

THE NEGLECTED "ISM"

By: C. Larry Briggance

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When you look at me, what conscious or unconscious assumptions do you make? This person is a member of the fastest growing segment of our aging population. In 1900 there were 3 million Americans over the age of 65. By 2010 there were 40 million, constituting 13% of our population. The oldest segment, those 85 and over, has grown from 100,000 in 1900 to 5.5 million in 2010.

The "Baby Boomers" (those born between 1946 and 1964) started turning 65 in 2011. There will be a dramatic increase of older Americans during the 2010 to 2030 time period. The older population will have doubled from

2000 to 2030. This is growth from 35 million to 72 million. The elderly in 2030 will represent about 20% of the total United States population.

By 2030, the growth rate in this population is expected to slow. However, the oldest of the old, those over 85, will grow from 5.5 million in 2010 to an estimated 19 million in 2050. These numbers and the impact they will have on our society prompts the need to examine my topic for tonight. I will discuss with you ageism, a subtle, pervasive and insidious form of discrimination against our older growing population. "Ageism" was first coined by Dr. Robert Butler in the late 1960's. We are all familiar with racism, and sexism, and discrimination against those in the LGBT community, But, what about ageism? Dr. Butler defined ageism as "The systematic stereotyping of and discrimination against people, because they are old".

According to social scientists, when we meet new people, we automatically register three observations: race, gender and age. We do this to aid ourselves in categorizing and describing others. Discrimination and bias based on race and gender are generally not tolerated. However, our

society seems to willingly accept the negative and stereotypical depiction of older people. Why? Age, race and gender categorization is so well learned and so fundamental to social perception that researchers refer to these divisions as “primitive” or “automatic. Racism is and continues to be the basis of volumes of studies and research. Likewise, the study of gender discrimination receives countless time and resources. Comparatively however, very little effort has been or is currently focused on ageism.

Why have researchers nearly ignored this critical area? While many factors may contribute to this imbalance in research efforts, there is one basic reason which seems to account for much of the lack of focus. Age prejudice, in our society, seems to be a socially condoned form of discrimination. Because it is so prevalent, researchers tend to dismiss it as a legitimate form of prejudice. It is therefore overlooked as a phenomenon to be explored. For example, the cornerstone of the greeting card industry is the message that it is unfortunate when an adult becomes a year older. While expressed in jokes and humor, we are clearly saying, **GETTING OLDER IS A BAD THING!** (read cards)

Over 90 million Americans each year undergo procedures or purchase products to hide physical signs of aging. Why do we view aging as a negative? How did we move from revering old age to disparaging it? Why are older adults in our society marginalized, institutionalized, stripped of responsibility, power and ultimately their dignity? It was not always this way. In most prehistoric and agrarian societies, older adults were held in high regard. Their age and experience made them wise. They were the custodians of history and traditions. They were the teachers. In biblical times, those who reached advanced age were regarded as God's chosen ones. They were seen as having a divine purpose.

Two developments, however, began great shifts in attitudes toward the elderly. The first was the advent of the printing press. The culture, history and experiences of a tribe or society could now be written in exact detail to be read by all. The elders were no longer needed to impart their culture.

The second development that led to this shift in attitudes toward old people was the industrial revolution. The industrial revolution demanded great

mobility in families. Workers had to go to where the jobs were. The extended family structure, which often included grandparents, was less adaptive. Many jobs created by this development were physically demanding, required long hours and were, therefore, more suited for younger workers. Experience in a position and fine skills were no longer as valued as the ability to adapt to change, work faster and become proficient with new technology.

In many aspects of life we can point to examples of ageism, I am going to touch on four of these. The first area we will consider is: Ageism in the helping professions. One might assume that if there were any persons who would least likely demonstrate ageism and hold on tightly to stereotypes it would be those whose job it is to help older people. Sadly, research has shown doctors, nurses, teachers, counselors and various health care professionals are at least as likely to practice ageism as is the general population. Older patients are often considered depressing, senile, untreatable or rigid. Their complaints are often dismissed as just "old age" rather than a disease, pain or condition that merits treatment. Physicians may become frustrated with cognitive, hearing or other difficulties, which

may not lend themselves to a quick office visit. It has been suggested that the medical community trains doctors to treat patients with an age bias by putting very little value on the study of geriatrics in medical school curriculums. Only about 10% of American medical schools require ^{Course} work in geriatric medicine. The American Geriatric Society reports that there are only about 7,600 physicians nationally, certified as geriatric specialists.

Dr. Robert Stall, a practicing geriatrician with over 20 years of experience, offers this: "What do you expect at your age?" "You aren't getting any younger." When an older patient visits a doctor with valid health concerns such as loss of bladder control, decreased mobility or memory impairments is met with a "what do you expect" attitude from a doctor or nurse, the mindset rubs off on the patient. He or she leaves the office thinking, "What do I expect? I'm not getting any younger. My health problems are part of getting old." Dr. Stall responds, "What should you expect at your age? A lot." The fact is that older people get sick from disease, not old age. Dr. Stall reminds us that there is always something that can be done to help an older person deal with his / her health problem which will provide a means to enjoy life at least a bit more. No one should succumb to ageism. Dr.

Stall serves as a mentor for young medical students. He promotes geriatrics as well as encouraging required courses, which examine aging and the understanding of the specific needs of older patients, for all students seeking careers in health care. Similar training for all of the helping professions would go a long way in reducing ageism.

Ageism in the workplace.

The labor market is another system that perpetuates ageism. Employers, both public and private, engage in age discrimination when they fire older workers, or push them out by making conditions intolerable. Employers frequently refuse to hire older workers (those over 40) or refuse to promote them because of long held stereotypes.

There are legislative acts providing broad protections against ageism, such as the 1967 Age Discrimination in Employment Act (ADEA) and the amended Older Worker's Benefit Protection Act. The former was designed to protect employees older than 40 from differential treatment in all phases of the employment process. The latter act was designed to ensure that early retirement packages and other incentives that require workers to

waive their right to sue for age discrimination are offered in a way that does not duly harm the worker. The ADEA, however, while prohibiting age discrimination against most job applicants and employees 40 and older, does contain exceptions that permit mandatory retirement for police officers, fire fighters, highly payed executives and state judges.

Despite this historic legislation, older workers still face stereotypes on the job. The most common are that older workers are less productive, more expensive and more rigid than younger workers. As with stereotypes about other groups, the facts refute them. Studies show that interest, motivation and skill do not decline with age. However, some employers continue to perceive older workers as resistant to change, slow to learn new skills and uncomfortable with new technology. Studies continue to indicate there is no correlation between age and job performance. Indeed, research reveals that some intellectual functions may even improve with age. Ageist attitudes, even though unfounded, continue to be hidden or veiled and do persist in the workplace. As an example, employers are likely to tell an applicant that he/she is over qualified, when they really see them as too old.

However, there are some bright spots. Many employers have found it profitable to hire older workers. When Days Inn Of America launched a program to hire older workers in their national reservation centers, they quickly found that the hired workers learned the computer systems easily, booked more reservations per person and stayed on the job three times as long as younger hires.

Let's now consider ageism in the media.

The media, in its various forms is a force that promotes ageism. The mass media plays a powerful institutional role in shaping American attitudes. It fixates on youth, beauty and sex appeal. The media's portrayal of older people can vary depending on its objective. When the media attempts to engage older viewers as a block of voters, or consumers of specific products, it will present the elderly as affluent, self interested and politically potent. When the focus shifts to general programming or movies, the pictures of old people change dramatically. On television, seniors rarely appear in prime time shows. If included, they are often cast in minor roles and are often depicted as helpless victims or crotchety trouble makers.

Advertisers clearly focus their marketing on younger women who are primarily responsible for household purchases. The common perception among advertising agencies is that younger age groups spend more money than older age groups. Recent studies show that while the 65 to 75 year old consumers out spend their 35 to 44 year old counter-parts, agencies continue to ignore older audiences and under appreciate their potential as consumers. One reason for this lack of response to the older market is that the writers and art directors who create the majority of ads are young. Advertising is a youth oriented business. If you are 40 in this business you are "old." According to a 1995 survey by American Demographics, the average corporate advertising representative was 31 years old. The average ad agency executive was 28. Ten years later these numbers remained the same. There are great disparities between perceptions of older people and reality.

Facebook, the crossroads of the world, has specific policies banning content that contains disrespectful comments regarding race and gender. Ageism however, is fair game. There are actual Facebook pages

suggesting the killing of all persons over 69 and promoting the hatred of the elderly.

Finally, how do encounters in our everyday world continue to demonstrate ageism?

In the past several years I have had numerous experiences accompanying our elderly parents as they navigated the world. These experiences have caused me to pay closer attention to conversations with and among the elderly, and to observe carefully reactions to older people.

These questions are perhaps worth some thought.

1. If you are over 62, have you ever booked an airline ticket online-only to pop up, 1 senior 0 adults? At what point does a senior stop being an adult?
2. Have you ever accompanied an older friend or parent to an appointment with the intention of being the second set of ears, only to find the doctor, banker or representative address all questions and information to you. Thus assuming because you were the younger person, you would better understand the information. The older

person, who should have been the focus of the appointment, was therefore marginalized.

3. Have you ever heard older adults addressed with “baby talk,” very slow speech or condescending language or gestures?
4. When shopping, have you noticed clerks focus their attention on other customers and ignore an older customer? Have you noticed impatience in clerks or other customers when an older person is slow to get out their money or to use the card machine?
5. Have you listened to conversations among older diners or friends in a social setting? We often hear them referring to their age and using their age to explain their ineptness and ailments. I wonder if such conversations can become self-fulfilling prophecies?

What can we do about ageism? How can we confront and change these unfounded attitudes? Becca Levey, a researcher on age perception, learned that people with positive views of aging actually live 7.5 years longer than those with negative perceptions. Can societies negativity toward age actually impact the health status of seniors? Perhaps, then, the first step each of us can take is to start viewing age more positively for

ourselves and those around us. If you encounter ageism, speak up. If your doctor does not seem to be working aggressively enough on your behalf, speak up. You have the power to research on your own, seek a second opinion, or change doctors. If you sense discrimination in the work place or in social settings, speak up.

Education about ageism is an important vehicle to help eliminate it. Education of racism and gender discrimination has raised awareness and helped reduce the prejudice. Employers, communities, schools, universities and families should promote the awareness of age discrimination. We can and should showcase the contributions made to society by its older members.

Given the population growth of the aging community, it is essential that we develop strategies to understand and better serve the needs of the elderly. One such strategy is the use of age suits. Age suits, suits worn to simulate the effects of aging on the body have been developed. The wearer experiences restricted movement, diminished eyesight and hearing, a reduced sense of smell and touch and the wearer's balance is challenged.

These simulation suits are being used by some businesses, designers and students to help them better understand the challenges of aging and to promote the development of products and techniques that will serve our aging population better. Walking in another's shoes, ^{or} ~~on~~ in this case, experiencing the challenges of aging, will promote understanding when working with elderly patients, clients and citizens.

Many companies are taking the lead in fighting ageism, Barclay's Bank in the UK uses these simulation suits to train employees in diversity and to design user friendly windows and machines for their older customers. Engineers at Toyota, Ford and GM are using these suits to better design car interiors to promote safety and ease of use for the growing number of older drivers. Medical schools, colleges, care facilities and ^{businesses} ~~others~~ use the suits allowing future doctors, nurses and others to experience the physical challenges of old age, thus promoting understanding and empathy.

Oddly, age is the only "ism" that, if we are lucky, we will all experience. Few men become women. Few change their race. But we will all get older.

A reporter once asked black neurosurgeon, Dr. Ben Carson, why he didn't talk more about race. He responded, "I'm a neurosurgeon...you see, when I take them to the operating room and cut the scalp, then take off the bone slab, I'm operating on the thing that makes the person who they are. The cover does not make them who they are. When are we going to understand that?"

When you and I interact with older people, we need to remember Dr. Carson's truth. The cover doesn't make them who they are! 🖤