



Forever Young

THE IMPACT OF AGEISM ON YOUR HEALTH



From phrases like “senior moment” and “you look great for your age,” to ads for products that are purported to help skin maintain a youthful glow, we’re constantly surrounded by messages that imply “that it’s sad to be old ... that wrinkles are embarrassing, and old people are useless,” writes Ashton Applewhite, a journalist and author of *This Chair Rocks: A Manifesto Against Ageism*.

In other words, the examples mentioned all express ageism against older people, a phenomenon that, according to a growing body of research, can damage our physical, mental, and cognitive health.

AGEISM REFERS TO THE STEREOTYPES, PREJUDICE, AND DISCRIMINATION DIRECTED TOWARD OTHERS OR ONESELF BASED ON AGE.

According to the World Health Organization’s (WHO’s) 2021 *Global Report On Ageism*, ageism is prevalent, ubiquitous, and insidious because it goes largely unrecognized and unchallenged.

As for its impact, a review conducted for the report, which included 422 studies from 45 countries, found that in 405 of the studies (96%), ageism was associated with worse outcomes for all health domains they looked at.

The vast majority of older adults experience ageism. In a cross-sectional study of 2,035 U.S. adults aged 50 to 80 published in *JAMA Network Open* in June 2022, 93.4% of respondents reported regularly experiencing one or more forms of “everyday ageism.”

But ageism isn’t felt equally. Women tend to encounter ageism at an earlier age compared to men. It can also interact with sexism, a combination called “gendered ageism,” that results in a heavier burden for older women.

For instance, according to research by Dr. Jenny Godley, a sociologist, demographer, and associate professor at the University of Calgary, Canadian women face 1.5 times more age discrimination than men.

There is evidence that, as individuals, we do have the power to counteract some of ageism’s most pernicious potential effects on our brain health.

Read on to learn about how ageism affects our lives (particularly the lives of women) and how we can stop this. →

TYPES OF AGEISM

Ageism can be applied at different points across our lifespan. Characterizing all millennials as lazy or entitled is one example. Ageism can also take many forms, including:

Benevolent ageism: Benevolent or paternalistic ageism has a seemingly warm or caring tone, but the underlying implication is that the target is not competent or capable. For instance, “Here, let me do that for you.”

Elderspeak: Addressing an older person as “dear” or “sweetie,” adopting a sing-song tone, and using simplified language fall into this category.

Implicit ageism: Individuals engage in this type of ageism without awareness or intention, based on unconscious beliefs, assumptions, or stereotypes.

Institutional ageism: Sometimes called structural ageism, this “refers to laws, rules, norms, policies and practices of institutions – and the ideologies fostered to justify them – that unfairly restrict opportunities and systematically disadvantage individuals based on age,” according to the World Health Organization.

Self-directed ageism: Based on the biases and stereotypes an individual has absorbed from their culture and turned against themselves, this is also known as internalized ageism.

HOW SYSTEMS REINFORCE AGEISM

Older people can be exposed to ageism through such institutions as the workplace, the media, health care, and health research.

In film and TV shows, for example, roles for older adults are scarce, and of those that do exist, many depict derogatory stereotypes.

UNCONSCIOUS AGEIST ATTITUDES CAN ALSO BE REFLECTED IN NEWS COVERAGE, PORTRAYING ALL OLDER PEOPLE AS WEAK OR DEPENDENT.

For example, when the Federal/Provincial/Territorial Ministers Responsible for Seniors Forum analyzed 110 documents that included media articles and federal, provincial, and territorial communications related to older adults and the COVID-19 pandemic, “between 50 to 88% portrayed older people as

victims,” said Dr. Gail Low, a post-doctoral Quality of Life Fellow and associate professor in the Faculty of Nursing at the University of Alberta in Edmonton.

Other research indicates that ageism can also affect access to health care. For example, even though depression is less prevalent in later life, some studies have found that when older individuals seek help from mental health professionals, they are less likely to be treated adequately.

These professionals widely believe that depression is a normal part of aging, according to leading ageism researcher Dr. Becca Levy in her book, *Breaking the Age Code: How Your Beliefs About Aging Determine How Long and Well You Live*.

This has implications for brain health since some research suggests depression is associated with an increased risk of dementia in older age.

Another healthcare area that can be impacted by ageism is hearing loss. “We know hearing is important to your cognitive, social, and mental health,” said Dr. Alison Chasteen, a professor in the Department of Psychology at the University of Toronto. Chasteen noted that “it’s been challenging to try and get older people to acknowledge when they might be experiencing hearing loss,” partly due to ageist stigma.

WHILE UNTREATED HEARING LOSS HAS BEEN LINKED WITH AN INCREASED LIKELIHOOD OF DEMENTIA, NEW RESEARCH SUGGESTS THAT USING HEARING AIDS CUTS THE RISK OF COGNITIVE DECLINE IN AT-RISK INDIVIDUALS BY NEARLY HALF OVER THREE YEARS.

And lack of access to hearing aids is one space where sexism and ageism intersect.

Due to societal factors, women tend to find themselves at an economic disadvantage by the time they reach traditional retirement age. For example, due to the gender wage gap and time out of the workforce for child rearing and/or caregiving, “women end up with a lower pension than men,” if in fact, they receive a pension at all, noted Dr. Paula Rochon, a geriatrician and Founding Director of the Women’s Age Lab at Women’s College Research Institute.

Consequently, retirement income is 18% lower for Canadian women age 65 and older than men the same age.

That means women are less likely to be able to afford things that can protect health and cognitive function, “like, for example, hearing aids,” Rochon said.

Ageism is an issue in health research, as well. “It wasn’t until just a couple of years ago that older people needed to be included in federally funded clinical trials in the United States,” explained Rochon. This meant that studies on medications to treat more prevalent conditions among older people typically excluded this very population.

Since similar measures to include women in randomized controlled drug trials were not implemented until the 1990s, historically, sexism has compounded the impact of ageism in such research.

As a result, “you end up with people experiencing unnecessary side effects,” she said. One such scenario involved zolpidem, a medication for insomnia. The drug had been on the market for years when it was finally discovered that the standard dose left women at high risk of short-term side effects (which include next-day drowsiness, cognitive impairment, and dizziness), and subsequently, the dose for women was cut in half. This is significant because some evidence suggests that extended use of this class of sleep medications may increase dementia risk.

THE IMPACT OF AGEIST STEREOTYPES

Research suggests exposure to the type of ageist stereotypes that permeate our culture - even subliminally - can immediately affect physical and mental performance. In a study conducted by Dr. Levy, older people were “primed” with a series of words associated with either positive or negative stereotypes of old age (such as “wise” or “senile”) that were flashed onto a screen too quickly to be registered consciously, but slowly enough to be perceived.

Test scores tended to improve following positive priming and worsen after negative priming. Research teams have since replicated these results. Another study led by Dr. Levy found that priming exerts similar effects on walking speed - a measurement linked with physical health and function.

However, taking such negative age stereotypes to heart poses much greater threats. According to the WHO’s systematic review, “the association between ageism and health outcomes was strongest for self-directed ageism.” (We are so steeped in mental representations of aging that children as young as three express ageist attitudes.)

When “individuals accept negative age stereotypes about themselves, that has a significant impact on physical and mental health,” noted Dr. Teresa Liu-Ambrose, Tier 1 Canada Research Chair in Healthy Aging, Co-director of the Centre for Aging SMART at Vancouver Coastal Health, and Director of the University of British Columbia’s Aging, Mobility, and Cognitive Neuroscience Laboratory.

MEDIA REPRESENTATION OF OLDER PEOPLE

BETWEEN 2010 AND 2020:

People 50+ comprised:

➤ less than 25% of characters in top-grossing domestic movies and most popular TV programs.

Women 50+ made up:

➤ 1 out of 5 characters in film;

➤ 2 out of 5 characters in broadcast television; and

➤ 1 out of 3 in streaming television.

Source: *Women Over 50: The Right to Be Seen on Screen*, Geena Davis Institute on Gender in Media



People who have a less negative self-perspective about aging do better in terms of cognition, and they’re less likely to develop dementia.

Dr. Levy’s research has linked positive views of aging with lower rates of depression and anxiety, cardiovascular events (including strokes and heart attacks), and a slower decline in the size of the hippocampus, a brain structure that plays a vital role in memory.

In one landmark study that connected mortality data from the U.S. National Death Index to questionnaire responses collected from 433 people aged 50 and older between 1977 and 1993, participants with the most positive self-perceptions of aging lived, on average, 7.5 years longer than those with the most negative views - even after accounting for factors like socioeconomic status and loneliness.

Another equally striking finding from Dr. Levy’s research: in a 2018 study published in the journal *PLOS ONE* that used data from the U.S. Health and Retirement Survey, participants who carried the APOE4 gene variant - which increases dementia risk - who also held positive age beliefs were no more likely to develop the disease than people without that genetic risk factor.

HOW CHANGING ATTITUDES CAN HELP

In light of all of the evidence that our beliefs about aging can influence the trajectory of our brain health, the question is how we can cultivate a more positive mindset. —>

In *The Revera Report on Ageism*, which looked at responses from an online survey conducted in 2012 of 1,501 Canadians aged 18+, 34% of respondents aged 66 and older reported experiencing age discrimination perpetrated by the healthcare system or healthcare professionals. Of these, nearly 80% said a healthcare professional had dismissed their complaints as an inevitable sign of aging.

Studies that have examined the impact of interventions on ageist attitudes in general, though not specifically on internalized ageism, point to them as one promising approach. In a meta-analysis conducted for the WHO report, “we found they were effective,” said Dr. David Burnes, Canada Research Chair in Older Adult Mistreatment Prevention, and a professor in the Factor-Inwentash Faculty of Social Work at the University of Toronto. “We still need to do some more rigorous randomized controlled trials, but based on the research that has been done, it’s very promising.”

The most successful interventions incorporated two main elements: young people engaged in some sort of meaningful activity with older adults, and “an educational component around demystifying some of the stereotypes about older adults that younger people often have,” Dr. Burnes explained. Another promising theme that emerged: “Communities can create and implement these programs quite feasibly, for low cost,” Dr. Burnes said.

Research into strategies for combating self-directed ageism is scant. However, some evidence suggests that participating in volunteer activities may help. For instance, in one analysis of reports from a sample of older adults who had participated in the 2008/10 and 2012/14 waves of the U.S. Health and Retirement Study, volunteering for 100 hours or more in the study’s first phase was linked with more positive and less negative self-perceptions of aging in the second.

DR. LEVY RECOMMENDS A SET OF TOOLS CALLED THE ABC METHOD TO LOOSEN THE GRIP OF INTERNALIZED AGEISM: INCREASING AWARENESS, PLACING BLAME WHERE APPROPRIATE, AND CHALLENGING NEGATIVE AGE BELIEFS.

Some of the awareness exercises she suggests including recording both the negative and positive images of aging you encounter in the media over one week (including an absence of older characters in TV programs), and creating a portfolio of

positive older role models, then listing a trait you admire about each one that you’d like to work on strengthening personally.

Examples of blame-shifting exercises include asking yourself who benefits from an ageist stereotype you encounter, taking a step back when you’re tempted to attribute an incident to age, and considering alternative causes. For example, forgetfulness might be due to rushing or stress.

The first step Dr. Levy suggested in challenging internalized ageist beliefs is to seek out accurate information on aging to debunk negative age stereotypes. For example, “I’ve done a lot of research on how much healthier older adults are in this generation than any other - we have more lifespan, but our health span is also longer,” noted Dr. Esme Thomson Fuller, professor and Director of the Institute for Life Course and Aging at the University of Toronto. As well, “levels of serious cognitive impairment dropped like a stone between 2008 and 2017,” she added.

Dr. Levy cited research that contradicts several other stereotypes, including studies demonstrating that the brain continues to grow new neurons in response to challenges throughout life and that certain kinds of cognition, such as semantic memory, improve in later life.

Age may bring greater resilience to life stress, too.

“There’s some evidence to suggest older people were faring better in terms of their overall mental health and well-being during COVID,” said the University of Alberta’s Dr. Low.

Regardless of its impact on your health and longevity, rejecting internalized ageist stereotypes can help ensure you stay mentally and socially engaged and become the best version of yourself. Consider the example of Olive Bryanton, profiled in the 2019 CBC POV documentary *Never Too Old* as she completed her PhD at age 81. As she says near the film’s end, “there’s no age limit on potential.” 🌱

AGEISM RESOURCES

oldschool.info
reframingaging.org
thischairrocks.com
womensresearch.ca/
womens-age-lab
yoisthisageist.com