the older person as a customer and client. Each organisation should develop a code of practice that specifically identifies the needs of older people and how older people should be treated by the organisation.
13. Higher education and other educational authorities should assume greater responsibility in providing the general public with accurate information on ageing, so that perceptions of older people can be developed based on fact rather than misconceptions.

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Appendix 1: Glossary of terms

Perceptions

Perceptions consist of the process whereby people take in information about others, understand it and form impressions of them (Bernstein *et al.* 2000). Our perceptions of other people influence and reflect our thoughts, feelings and actions. Some commonly used terms representing or relating to perceptions include attitude, beliefs, stereotypes, prejudice, discrimination and ageism.

Attitudes

Attitudes have three general components. These include feelings, knowledge, and readiness to act (Soderhamn *et al.* 2001). Attitudes reflect a personal state composed of a complex interplay of personal values and experiences, which evolve, develop and are reinforced through family, social and cultural influences, such as parent's views, education and media portrayals of older people (Barrett & Pai 2008).

Beliefs

A belief is simply a statement that is understood to be true.

Stereotype

Stereotypes can be defined as fixed, over-generalised or simplified beliefs about the characteristics and attributes of a group of people that are applied indiscriminately to all group members (Steele *et al.* 2007). Stereotypes are pervasive in society and may be built up as 'social facts' over time through experience and exposure to culture (Laditka *et al.* 2004; Okoye & Obikeze 2005; Steele *et al.* 2007) and are often based on false assumptions rather than facts (NCAOP 2005b).

Prejudice

Prejudice is defined as a pre-set negative attitude towards another person based on their membership of a particular social group (NCAOP 2005b; Steele *et al.* 2007).

Discrimination

Discrimination refers to the behavioural component of prejudice or stereotypes and results in differential treatment of individuals in a given group (Steele *et al.* 2007). Discrimination includes both personal acts and

institutional policies, and often results in the denial of some opportunity or resource to members of stigmatised or minority groups (Palmore 2001; Steele *et al.* 2007).

Ageism

Ageism is a process of systematic stereotyping and discrimination against people because of their chronological age. It is a unique form of bias. Ageism is identified to have three distinguishable yet interconnecting components. These include beliefs and stereotypes (cognitive), prejudicial attitudes (affective), and direct or indirect discriminatory practices (behavioural) (Butler 1969). It is important to note that ageism can occur in both positive and negative forms (Hagestad & Uhlenberg 2005).