

# Ageism and Future Cohorts of Elderly: Implications for Social Work

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## Abstract

In the field of prejudice and discrimination studies, an emphasis has been on racism and sexism, with comparatively little attention to understanding of ageism. This fact is alarming, particularly in the context of the growing population of older adults around the globe. This article provides a review of evidence of ageism among members of helping professions. The author expresses concern and develops an argument that ageism will increase as Baby Boomers reach retirement years. Implications for social work are then discussed.

*Keywords:* Ageism, aging, older adults, gerontological social work, baby boomers

## 1. Introduction

Ageism is a difficult concept to identify and study due to its multidimensionality. Ageism is usually associated with inferior treatment of older adults, which will be the scope of this article. However, it should be mentioned that ageism can be directed against any group of people, when age is taken as a major attitude-determining factor (Butler, 1969). Ageist attitudes and beliefs often times may evolve into behavioural manifestations, resulting in discrimination and social exclusion of a particular group of people based on their age, negatively impacting well-being and quality of life of the stigmatized persons (Corrigan, 2004).

Therefore, ageism is an important phenomenon to address in social work clinical, educational, and research settings.

While racism and sexism, in the areas of prejudice and discrimination, have been extensively researched, comparatively little attention has been devoted to ageism (Nelson, 2011). That being said, the growing population of older adults has stimulated an increasing interest in ageism over the last few decades (Wilkinson & Ferraro, 2002). Although the exact extent of ageism remains unknown, there is evidence that it transcends culture (Cuddy, Norton, & Fiske, 2005; Rust & See, 2010; Thornstam, 2006). Moreover, a number of studies reported an alarming connection between ageism and other types of prejudicial attitudes and discrimination, such as sexism (Anderson & Hun, 2008; Harbison, 2008; Hard Clarke & Griffin, 2008), as well as the connection between ageism and various forms of abuse (Aosved & Long, 2006; Baa et al., 2010). Furthermore, it is disconcerting that ageism exists among members of helping professions (Acktoyd-Stolarz, 2008; Bianchini, 2000; Klein, 2007; Ray, Raciti, & Ford, 1985; Rosowsky, 2005), including social workers (Allen, Cherry, & Palmore, 2009; Bianchini, 2000; Kane, 2007). These findings will be discussed later in greater detail.

The purpose of this paper is to provide an overview of ageism across several helping professions, and to invite the community of social work

professionals to join a debate on ageism in its various forms as an important social justice issue. The author first defines the phenomenon of ageism, reviews its origins and manifestations, and then presents evidence of ageism within the general population and members of helping professions. The author shares a concern in relation to the future of ageism in the context of the “baby boom” generation and the anticipated ageist manifestations that will occur as the Boomers continue to reach retirement age.

## **2. Defining the Phenomenon of Ageism**

Wilkinson and Ferraro (2002) define ageism as widely accepted discrimination against older people, based on the belief that aging makes people less attractive, intelligent, sexual, and productive. Examining the construct of ageism and ableism, Angus and Reeves (2006) argued that old age, like impairment, is not a biological given but is socially constructed, both conceptually and materially. They claimed that ageism and ableism are similar in that each one is a system of oppression.

Defining ageism solely in terms of discrimination and oppression is not quite accurate; however, neither term implies that ageism is only about old age. Defining ageism as a system of oppression against older adults does not leave much ground for broad discussion. For example, ageism can result in pro-social benefits for the elderly. Among these are subsidized fares in public transportation and housing, special membership discounts, and amenity provisions. A more inclusive definition of ageism, therefore, is necessary to account for multidimensionality of this social phenomenon.

According to Butler (1969) who coined the term, ageism refers to stereotyping, bias, and/or discrimination of individuals based on their chronological age. Therefore, ageism can be relevant to any age group, even though it is often used in relation to older adults (Marshall, 2007). Moreover, it is important to differentiate between ageist stereotypes or beliefs, prejudicial attitudes about age, and age-based discrimination.

As Corrigan (2004) noted, stereotypes are normal features of the way humans perceive the world. Additionally, stereotypes function as efficient means of categorizing information about social groups (Corrigan, 2004). Not all stereotypes of aging are negative in nature. This explains the notion of ‘positive ageism’, which attributes positive qualities to people of a particular chronological age, for example, the belief that wisdom is the province of the elderly. While some stereotypes may be based on realistic characteristics of an age group, the stereotypes might not apply indiscriminately to members of the group. Nelson (2011) argued that all stereotypes about social groups are incorrect by their very nature, because they erroneously assume a homogeneity among humans that simply does not exist (p. 37).

In contrast to stereotypes, which are beliefs, or unfavorable attitudes (Deacon, 2006), prejudice is fundamentally a cognitive and affective response that often leads to discriminatory reactions (Corrigan, 2004). However, stigma and prejudice should not be defined in terms of discrimination (Deacon, 2006). Deacon (2006) noted that discrimination is only one negative effect of stigma. Others include status loss, internalization, and failure to take advantage of social, economic and healthcare opportunities because of expected stigma. Therefore, negative stereotypes, prejudice, and discrimination may rob people of important life opportunities that are essential for achieving life goals (Corrigan, 2004). With these considerations in mind, ageism should be defined as a multi-dimensional concept, which incorporates ageist stereotypes (both positive and negative beliefs), prejudicial or stigmatizing attitudes, and age-based discrimination (Marshall, 2007).

In this paper, ageism is discussed in the context of older adults. The research on ageism has helped to uncover not only the blatant forms of this phenomenon, but the subtle, implicit social manifestations of ageism (Wilkinson & Ferraro, 2002). For instance, Rosowsky (2005) commented that both overt and subtle expressions of ageism equally affect individuals and systems, both formal and informal. In this vein, Nelson (2011) argued

that in the United States ageism has become institutionalized, meaning that society allows, accepts, and even condones the stereotyping of older adults. As public policies reflect societal attitudes, pervasive age stigmatization results in structural ageism. Longino (2005) asserts that limitations in social, economic, and healthcare services gradually begin to reflect institutionalized stigmatization. These and other manifestations of ageism will be presented in several empirical studies that appear further in this paper.

### **3. Research on Origins of Ageism**

Scholars have reported findings, consistent with the notion that ageism, similarly to other stereotyping thinking, is an automatic function of human social perception (Duncan & Schaller, 2009; Nosek, Banaji, & Greenwald, 2002; Perdue & Gurtman, 1990). As an example, Duncan and Schaller (2009) conducted an experiment with a sample of 88 undergraduate students in a Canadian university and concluded that the study provided evidence indicating that implicit prejudices against older adults could partly result from the operation of disease-avoidance mechanisms. However, Devine (1989, in Nelson, 2011) in her research argued that, although activation of stereotypes is automatic, the influence is environmental in that the learning history, the value system, and the motivation to override the automatic activation impact the resultant attitude and behavior of the perceiver.

Additionally, Nelson (2011) provided another explanation of the origins of ageism suggesting that ageism is an outcome of the recent historical developments. He noted that during the era of communal life young people did not harbor prejudices against older people. In fact, older people enjoyed respect and privileged status of decision-makers, owing to societal perception of them as sources of wisdom and important information. Nelson mentioned two events that have changed the personae of older people: 1) the advent of the printing press, which took away the unique status of older people as the sole repository of information; and 2) the industrial revolution and its requirement for a young, mobile workforce, one that

moved long distances from older family members and required less emotional support previously provided by elders in the family. The decreasing mutual support eventually created the phenomenon that is known today as the generational gap.

Some scholars have emphasized cultural origins of ageism. Since the beginning of 21<sup>st</sup> century, the new mantra of the “successful”, “resourceful”, “healthy”, “positive” aging has been reflecting anti-aging societal values and aspirations to reduce age-affective losses (Bayer, 2005; Longino, 2005; Rosowsky, 2005). Bayer (2005) argued that, although ‘positive’ aging could serve to counter age-related prejudice and discrimination, it is basically oriented towards youth retention, rather than aging well. Similarly, Rosowsky (2005) noted that “the whole concept of anti-aging has little to do with achieving the best possible old age. Instead, the social messages call for an extension of youth until it meets death, thereby avoiding old age altogether.” (p. 55)

Nelson (2011) illustrated how culturally biased, ageist messages are delivered through movies, television, magazines and advertisers, using an example of birthday cards for mature people with pity, derogatory or grieving messages. Longino (2005) referred to this phenomenon as cultural ageism and described it as an attitude embedded in a type of consumerism that celebrates a beautiful body, thus berating the physical characteristics of the aging. Bayer (2005) referred to this as a cultural battle against aging, stimulated by cultural insecurities and fears related to aging. Nelson (2011) added that a tremendous anxiety associated with aging process is the result of stereotypical perceptions of old age as a time of lost independency, freedom, health and attractiveness, respect and financial ability that all culminate in death.

Some empirical evidence (Martens et al., 2005; Greenberg, Schimel, & Landau, 2004) and theoretical conceptualization (Greenberg, Schimel, & Mertens, 2002) support the utility of the terror management theory (Greenberg, Pyszczynsky, & Solomon, 1986) in understanding of the meaning and purpose of our existence, which serves as a buffer against anxiety of our own mortality.

According to terror management theory (TMT), older adults are a reminder of our own mortality, which can explain anxiety associated with them. By blaming those who are aging and treating elders with pity, anger, irritation, or patronizing speech, young people are affirming their right to eternal youth, thus never growing old, which only happens to the elderly.

#### **4. Is There Such Thing as Ageism? Evidence of Pan-Cultural Ageism**

With the concept of ageism defined and its origins generally understood, the next important issue relates to prevalence of ageism in the contemporary world. To date, however, large-scale epidemiological studies on ageism are limited; therefore, only two studies (Cuddy, Norton, & Fiske, 2005; Thornstam, 2006) will be reviewed in this section. Other qualitative and quantitative works were conducted with convenience samples and provided mixed accounts on ageism in various countries.

Palmore (2004) conducted a cross-sectional study, administrated through a specially developed instrument, Ageism Survey, with satisfactory reliability and validity. The researcher used convenience samples of older people in the United States (N = 152) and in Canada (N = 375). The researcher noted gender and education as the common sample traits. Regarding age as a trait, the Canadians were younger than the Americans. The results showed that ageism is perceived as widespread by most respondents in both countries, though it is reported more often in Canada than in the United States (91 percent vs. 84 percent respectively). The most frequently reported incidents included hearing derogative joke about the aging; receiving greeting cards that demeaned the elderly; and observing incidents of age discrimination.

In a quantitative study of 140 Canadian undergraduate students, Palmore, Rust, and See (2010) confirmed the generally negative beliefs about aging among Canadians. Contrary to these findings, Linberts and June (2006), in a quantitative, quasi-experimental study at an American university, reported no evidence of ageism neither

among young nor older students (N = 87). However, both studies used convenience samples, resulting in limited generalizability of the findings.

Cuddy, Norton and Fiske (2005) conducted a large-scale, international study to learn about the prevalence of ageism and whether elderly stereotyping is unique to the American culture. The researchers collected data from six international countries, and concluded that elderly stereotypes are consistent across cultures. The authors referred to that finding as a pan-cultural ageism, whereby society views old people as having low status and being non-competitive.

Interestingly, findings from a recent Turkish study (Yilmaz, Kisa, & Zeyneloglu, 2011) discovered different findings. The authors conducted a cross-sectional study of a random sample of students in a Turkish university (N = 378) and concluded that students' views of older adults are generally positive. This study is rare in that indicators of ageism are few. On the contrary, a vast majority of the studies, particularly large-scale projects, do suggest that ageism exists in various countries.

Thornstam (2006) conducted a large-scale study in Sweden based on the data from postal surveys sent randomly to 3,000 people between the ages of 15 to 85 (response rate of 69 percent). Using a dichotomous scale of correct/incorrect, respondents rated statements that measured positive and negative attitudes toward the elderly. Although ageism varies in its manifestations, Thornstam concluded that ageism is prevalent in Sweden. Resulting from his study, Thornstam created a typology consisting of four attitudinal variations of responses to older adults (Type 1, Type 2, Type 3, and Type 4). Twelve percent of the respondents comprise the Consistently Negative group (Type 1) and reported negative attitudes regarding the role of the elderly in society. Twenty two percent (22 percent) belong to the Pity Positive group (Type 2) and expressed negative beliefs about the elderly. An additional orientation of Type 2 places restrictions on the role of older people in society. The No Fuzz group (Type 3), or 30 percent of the participants generally held positive images of older people and reported no pro-old image of their role in

in society. The Consistently Positive group (Type 4) accounts for 36 percent of the respondents and holds positive beliefs about older people and their collective role in society.

Despite the mixed data presented in this section, large-scale studies based on random samples revealed existence of ageism in the general population around the globe. The next section presents studies on intersectionality of ageism, or the co-existence of ageism with other forms of oppression.

## **5. Correlates of Ageism, Sexism, and Other Prejudicial Attitudes and Behaviors**

A number of scholars have reported correlates of ageism and other prejudicial attitudes and behaviors. For example, Rupp, Vodanovich and Credé (2005) as well as Thornstam (2006) reported aged-gendered correlation of ageism, meaning that being younger, as well as being male seemed to increase the probability of having prejudices toward older persons.

Hard Clarke and Griffin (2008) referred to the aged-gender correlation of ageist attitudes and manifestations based on membership in different gender groups as gendered ageism. In their qualitative study of 44 women in the United States, Hard Clarke and Griffin described beauty work as a response to ageism, and argued that acquisition of visible signs of aging resulted in social invisibility, causing women to mask their chronological age through the use of beauty work. The study theorizes that women's experiences of aging and ageism are deeply rooted in their appearances and in the ageist, sexist perceptions of older women's bodies.

Anderson and Hun (2008) reviewed Ohio newspaper obituaries (N = 400), which covered a thirty-year period and concluded that photographs provided for deceased women and for older adults were more likely to be age-inaccurate than those of men and young people. Furthermore, the findings revealed that society's bias toward youthful appearance has increased over time, particularly in the case of older women.

In a Canadian study that examined ageism and sexism in the lives of older women experiencing spousal abuse, Harbison (2008) studied the women's needs to persist in these relationships. She argued that failure to address differences between older and younger women's needs stems from the ignored effects of the ageism and age-based oppression embedded in age relations with old people. In this vein, a quantitative study conducted in the United States focused on 492 male and 506 female college students in Illinois and revealed the interrelatedness of rape myth acceptance, racism, sexism, homophobia, classism, ageism, and religious intolerance (Aosved & Long, 2006).

In their Canadian study, Baa et al. (2010) examined proclivity of elder abuse by young adults enrolled in a post-secondary institution, using a convenience sample of university students (N = 206), who completed questionnaires on attitudes towards older persons. Results indicated that students' attitudes were correlated with elder abuse. When compared to middle-aged adults, young adults exhibited higher levels of ageist attitudes toward older persons. When compared with physical abuse factors, psychological abuse appeared stronger.

The review of the studies on intersectionality of ageism in the general public suggests that ageism exists across the globe and relates to other oppressions. One may wonder whether the picture varies when it comes to helping professionals, such as doctors, nurses, social workers, psychiatrists, and psychologists, the professionals who are guided by the highest ideals and ethical standards.

The following section presents a body of evidence that relates to the prevalence of ageism in research, clinical practice, and education within these disciplines, including social work.

## **6. Ageism in Research, Clinical Practice, and Education among Helping Professions**

According to Nelson (2011), general under-interest in aging issues could be interpreted as a manifestation of ageism. Limited interest in

aging is documented by Bayer and Tadd (2000) who investigated whether research protocols submitted to the local research ethics committee contained unjustified upper age limits of participant's age and how the committee dealt with that fact. The authors reported that of 225 studies whose protocols were reviewed, 65 examined topics or conditions that automatically excluded elderly people. In 85 studies the age restriction was inappropriate and unnecessary without any justification provided. Moreover, the ethics review committee failed to highlight what could be construed as ageism.

In clinical practice, one would assume that social workers are prepared and perhaps predisposed to providing quality care absent of stereotypical beliefs toward those in need. Unfortunately, a reality test reveals mixed evidence on existence ageism in helping professions. For instance, Dobbs et al. (2008) in ethnographic study of stigma and ageism in assisted living settings/residential care facility, analyzed qualitative interviews and observational data from residents, families, and staff (N = 309). The researchers suggested that prejudiced images of the old as frail, dependent, and incapable of socialization could be enhanced or reduced within the residential care settings. In short, the authors reported evidence of stigma and ageism.

Similarly, Kane and Kane (2005) argued that actions of ageism is highly possible in health care settings, as well as in long-term care, or nursing homes. In their study, they revealed that ageism is more pronounced in long-term facilities than in hospitals. Quite often, however, subtle bias is common in both settings.

From the perspectives of geography and space, Petersen and Warburton (2012) compared residential care facilities and retirement villages in Australia. The researchers collected interview data from stakeholders; however, the study omitted details regarding the sample and methodology. The authors concluded that built-in environments in residential settings for older adults sustained stereotypes of older people as either ageless or dependent. Moreover, spaces designed for older people

reinforced historical legacies of separation from the community. In effect, built-in environments dually functioned as a cause and effect of ageism.

Other scholars conducted studies of different groups health professionals, revealing ageist attitudes and behaviors among these groups. For example, Klein (2007) conducted a qualitative doctoral dissertation study describing the experiences of gerontology occupational therapists (N = 16) in Canada. Participants described working with older adults as an enjoyable experience, which offered variety, intellectual challenge, and satisfaction. Just the same, the work of these professionals was often assigned lower status. Ageism that appeared to influence their abilities to be valued in the work setting is a challenge that gerontology therapists have often encountered. Klein reported that ageism appeared to be socially produced in response to the discourses related to rehabilitation and independence in the profession, as well as in public and professional attitudes toward the elderly.

Several studies have provided evidence of ageism in mental health services. For example, in a study by Ray, Raciti, and Ford (1985), psychiatrists reported to demonstrate a variety of negative attitudes toward older patients. The study suggested that certain personal characteristics of psychiatrists (female gender, psychoanalytic theoretical orientation and certification by the American Board of Psychiatry and Neurology) were associated with pronounced negative attitudes. Interestingly, Lynd-Stevenson and Pigram (1993) measured four facets of ageism: 1) attitudes to the elderly, 2) attitudes to the ageing process, 3) stereotypes of capability and 4) stereotypes of sociability in psychology students (N = 95) and found that ageism was not rampant among the students. While the majority viewed the capacity of old people somewhat negatively, they tended to have a positive social outlook and to hold positive attitudes toward the elderly. However, it is important to note that the students expressed ambivalence about themselves growing old.

In their literature review on ageism in the mental health arena, Robb, Chem and Haley (2002) found a limited number of studies on age

bias among mental health providers. Interestingly, they noted that in conversations about the aging and mental health, the two attributes were important factors for limiting access to services for the elderly. Considerable evidence does suggest differential medical treatment for older adults in areas such as physician–patient interaction, use of screening procedures, and treatment of varied medical problems. It must be noted, however, that clear evidence pointing to age bias, as a key factor, is needed. Other studies have also suggested that age discrimination has an adverse affect on general health and well being of seniors (Acktoy-Stolarz, 2008). Scharf, Phillipson, Kingston and Smith (2001) argued that one effect is social exclusion and institutional disengagement of seniors. They concluded that systematic disengagement contributes to the marginalization of seniors in terms of outsiders' perceptions of them.

One may wonder what the evidence reveals about the prevalence of ageism among social workers. Allen, Cherry, and Palmore (2009) focused on self-reported ageism in undergraduate and graduate social work students and among social service providers in managed care facilities. Findings indicated that people of varying educational and occupational backgrounds in social services admitted to positive ageism. In this study, practitioners in nursing home settings reported higher positive and lower negative ageist behaviours when compared to practitioners in other settings and the students.

Kane (2007) explored perceptions of elders among undergraduate criminal justice (N = 116) and social work (N = 112) students in the United States. The results of this cross-sectional study generally revealed moderate ageist attitudes among the participants. Of particular importance, the study noted that criminal justice students are less likely than social work students to possess positive attitudes towards elderly. The findings concerning criminal justice students are consistent with the results of the Israeli case study in the field of jurisprudential gerontology. Specifically, Doron (2012) reported that, contrary to the common perception of objectivity of legal decisions, judges often

constructed socio-judicial narratives embellished by personal bias and prejudices against old age.

Bianchini (2000) explored elder-related knowledge and attitudes of social work and nursing students (N = 159) at the University of Calgary and reported acceptable levels of age stereotyping; however, some of the responses are disconcerting. For example, a common agreement among the students is that teenage suicide is more tragic than elder suicide, and that older people should not be allowed to renew their driver licenses. The author concluded that nursing students, as well as those in social work are in need of adequate preparation in the field of gerontology.

The question that begs exploration pertains to the under-interest in studies on age bias within the various helping professions, especially when there is evidence of age-based differential treatment and limitation access to services for older adults. Schoenberg and Lewis (2005) suggested that using cultural lens on ageism might explain ageism in health care settings in that ageist attitudes manifested by members of helping professions “emerge from generalized negative cultural attitudes about aging. When placed within a success = cure, and fiscally concerned environment, ageism is perpetual.” (p. 90)

Social workers and other helping professionals behave as humans do; they are not free from prejudicial beliefs. Moreover, this beliefs could potentially seep into way social workers treat older clients, as well as how they approach gerontological practice and the extent to which they value their clinical practice with older adults.

Another argument relates to a problem of limited training of health and mental health professionals in gerontology. Rosowsky (2005) summarized reasons for under-interest of clinical professionals, including social workers, physicians, psychologists, psychiatrists and nurse professionals. Stated bluntly, gerontology is not chic; old people are not an interesting and exciting population with which to work. Old people have poor prognoses and tend to respond unfavorably to treatment. It is painful to work with old people as this time is one of deterioration and futile interventions. Consistent

with Nelson's (2011) general comment on stereotypes, Rosowsky noted that given the under-interest in gerontological specializations across disciplines, the largest issue for the growing population of elderly could be the relative scarcity of providers of the treatment and services the elderly requires.

## **7. Ageism and Future Cohorts of Elderly**

Given the relative under-interest in ageism and limited understanding of this disturbing phenomenon in our society, as well as in the helping professions, there is a concern that negative manifestations of ageism will continue to dominate and that growing numbers of retiring Baby Boomers will face age-related stigmatization, which has begun. For instance, in a recent marketing book by Smith and Clurman (2007) titled *Generation Ageless: How Baby Boomers are Changing the Way We Live Today... and They're Just Started*, the authors describe and endorse the following stereotypic perception of the Boomers:

... Boomers don't accept limits, so it's no surprise that they have long been confrontational, polarizing, and uncompromising. And they see no reason to start compromising now. Their take-no-prisoners style looks to be working, albeit with the occasional set back every now and then. (p. xxix)

Phillipson, Leach, Money, and Biggs (2007) conducted a review of research and media to identify social and cultural constructions of the Baby Boomers. Boomers are depicted as bringing new lifestyles and attitudes to ageing and retirement; heralding economic disaster; or placing fresh burdens on health and social care services. The article provided a critical analysis of the Boomers as a 'problem generation'.

One can see the increasingly negative attitude toward Baby Boomers in media and public research through assigning catastrophic characteristics to aging of Boomers in such negative terms as 'apocalyptic demography', 'demographic imperative', 'impossible burden', 'age tsunami', or

'age storm' that will "crash on the shoals of business" (Longino, 2005, p. 80) and shrink dramatically social security assets of the nations. In other words, Baby Boomers are perceived as a threat to society.

Longino (2005, p. 81) asked an important question: "Is this scary story motivated by ageism?" His response is that the apocalyptic picture of the future is indeed ageist, "because it objectifies people who are aging and treats them as though they are all alike." As Nelson (2011) pointed out, older adults comprise a highly heterogeneous group, which assumes that a group shares a common personality characteristic. Such assumptions represent stereotyping.

A positive view on aging Baby Boomers, which is less popular than the 'scary story', highlights the high education and income levels among people of retirement age, speculating that these trends will partially offset the societal burden of the Boomers as they reach retirement (Longino, 2005). Similar to the negative perspective, this positive view is impacted by stereotypes. Rosowsky (2005) depicted this positive view in the following words:

Historically, many of this cohort have been heavy consumers of health and support services and have relied upon professional expertise and specialized services. They have cut their milk teeth on technological advances and are remarkable self-advocates and informed consumers. (p. 57)

Higher education status and relatively good health could possibly contribute to greater work retention of many Baby Boomers, which could possibly support reduction of structural ageism in the society (Longino, 2005). According to Binstock (2005), workplace ageism has been gradually eroding. However, he argued that negative portrayals of older people in society remain stable, regardless of older people's contributions to the society. In his empirical study, Thornstam (2006) suggested that some respondents believed that pro-seniors workplace policies and public attitudes might be

unjustified: “Why coddle the well-to-do elderly?” (p. 56) Thornstam interpreted this as a possible rivalry or sense of competition that younger people feel toward well-to-do older people, provoking jealousy and negative attitudes. This is consistent with the study of Cuddy et al. (2005) who found that older groups portrayed as competent, ambitious, and equally competitive with mainstream society are regarded by the younger public as less warm and likable.

Others have suggested that the growing demographic pool of the Boomers and “successful aging” could contribute to a flourishing market once it is oriented to serve the Boomers (Smith & Clurman, 2007). Longino (2005) speculated that anti-aging goodies and services could increase the probability of improving Boomers’ image in the society, resulting in positive imagery of older people as healthy, happy and younger looking. However, the question remains as to the extinction of ageism. Longino (2005) warns that:

One would logically expect that with the retirement and continued aging of the baby boom, our images of aging are likely to change for the better. Wrinkles will certainly seem more “normal.” On the other hand, marketing trends are usually directed to flatter the customer. When the customer is older, such flattery may arise from cultural aging... This cultural theme may persist as the median age of the nation climbs in the twenty first century. If it does, then a pernicious cultural ageism will persist. (p. 83)

In this vein, Angus and Reeve (2006) warned that aging-well initiatives, based on individualism and self-responsibility and existing power relations between those who age well and those who do not, will continue to inform ageist stereotypes. This would mean that advocacy for the poor and the frail may continue to be challenging (Longino, 2005), signifying a profound stigmatization and neglect of those who fail to aging successfully, healthy and well.

How will society relate to older adults who

are unhealthy and perhaps in need of financial, physical, social, emotional and medical support for their daily living? How will younger generations portray this cohort? How will society treat those who are labeled ‘non-successfully aged’? Will they remain undervalued? These questions raise the importance of extinguishing ageism in its various manifestations. A number of strategies to engage in anti-ageism action will be discussed in the following section.

## **8. Acting to Reduce Ageism: Implications for Social Work**

Scholars have suggested a number of initiatives to reduce ageism in contemporary society. Butler (2005) asserts, “It is time to rally for the inclusion of ageism among the issues promoted by those individuals and organizations devoted to the protection and extension of human rights.” (p. 86)

Efforts to increase the status of older adults will help to reduce ageist attitudes prevalent in society (Nelson, 2011). To do so, Petersen and Warburton (2012) recommended the development of responsive urban residences to prevent the marginalization of elderly from the community. This approach would connect the young with the old and begin to normalize what it means to grow old. Additionally, school programs should promote the message that old age is nothing to fear, or to be embarrassed about (Nelson, 2011). Aging is part of life’s cycle.

Rosowsky (2005) advocates for improved education and training in the field of gerontology. In her opinion, good professional preparation can counterbalance false beliefs. On the other hand, inadequate training allows ageist attitudes to flourish, thus increasing the tendency to neglect the needs of the elderly.

Further, it is crucial that social workers question their attitudes toward the aging. It is difficult to admit that helping professionals may engage in stereotyping, hold prejudicial beliefs, or practice age-related discrimination. However, if we, today’s social workers deny this reality, we run the risk of compromising our ethical standards

of practice; jeopardizing the integrity of the profession, and potentially under-serving our clients. Encouraging self-awareness will temper personal biases and improve ethical conduct. Without question, thousands of social workers, over the next two decades, will serve older clients within their caseloads, regardless of their specialization or professional interests. Are we prepared and self-aware?

Unfortunately, the reality of ageist stereotypes cannot be entirely prevented. With this in mind, the profession of social work must promote the dignity of growing old. Practitioners must combat discrimination wherever and whenever it occurs. Most important, social workers must convey the message that sensitivity begins at the personal level. We must lead by example. For this reason, it is imperative that we understand the complexities of ageism and endorse better educational programs in gerontological social work, as well as in clinical and research settings.

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