OK Boomer: Ageism Comes of Age in 2020

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Abstract

This analysis examines the origins, patterns, and consequences of ageism over the past several decades. Rooted in childhood impressions, ageist attitudes and negative stereotypes endure into adulthood in both implicit and explicit ways. Consequently, older persons may adopt and embody ageist stereotypes. Unlike race- or gender-based discrimination, ageism affects everyone who does not suffer premature death. Fear of one's future elder self can motivate terror-management behavior by younger persons that fosters ageist behavior. In the healthcare setting, older adults may be denied access to medical or preventive care. In the workplace, older workers may become marginalized, lose opportunities for training and advancement, or suffer outright discriminatory behavior. In the waning years of the two-thousand-teens decade, even as other forms of prejudice declined, overt ageist behavior accelerated as older persons became more devalued and/or were held responsible for societal ills. Ageism threatens to persist in modern society, unless confronted with the same zeal and perseverance as racism, sexism, and similar prejudices now on the wane.

Keywords: ageism, age discrimination, age stereotypes, terror management, intergenerational conflict, boomers, millennials

Introduction

And so he plays his part. The sixth age shifts
Into the lean and slipper'd pantaloon,
With spectacles on nose, and pouch on side,
His youthful hose well sav'd, a world too wide,
For his shrunk shank, and his big manly voice,
Turning again towards childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything.

– William Shakespeare,
Seven Ages of Man

Geriatrician Robert Butler first coined the term "ageism" in 1969, which he defined as a combination of prejudicial attitudes toward older people, old age, and aging itself; discriminatory practices and policies that perpetuate stereotypes about them. Popular media soon adopted the term, which was also added to the *Oxford English Dictionary*. (Applewhite, 2016).

Similar definitions now appear in most print dictionaries and online resources, including the World Health Organization:

> Ageism is the stereotyping, prejudice, and discrimination against people on the basis of their age. Ageism is widespread and an insidious practice which has harmful effects on the health of older adults. For older people, ageism is an everyday challenge. Overlooked for employment, restricted from social services and stereotyped in the media, ageism marginalises (sic) and excludes older people in their communities. Ageism is everywhere, yet it is the most socially 'normalized' of any prejudice, and is not widely countered—like racism or sexism. These attitudes lead to the marginalisation (sic) of older people within our communities and have negative impacts on their health and well-being. (World Health Organization, 2019).

Five decades after Butler's original definition, ageism remains pervasive in current society, while other "-isms" (e.g., racism, sexism, and anti-Semitism) have declined over the same time period—notwithstanding recent upswings that seem related to partisan rhetoric and assumed empowerment of hate groups over the past few years. The long-term effects of anti-racism and anti-sexism progress will likely endure the current onslaught, especially as movements such as #MeToo continue to gain momentum.

The ageism construct that Butler codified now boasts a multitude of scientific literature across a wide variety of disciplines and has maintained steady interest in popular media as well. Yet ageism remains a mere youngster in the history of humanity. In pre-industrial, agrarian societies, older persons occupied positions of respect and high social standing. Young people considered their elders to be the guardians of history, fonts of wisdom gained from life experiences, mentors, teachers, and quintessential leaders; holding positions of authority to which younger people could aspire, but achievable only when they reached older age. Tectonic change in perceptions and attitudes occurred around the turn of the nineteenth century and the advent of

the Industrial Revolution. Old age became a biological problem that would burden society. As the birth of consumer culture fostered a "cult of youth" it engendered the notion of intergenerational conflict and fear of aging. The rise of the Internet and explosion of online resources and social media further influenced this generational divide. (Applewhite, 2016; Nelson, 2017).

Ageism has been described as a stigma that fosters oppression, reinforced throughout society by economic, legal, medical, commercial, and other systems that affect the daily lives of elders. Negative messages about aging color every aspect of life, with deleterious effect on prospects, economy, and civic life. Some believe these messages and effects constitute oppression, i.e., being controlled or treated unjustly by others. (Applewhite, 2016). Many aging Americans have yet to understand ageism, appreciate its negative effects, or become energized to resist it. Far too often, elders buy into negative stereotypes about the effects of aging, and thus diminish their own stature in society.

Origins of Ageism

Childhood Socialization

Honor your father and your mother, that your days may be long in the land which the Lord your God gives you.

Exodus 20:12

Imagine this scenario: A young military family returns from overseas to a new assignment at a U.S. base. Their first holiday season back in America is in full swing. The parents and their five-year-old son and three-year-old daughter (the latter born overseas) await a much-anticipated visit from the father's parents who have not seen the family in three years. Both grandparents are in their 70s and afflicted with poor health. Within the last year, the grandfather underwent surgery and permanent colostomy for colon cancer. The grandmother suffers from chronic metabolic syndrome and depression that mar her face with a permanent scowl.

When the happy day of the grandparents' arrival and family reunion dawns, the parents throw open the door and embrace the elders. The children draw back. The three-year-old sees the grandmother in the image of Snow White's wicked queen, a "mean old lady." The young boy recoils from his grandfather because "he smells funny," a reminder of the grandson's concept of the odor of death. (Bergman, 2017).

From the first moments of socialization through passage to adolescence and early adulthood, children learn stereotypes about older people. Depending on family traditions and cultural factors, names such as "Grandma, Gramps, Memaw, Nana, Pops, Gigi, Pop-Pop" carry different connotations dependent on the tone and body language used by the immediate family members. Ageist attitudes translate to children's perceptions of older adults (Robinson & Howatson-Jones, 2014). For instance, if a child's mother or father addresses older persons in the same tones, language, and voices they use in talking to a small child, it sends a clear message how the most important adult in the child's life perceives the older person. (North & Fiske, 2012). If the elder person exhibits physical characteristics of the aging process (e.g., stooped posture, slow speech, halting gait), the child may interpret it as sadness, weariness, or mental slowness—qualities the child may generalize to all aging adults. (Montepare & Zebrowitz, 2004).

While subtle ageism influence on children by adults may vary among families, the depiction of older adults in child-targeted media, especially television, is pervasive and consistent. (Bergman, 2017). Fairy tales, picture books, cartoon shows, movies, and online entertainment occupy prominent, sometimes intrusive roles in the lives of children. Aging stereotypes, positive and negative, wield serious influence on the attitudes, assumptions, and world view of even the youngest children—and may be their first exposure to older adults beyond their immediate family. (Bergman, 2017). Elderly women are particularly subject to stereotypical roles as sexism merges with ageism. Only a handful of ageing female character types persevere throughout the history of children's literature, and those exist in diminished scope, i.e., the wicked old witch, the demented hag, or the selfless godmother (Henneberg, 2010). The latter, often characterized as a "sweet old lady," offers little substantive value. (Cuddy, Norton, & Fisk, 2005). Not an Iron Lady in the bunch.

Positive endings in children's media add a not-so-subtle twist on the depiction of older adults in marginal roles. The personal characteristics of the younger, often male, protagonist typically save the day; relegating the older person in the story, regardless of their actions, to a secondary role of bystander at worst, cheerleader at best. The influence of such characterization on the developing perceptions and attitudes of children can be profound, as demonstrated in both direct and indirect experiments and measures. (Bergman, 2017).

Do these observations mean that the likes of Disney movies and shows, especially the older ones, should be purged from the repertoire of childhood entertainment? Of course not. The opportunity exists for parents, teachers, and other influential adults to provide positive information regarding older individuals, to counteract the formative inclination of children to view them in a negative manner. (Bergman, 2017). Just as it is easier to control erosive garden weeds by treating their young roots, so our society and families can curtail the destructive effects of covert ageism by substituting derogatory stereotypes and portrayals of elders with positive experiences and affirmative characterizations.

Implicit and Explicit Ageism

Picture the checkout line at a busy grocery store on a Friday evening. The place is crowded with people, most of whom stopped in at the end of a busy workweek, focused on stocking up for weekends of leisure or social activities.

A 60-year-old male executive falls into line behind a 75-year-old woman whose stooped posture and disfigured fingers suggest debilitation from some form of arthritis. She, in turn, waits behind an 85-year-old thin but not emaciated gentleman wearing a jogging suit. What do each of these shoppers expect from the person in front of them?

The executive sees the older woman in front of him but not the very old man in front of her. He glances around to find another checkout line, expecting a long delay as the old biddy in front of him fumbles her way through the process. He might think, with a modicum of annoyance, that she should have come earlier in the day when the store was less crowded while people such as he worked long hours, in part to fund her social security entitlement. Failing to find a shorter line, he glances at his watch, taps his foot, sighs, crosses his arms, and makes other outward indications of impatience.

How does the 75-year old woman perceive the older man in front of her? Maybe she expects the octogenarian to slog through the checkout process in slow motion, holding her up long enough to miss the bus to her neighborhood, making her wait another twenty minutes for the next bus. Her blood pressure rising to the point of chest palpitations, she huffs and frowns, pushes her cart forward as if to push the old fool through the line.

The 20-year-old checkout clerk sees three old people in his line, and it matters little to him that each has a significant age difference with the next one. To him, the gray-to-white hair, wrinkles, postures, and other outward indicia of aging suggest the same thing: old, slow, dense, dithering, demanding, deaf people. He heaves a sigh and looks at the clock. Thirty minutes to the end of his shift. He glances behind the 60-year-old, relieved to see a fit young woman in a relaxed posture actively engaged with her smartphone. She, at least, won't be a bother.

What of the octogenarian? A widower, he's come from an exhilarating, age-appropriate workout at a local gym, stopping by the store to pick up some fresh fish and salad fixings for his dinner. A retired history professor, he keeps his mind and body sharp with his daily gym workout, gardening, reading, writing, and teaching a weekly undergraduate class at the nearby university. As he takes his turn at the front of the line, he perceives, in a subliminal way, the attitudes of those around him, especially the clerk. He usually goes earlier to the grocery store, where he navigates the checkout process with alacrity; places his reusable bags first on the conveyor, then his groceries neatly arranged by bulk and size—his loyalty card and debit card out and ready for the clerk. But this evening takes a different turn as he embodies the perceptions of those behind him. Fumbling in his wallet, he drops his debit card onto the floor, requiring the woman and the rest of the line to back up so he can retrieve it. In full fluster, he inserts the card the wrong way into the card reader, resulting in a loud, admonishing beep from the machine. The clerk huffs, scowls, and hurries him through the rest of the process, dropping his filled bags back into the cart, then turns his attention to the next customer. "Thank you," the old man mutters as he slinks toward the store exit, embarrassed and humiliated.

The 75-year-old, a published author who has just finished her thirtieth novel, fares better. Although she can no longer type with her disfigured hands, she has learned to dictate her work using voice-recognition software on her computer. She pays with a tap-and-pay application on her smartphone, declines the printed receipt for an emailed copy, and exits the checkout line with her reusable bags tucked into her cart.

Frustrated and angered by the octogenarian's plight, the 60-year-old executive fails to notice the swiftness in which the woman in front of him cleared the line. Caught unprepared, he rushes his own checkout process—realizing at the last minute that he left his wallet in his car. Chagrined, he meekly asks the clerk to put his groceries aside while he scurries to the parking lot to retrieve his wallet.

The frustrated clerk nods impatiently, sets aside the man's groceries, and turns with relief to the young woman. He shakes his head. She gives him a knowing, conspiratorial smile. "Codgers," she says.

This scenario illustrates several aspects of ageism. The clerk is the same boy described in the previous section on childhood associations. Now a young adult, he reflects the implicit ageism

learned from his early-age interactions with older adults, the effects of his parents' attitudes, memory associations linking older adults to negative traits of being fragile, slow, and dependent. (de Paula Couto, 2017; Fazio, 2007). The young woman's scornful response is more explicit and outward. Both represent age stereotypes, i.e., negative representations of older people resident in long-term memory, and age prejudice, i.e., negative assumptions of older people triggered by age-related clues. (de Paula Couto, 2017). Implicit ageism is associative and non-subjective. Associations in memory will activate whether the person believes them or not. Explicit ageism, on the other hand, is a product of personal beliefs and feelings organized by persons as they differentiate selves and others. (de Paulo Couto, 2017; see also Gawronski & Bodenhausen, 2006, 2007).

The responses and actions of the three older shoppers in the scenario demonstrate a phenomenon of "stereotype embodiment," a process by which older persons adopt and/or endorse the same age stereotypes as younger persons. (de Paula Couto, 2017). This internalization of stereotypes can occur over a lifetime, function in the subconscious realm, gain prominence from self-relevance, and function through multiple pathways. (Levy, 2009). These embodiments may be negative, as with the two older male shoppers, or positive, as exemplified by the older female. (See Chasteen, Schwartz, & Park, 2002, and Wentura and Brandtstadter, 2003). The positive/negative attitude variance may relate to how older adults relate to their own group. High-self-esteem older adults tend to prefer and identify with young persons, holding negative attitudes toward their own contemporaries. (Levy & Banaji, 2002). When not challenged by negative stereotypes like he experienced in the grocery line, the octogenarian's continued engagement in the academic milieu demonstrates a preference to associate with younger people. The septuagenarian author prefers seminars at a local writing studio where the age distribution ranges from teens to nonagenarians. The sexagenarian executive may be a runner who participates in a local running group where the average age is around 40. In each case, these high-esteem older adults exercise their preference to mingle with younger groups, perhaps eschewing more sedentary or lower-esteem age contemporaries.

Researchers have further examined the effects of positive or negative aging stereotype embodiment on older persons' well-being and cognitive, physical, and physiological function. Levy reports on the influence of age stereotypes on blood pressure and skin conductance as measures of cardiovascular response to stress. Positive and negative age stereotypes resulted in diminished or enhanced responses, respectively. (Levy, 2009). Levy and colleagues further examined the effect of aging self-stereotypes on the will to live among older and younger individuals. Among older persons, those exposed to positive age stereotypes would engage in medical interventions, whereas those carrying negative age stereotypes would opt to refuse lifesaving medical interventions. Young participants' will to live was unaffected by either positive or negative subliminal aging stereotypes. The investigators conclude that socially transmitted negative aging stereotypes can weaken elderly person's will to live. (Levy, Ashman, and Dror, 2000).

Terror Management Perspective

Recall the 3- and 5-year-olds with the aged grandparents in the section on Childhood Socialization. The grandmother suffered from metabolic syndrome, while the grandfather had colon cancer. Within five years of that holiday encounter, both grandparents died. The children may have witnessed one or both deaths, and/or attended funerals or memorial services—

perhaps with open caskets. Maybe they were affected by one of the grandparents' prolonged illness and progressive debilitation. What have they learned from those experiences, what takeaways that may affect their attitudes toward older people when they become young adults? "Old = death?" With what social groups will these young adults identify? Will they welcome or marginalize older adults within their chosen milieus?

Unlike race, gender, sexual orientation, or ethnic origin, old age is a physical condition that inevitably affects all humans except tragic victims of premature death. All old people were once young, and most young people will one day become old. Old people subjected to an "out-group" on the basis of age alone were once members of a younger "in-group." (Greenberg et. al., 2017). This fact has implications for both older and younger persons.

Death from some causes may be avoidable, e.g., automobile safety factors reduce highway deaths, healthy lifestyles reduce risk of death from major causes, i.e., heart disease and stroke. Preventive measures may reduce risk of death from cancer. But in no case can death of any individual be permanently postponed. The sight of an older person can remind someone younger of their inevitable destiny. (Greenberg et. al., 2017; see also Martens et. al., 2004, Martens, Goldenberg, and Greenberg, 2005, & Bodner, 2009).

In formulating terror management theory, Greenberg et. al. summarize the work of cultural anthropologist Ernest Becker and other pioneers: The juxtaposition of humans' innate desire for survival against awareness of their vulnerability and inevitable mortality creates a potential for paralyzing terror. Humans react by belief in a "cultural anxiety buffer" consisting of two parts: 1) an individualized but culturally derived view of ordered reality that transcends death ("cultural worldview") and 2) an individual's value within the context of that worldview ("self-esteem"). They describe a consistent finding that "mortality salience increases positive to those who uphold or validate the individual's worldview and negative reactions to those who violate or challenge the individual's worldview." (Greenberg, et. al., 2017). The so-called generation gap might constitute an example of this phenomenon.

Further research describes the psychological processes of young adults in response to thoughts of mortality: First, remove such thoughts by telling oneself that death is far in the future; second, distract oneself from the threat, thus denying one's vulnerability to death; third, physically remove oneself from reminders of death. (Greenberg, et. al., 2017; Pyszczynski, Greenberg, & Solomon, 1999). The implications of these processes on implicit and explicit ageism seem self-evident.

A direct method of dealing with the implied threat of death embodied by older people would be to avoid them. For instance, a younger person might choose (consciously or not) to stay away from places frequented by older people: senior community centers, church-related bingo games, golf courses, or concerts featuring rock stars from previous decades (e.g., Rolling Stones, Metallica, Fleetwood Mac). One might also avoid certain geographic locations know to be favored by older people (Florida, Sun City, AZ). A second, more deleterious avoidance strategy would be to keep older people out of the workplace through processes such as forced retirement or discriminatory hiring practices. At the family level, the desire to place parents and older relatives into assisted living facilities or nursing homes removes the salience of these older relatives as they near death. Psychological distancing constitutes another avoidance process,

referring to older people with stereotypical derogatory terms such as "codger," "old hag," or even "old-timer." (Greenberg, et. al., 2017).

Indirect methods of managing the terror of death triggered by old people might include "increased self-esteem striving" by emphasizing negative reactions to older people perceived to challenge one's worldview, with proportional positive reactions to those (usually younger) individuals who hold a similar worldview. (Greenberg, et. al., 2017). Hence the "gender gap" that includes its own lexicon. Oppositional terms like "boomer" and "snowflake" are examples.

A final consideration in regard to terror management theory is the role of the human body as a cultural symbol, including a fanciful flight from death that fulfills positive and negative attitudes about one's body or those of others, the role of sex as a common source of problems and difficulties, and romanticized cultures that value physical attractiveness and objectify women. (Goldenberg, Pyszczynski, et. al., 2000; See also Goldenberg, McCoy, et. al., 2000).

Older people may strive to preserve their bodies through physical activity, plastic surgery, or a host of cosmetic products advertised as aids to maintain a youthful appearance. However, should older individuals indicate an attraction to younger persons or an interest in sex, they are often rewarded with disparaging labels such as "dirty old man," or "cougar." (Greenberg, et. al., 2017).

Healthy older persons, in both physical and psychological realms, can mitigate the ageist effects of terror management as a defense against the inevitability of death. Through the last few decades many older persons have demonstrated remarkable results in slowing the aging process and lengthening life expectancy through healthy lifestyles, preventive health practices, positive mental outlooks, and exercising mental acuity. (Greenberg, et. al., 2017) Many older persons, including artists, scientists, and executives, have not only maintained productivity into their waning years, but in many instances achieved their most renowned results well past the stereotypical retirement age of sixty-five. These older persons have little difficulty mingling with and establishing positive, healthy relationships with people decades younger.

Finally, older persons with healthy mental attitudes toward life and death can motivate younger people to face the inevitability of death with equanimity. When an elder approaches the nearness of death with a sense of gratitude and satisfaction for a life well-lived and pride in one's accomplishments, it can motivate their children and grandchildren to perceive death as the final fulfillment, not the ultimate threat. (Greenberg, et. al., 2017) As a result, the negative ageist forces of death-terror can foster healthy relationships between elders and youngsters.

Manifestations of Ageism

Elder Mistreatment/Abuse

"The mistreatment of older adults is one of the more egregious issues confronting society." (McDonald, 2017). It is also the least well-known or understood discriminatory practice in the world today. Regardless of attitude, most people—certainly most Americans—are familiar with the terms racism, sexism, religious prejudice (e.g., anti-Semitism), homophobia, xenophobia, and others that connote oppressive or prejudicial attitudes and practices toward people who are different. Ageism belongs in any such list, but does not carry the same emotional impact as, for

instance, racism. Elder mistreatment and abuse, therefore, often occur outside the sensitivity of others, even when done in plain sight.

McDonald analyzes a global scoping review of population-based studies estimating the prevalence of five types of elder abuse (physical abuse, psychological abuse, sexual assault, material exploitation, and neglect). The review calculated an aggregated prevalence of 2.2 to 14.0%, with mean of 7.1%. (Pillemer, Burnes, Riffin, & Lachs, 2016). These studies involved community-dwelling older people, and therefore may underestimate true population-wide prevalence because of a) exclusion of older people suffering some form of cognitive impairment, and b) reluctance of some respondents to admit to or report mistreatment. Based on several studies, McDonald reports that elder mistreatment is "extensive, predictable, costly, and often lethal to older adults." (McDonald, 2017). Another cited study calculated a 47.3% prevalence of at-home caregivers mistreating older persons with dementia, of which 88.5% suffered psychological abuse, 19.7 % experienced physical abuse, 29.5% experienced neglect. The combination of physical assault and psychological aggression yielded the best sensitivity (75.4%) and specificity (70.6%) for identification of elder mistreatment. (Wigglesworth et. al., 2010).

In their literature review, Pillemer and colleagues identified risk factors for mistreatment of older adults, from the perspective of both victim and perpetrator. They further categorized the factors as "strong," "potential," or "contested." "Strong" individual-level victim risk factors included functional dependence or disability, poor physical health, cognitive impairment, poor mental health, and low socio-economic status. "Potential" victim risk factors included gender (women more likely than men to experience abuse), age (younger age at greater risk), financial dependence, and race/ethnicity (in the US, older African American adults more at risk than Caucasians). Regarding individual-level perpetrator risk factors, "strong" indicators included mental illness, substance misuse, and abuser dependency, i.e., abusers rely on their victims for emotional support, financial help, housing and/or other assistance. In terms of victim-perpetrator relationship-level reviews, "potential" risk factors included relationship type and marital status. Looking at societal-level risks, the reviewers found "contested" factors in negative views on ageism, i.e., negative attitudes and stereotypes may drive acceptance of elder abuse; or that older people may be perceived as fragile, dependent, or burdensome, thereby enabling younger generations to mistreat them. Finally, the review suggested that two "strong" factors may protect individuals from elder abuse or promote resilience: higher level of social support and embeddedness in a social network, and separated living arrangements, i.e., a shared living arrangement is a major risk factor for elder abuse, especially physical and financial abuse. (Pillemer, Burnes, Riffin, & Lachs, 2016).

Elder abuse pervades modern society, albeit difficult to quantify with accuracy. Substantial opportunities exist to mitigate risks of abuse and identify its victims. Ironically, while the association of ageism to elder abuse makes intuitive sense, there is a paucity of empirical evidence to demonstrate that as a reality. (McDonald, 2017)

Elder Disparagement/Patronage

Picture the earlier grocery-store scenario occurring on a different day. The same three elders hold places in the checkout line. The clerk is a twenty-year-old young woman, perhaps the same person depicted as a 3-year-old in the scenario on childhood socialization. As the octogenarian professor approaches the cash register, the clerk speaks to him in a loud voice. "Do you need

help? Just insert your debit card into the slot there. That one, right there, sir. Go ahead and do it now, please." The elder gentleman, whose hearing is fine, already has his card in hand and was about to insert it into the card reader—as he has done many times before without assistance.

As the arthritic septuagenarian author completes her purchases, the young woman places her filled reusable bags into the cart and speaks to her in a singsong voice. "Do you need someone to push your cart to the lot for you, sweetie? If you'll just wait a minute, I'll get one of our young men to help you." The older woman sighs and pushes her cart out of the store by herself.

When the sexagenarian businessman approaches the register, the young woman stares at him, making prolonged eye contact, then speaks in a normal tone of voice. "Wife make you do the shopping today?"

Two studies by Fiske and colleagues (Fiske, Xu, Cuddy, & Glick, 1999; Cuddy, Norton, & Fiske, 2005) set up a theoretical framework for the common practice of ageist bias, positive or negative, most often through disparagement or patronage, the latter manifested by a pattern of patronizing speech and/or unnecessary helping. Those researchers identified two "clusters" of out-groups: incompetent but warm (promoting paternalism) and competent but not warm (promoting envy). They further characterized the incompetent group as being low status and those perceived to be warm as being more cooperative than competitive. Applying these concepts to ageist stereotypes, older adults were typically perceived as high in warmth but low in competence. This characterization might lead to paternalism, but also to social exclusion; consistent with the categorization of older adults as weak (however warm) and of marginal contribution to society—therefore earning less respect. (Bugental & Hehman, 2017).

In a study of communications patterns in a retail environment, Ryan and colleagues (Ryan, Anas, & Gurnier, 2006) looked at communications directed at older people and those with disabilities. Communications styles were categorized as professional, overhelping, and underhelping. In contrast to "professional" interactions, "overhelping" patterns tended to be patronizing, oversimplistic in vocabulary, and exaggerated in tone. Overhelping led to both diminished customer satisfaction and lower salesperson effectiveness. They also described a "Blame-the-recipient" phenomenon, wherein "underhelped" customers were rated low on competence, while those "overhelped" scored low on benevolence. In short, the older people received communications the salespeople perceived they deserved, based on the communicator's biased assessment of the recipient's status.

The above phenomenon recalls the "stereotype-fulfilling prophecy" outlined by Bugental & Hehman (2017), citing, in part, the work of Baltes and Whal (1996). Exposure of older persons to a consistent pattern of patronizing or disparaging interactions enhances the elders' dependency and minimizes their independence. They behave in ways that reinforce the negative aging stereotypes as they accept the validity of negative evaluations about their competence. Another study indicated that older adults exposed to patronizing speech reported lower assessments of their own intrinsic communication abilities than did older adults not subjected to such negative speech patterns. (Kemper, Othick, et al., 1996).

Citing a wide swath of relevant studies, Bugenthal & Hehman (2017) conclude that "both explicit and implicit activation of negative age-based stereotypes fosters deficits in older

adults across a wide variety of tasks and domains." These include memory deficits, handwriting abilities, gait and walking speed, will to live, and motivation to seek life-prolonging medical treatment. The earlier referenced "stereotype embodiment theory" (Levy, 2009) seems to be an important driver throughout these examples.

Patronizing speech directed at older adults can be verbal, non-verbal, or both. Verbal patronizing speech is often high-pitched, slower in cadence, and louder in volume, with exaggerated intonation. Bugenthal & Hehman (2017) cite multiple studies, from as far back as 1981, that liken these speech patterns to "baby talk." In a series of related studies, Kemper and colleagues coined the term "elderspeak" to characterize systematic speech accommodations directed at older adults by younger caregivers and service providers under controlled conditions. The speakers tended to use shorter, simpler utterances, often in the form of sentence fragments, used words under three syllables, and more repetitions. In all cases, the younger speakers adjusted their speech to accommodate for real or perceived cognitive needs of their older adult subjects. (Kemper, 1994; Kemper et al., 1998). A literature review by Brown and Draper (2003) reported a similar pattern they described as "accommodative speech," wherein health workers often used patronizing or disparaging speech patterns based on perceived capacities (or lack thereof) of elder patients; and that their subjects found it to be unwelcome, condescending, offensive, disempowering, and demoralizing. They described possible consequences of over-accommodation to include dependence, diminished self-esteem, avoidance of speech situations, and ultimate acceptance of impolite speech by their caregivers. Regarding the inappropriate use of non-verbal communications directed at older adults, Bugenthal & Hehman (2017) describe the work of Armstrong & McKechnie (2009): inappropriate gaze, i.e., low or high eye contact, dominant spatial distances (e.g., young person stands while older one sits, young person placing hands on hips), and inappropriate touch (head patting by younger person).

Manifestations of ageism that include mistreatment, abuse, disparagement, and/or patronage can occur in any setting where older people interact with younger ones. Two settings of particular interest here are the healthcare environment and the workplace.

Ageism in the Health Professions

The first wave of elder baby boomers turned 65 in 2011. By the time the last wave reaches that age in 2030, even accounting for deaths, the estimated number of Americans over age 65 will exceed 70 million — almost double the 37 million in that age group in 2005. Elder Americans (defined as over age 65) will make up 20% of the population, an upward change from the 12% in 2005. The population of "oldest old" persons (those over age 80) will also increase, from 11 million to 12 million. This demographic stems not only from the relatively larger population of "boomers" compared to other generations, but also from the long-term effects of healthier lifestyles (improved health behaviors, especially the decline in smoking) and advancements in medical technology and treatment (e.g., enhanced diagnostic imaging and earlier diagnosis, and widespread treatment of hypercholesterolemia, hypertension, and many forms of cancer.) (Institute of Medicine, 2008). As an example, the most life-threatening form of skin cancer, malignant melanoma, claims few lives today through the combination of early detection and advanced immunotherapy. (A former president of the United States, an active nonagenarian, is a prime example.) Not so long ago, a diagnosis of malignant melanoma often harbingered death within a few years.

The unintended consequence of reduced deaths from acute or untreated conditions is "an epidemic of chronic disease" as 80% of aging Americans develop long-term diseases (Anderson & Horvath, 2004). Nevertheless, even as chronic conditions become the leading reason for people seeking medical care in the United States, the current medical care financing and delivery system is based on an episodic, acute care model. Medicare's non-coverage of hearing aids or eyeglasses are two examples. As a result, about 75% of the public believe it is difficult for people with chronic conditions to obtain care from physicians and healthcare providers. Many physicians perceive the same problem. (Anderson, 2003).

The combination of an aging population, the increased prevalence of chronic diseases, lower availability of physicians specializing in elder care, antiquated health delivery models and health financing processes, and pervasive ageist attitudes and practices among health professionals constitute a formula for disaster as the boomer generation joins Medicare and becomes a real or perceived burden; not only on the system but on individual providers or group health provision settings. The macro realities of this movement toward an increased older population seeking care for chronic diseases are outside the scope of this monograph, but the resulting overt or subliminal issues of ageism in the healthcare setting deserve discussion.

All manifestations of ageism previously discussed remain pervasive in the treatment of elder patients throughout the healthcare system: stereotype-driven attitudes, elder mistreatment and abuse, elder bashing and patronizing speech, and resultant stereotype embodiment and self-deprecation by elders themselves. Kagan (2017) posits a "jeunist" underpinning wherein younger persons are favored over older ones. The younger people enjoy higher status and preferential treatment, albeit mostly unaware of their privilege and benefits. As a result, older people often feel depersonalized and devalued as they are subjected to ageist attitudes and acts. (Kagan, 2017). The outcome for elders is negative effects on health, and poor health care experiences. (Kagan, 2015).

Applewhite (2016) summarizes the effects of ageism that lead to a lower standard of care for older patients within the context of physician-patient interactions:

1) Physicians and nurses often consider symptoms like balance problems, incontinence, and memory deficits as inevitable consequences of advanced age rather than as treatable conditions.
2) Health professionals are often dismissive of elders' symptoms. "At your age, what do you expect?" Older people with chronic pain are less likely than younger patients to receive adequate amelioration. (Pasupathi & Lockenhoff, 2004).
3) Physicians are more open to younger patients' concerns and communicate better with them, while older patients get less time with doctors.
4) Physicians fail to consider age-related changes in medication absorption and side effects, or the synergistic effects of multiple medications.
5) Many physicians assume elder patients are not sexually active and don't take sexual histories or consider sexually transmitted diseases, including HIV, in their differential diagnoses.
6) Secondary prevention programs and counseling, including cancer screenings, often overlook older patients.

The expanding population of elderly Americans presents an additional challenge as the healthcare system struggles to recruit and retain practitioners devoted to elder care. Nursing is a prime example, "an ageing profession caring for an ageing society where age discrimination takes many forms and has broad impact." (Kagan, 2015; Harris et al., 2010). Other health professions, e.g., occupational therapy, face similar challenges in recognizing and mitigating their own ageist attitudes as they themselves grow older. (Chippendale, 2016). Collectively, these phenomena of an aging population, aging health providers, and pervasive ageist attitudes compromise healthcare workforce development and competence for maintaining effective healthcare and social systems. (Kagan, 2017; Institute of Medicine, 2008).

The irony of pervasive ageism in professions dedicated to the care of all humans regardless of race, ethnic origin, gender, sexuality, economic status or other social measures—professions that espouse intolerance for these latter forms of prejudice—may relate to a topic discussed earlier, i.e., fear of one's future older self. (Nelson, 2005.) This terror might peak in healthcare settings, where that future self exists in the extreme stages of life that many health professionals encounter almost daily. Do health professionals see and fear their future selves suffering in the weakened, shriveled bodies, scourged by chronic disease—incurable yet progressive, or in the throes of imminent death? Do they lack compassion? (Kagan, 2015). Or do their defensive minds trick them into believing they will become otherwise in their own waning years, and does that belief drive an incoherent logic to justify ongoing mistreatment of or negative attitudes toward older patients? (Jonson, 2012).

As older persons experience negative beliefs and attitudes about aging when they seek and receive needed healthcare, they risk internalizing those beliefs—an example of self-stereotyping. (Kagan, 2017). Some may adopt ageist phrases and attitudes, expressed in apologetic language or in jocular fashion. Prime example is the phrase "senior moment," which often reflects real or perceived brief memory lapses but may also be symptomatic of cognitive impairment or functional incompetence. Seniors might use the phrase as a socially acceptable excuse or concession for verbal or physical lapses. (Bonnesen & Burgess, 2004). As disparaging attitudes remain the norm in healthcare provision to senior adults, they affect the attitudes, cognitions, and behaviors of older adults. The cumulative effects result in chronic stress and high effort coping that influences physical health, which in turn can cause or contribute to premature aging, chronic disease, early mortality, and other adverse health outcomes. (Allen, 2016).

The intersection of longevity, an outcome of healthy lifestyles and improved medical technology and treatment, with pervasive ageism among healthcare professionals, however subliminal, creates a dichotomy for aging adults. Longevity becomes both a desired and feared consequence of life well-lived. A recent news article shows the effect of this conundrum in a poignant human way. (Saslow, 2019). As waves of boomers continue to wash upon the healthcare shore, social, economic, and political solutions must include a concerted effort to rid the healthcare milieu not only of chronic disease, but also of chronic ageism.

Ageism in the Workplace

The previous section discusses the increasing population of older adults in both numbers and percentage of total population. Additional studies examining not only the aging population but also the trends toward later retirement age, the effects of the Age Discrimination in Employment Act (ADEA) and its amendments, and fewer younger adults to enter the

workforce will result in a higher percentage of older persons across the workforce—with multilayered consequences. (Griffin, Bayl-Smith, & Barbour, 2017). A study by the American Association of Retired Persons (2013) predicted that by 2020 the 55+ age group would increase their share of the labor force by 38 percent. Moreover, the 65+ age group has surpassed the participation of workers 55-64, and the AARP study predicted participation rate by this age group in 2020 to be 22.6% of the total workforce. (American Association of Retired Persons, 2013). These trends have significant potential impact in economic and social terms, but what of their effect on age discrimination in the workplace?

Griffin and colleagues (2017) define age discrimination against older workers in several parameters: 1) overlooking them for promotion, 2) not offering training opportunities, 3) preferential hiring of younger workers, 4) forced redundancy, 5) ageist attitudes, and 6) treating older workers more poorly than their younger counterparts. Multiple studies, mostly qualitative in nature, have attempted to measure incidence and prevalence of workplace age discrimination, but with variable results. Nevertheless, subjective input from elders themselves indicates that such discrimination exists in all the categories described above. (Griffin, Bayl-Smith, & Barbour, 2017).

Generic factors that contribute to ageism in general also persist in the ageist treatment of older workers, i.e., stereotypes, social categorization, terror management, and organizational diversity. Most stereotypes do not spring from malevolence or harmful intent; they tend to be more insidious as a result of unconscious thoughts or feelings. (Posthuma & Campion, 2009). Indeed, some stereotypes may be positive, e.g., perception of older workers as wiser and having better interpersonal skills than their younger colleagues. However, negative stereotypes are more prevalent. (Griffin, Bayl-Smith, & Barbour, 2017).

Postuma and Campion (2009) conducted an extensive review of 117 articles and books describing prevalent ageist stereotypes in the workplace, evidence that refutes those stereotypes, and moderators of age stereotypes. Other studies support general stereotypes that exist in most workplaces. (Griffin, Bayl-Smith, & Barbour, 2017). The most prevalent stereotype assumes poor performance, i.e., that older workers have lower ability, less motivation, and less productivity than younger workers. In contrast, little evidence exists to support the notion of declining job performance as workers age. The converse appears to be true, that performance improves with age. Individual skills and health status seem more important than age in determining job performance. More differences in performance exist within age groups than between age groups. (Postuma & Campion, 2009).

A second prevailing ageist workplace stereotype holds that older people resist change and therefore are more difficult to train as they are less adaptable and less flexible than their younger colleagues. Therefore, older workers represent a lower return on investments in training and other performance-enhancing activities, an attitude that may lead to excluding older employees from training opportunities. A related stereotype suggests that older workers, perhaps due to assumed cognitive decline, have lower ability to learn and therefore less potential for career or job development. A third related stereotype suggests that older workers have shorter job tenure, and therefore represent a lower return on investment in training and other opportunities. In truth, research suggests that older workers are less likely to quit, less often seek more prestigious or high-paying jobs. Even if older workers have shorter tenure, the payback for investments in training is realized in the short term. (Postuma & Campion, 2009).

Another common workplace stereotype holds that older workers are more costly to the employer because they receive higher wages, use more benefits, and are closer to retirement. Related stereotypes hold that certain jobs or industries (e.g., information technology) require a "right" age, i.e., someone in a younger age group. However, little evidence exists to support these notions. Conversely, some evidence suggests that older workers are not more costly, need less training, their salaries generally level off after age 50, and they have lower rates of absenteeism. (Postuma & Campion, 2009).

Applewhite summarizes baseless ageist stereotypes that stunt workers' prospects in terms of the myths that older job seekers confront:

1) **Can't master new skills**. In truth, older workers score high in leadership, detail-oriented tasks, organization, listening, writing skills, and problem solving—especially if new tasks relate to their preexisting skill or knowledge.

2) **Aren't creative**. In truth, mixed-age teams are highly productive in areas that require creative thinking.

3) **Can't handle stress**. In truth, older persons have the experience, patience, and coping skills to put crises into context and ride them out.

4) **Slow things down**. In fact, output among older and younger people tends to be equal as younger persons work faster but make more mistakes, whereas older workers may work more slowly, but with better accuracy.

5) **Miss work because of illness**. As previously stated, this myth assumes an erroneous equation of age with illness.

6) **Can't handle physically demanding tasks**. On the contrary, most jobs today do not require manual dexterity or endurance. Health and experience are better indicators than age for predicting workplace fitness.

7) **Are burned out**, occupying space while waiting for retirement. Most data show that persons who continue working in their 60s and 70s enjoy their jobs and are happier in their work than younger counterparts. Applewhite concludes that "not one of the negative stereotypes that older workers confront holds up under scrutiny." (Applewhite, 2016, pp. 143-144)

Blackstone (2013) described the four most common behaviors that participants said they encountered at work: having their work contributions ignored (25.1%); being left out of decisions that affect their work (23.0%); being talked down to by coworkers (20.8%); and being talked down to by bosses (20.2%). All four of these experiences fueled older workers' sense of devaluation in the workplace. Twenty-four participants experienced verbal exchanges characterized by yelling or swearing. In response, 45.8% told a coworker; 33.3% told a boss; 8.3% told a family member or friend; 4.2% told someone else; and 37.5% told no one. Only one participant told an attorney or government agency about any experience, and that was in response to unwanted questions about his/her private life. Study participants were more likely to confront their harassers directly, especially if talked down to by coworkers or bosses.

Consequences of unproven ageist stereotypes in the workplace may include negative performance feedback, exclusion from innovative work domains, denial of promotion, and being

shut out of development opportunities. These factors in turn lead to negative effects on company performance. (Griffin, Bayl-Smith, & Barbour, 2017; Kunze, Boehm, & Bruck, 2011, 2013). Ageist stereotypes in the workplace, which are more attitudinal than fact-based, have the multidimensional negative consequence of inadequate utilization of experienced, tempered talent—with a resulting negative effect on company performance and competitive position in the marketplace.

In addition to the stereotypes described above, descriptive age-based norms also exist. These prescribe how an older worker ought to be and may motivate managers to decide what career or job milestones must be achieved by a certain age. Timing of retirement is another descriptive tenet that might discourage an older worker from continuing a job beyond traditional retirement age—no matter how capable or indispensable that older worker may be. (Griffin, Bayl-Smith, & Barbour, 2017).

Social identity theory and social categorization play a related role in the treatment and self-perception of older individuals in the workplace. Becoming a member of an in-group or out-group depends less on personal talents, experiences, and capabilities and more on arbitrary or trivial categories, such as age. (Rijswijk, Haslam, & Ellemers, 2011). As individuals strive to enhance their self-esteem by categorizing themselves as members of their chosen in-group, they are motivated to identify out-groups in terms of their differences (e.g., age), use negative stereotypes to defend against perceived out-group threats, and facilitate their own self-worth by acting on this bias. Such age-related categorization does exist within organizations. (Griffin, Bayl-Smith, & Barbour, 2017).

The previous discussion of terror management theory in ageism (i.e. fear of one's future older self) described two defensive strategies: physical avoidance of older people, and psychological avoidance by construing older people as "other" and therefore non-relatable. In the workplace, these defense mechanisms can play out in discriminatory hiring practices (albeit in violation of the ADEA), derogatory speech, or social isolation by not including older employees in workplace events. Additional defensive measures might attempt to build the younger person's self-esteem by denigrating older workers through negative stereotypes or discriminatory behavior that emphasizes the differences between the younger in-group and the older out-group. Carried to an extreme, such attitudes and behavior could lead to discrediting or devaluing the technical or professional experience and wisdom of the older person by characterizing the individual as "behind the times," unable to think clearly, or slow in mentation, memory, and speech. (Griffin, Bayl-Smith, & Barbour, 2017). In such cases, the organization suffers.

An earlier section discusses the effect of age discrimination as a stressor experienced by older adults. The same process occurs in response to ageism in the workplace. In such cases, the stressor threatens older worker's sense of well-being, actual or perceived status, access to social and managerial support, and advancement or other career opportunities. In response, the older worker may seek additional resources or connections to preserve the things they value, may devote additional time at work, above and beyond the minimum requirement, in order to outperform their younger colleagues or make themselves above reproach. They may try to identify with the more socially advantaged in-group; or conversely with the similar-aged out-group, creating additional division between older and younger workers. Alternatively, they may seek to de-identify themselves with their peer group, i.e., portray themselves as different in talent or work ethic from the aging out-group, and putting in additional hours, self-training, or other effort to prove their case. (Griffin, Bayl-Smith, & Barbour, 2017).

An older worker feeling the stress of age discrimination may take an opposite tack, i.e., reduce effort, disengage from work, or resort to counterproductive behavior. Taken to extreme, they may resort to discrimination claims or seek retribution in the form of court-mandated monetary compensation. These counterproductive behaviors tend to occur less often in organizations that emphasize reciprocity, i.e., demonstrate a nurturing, supportive milieu that will motivate the employees to respond in kind. A growing body of evidence suggests that age discrimination, group disparities, and real or perceived disenfranchisement of older workers can be mitigated or diminished in an inclusive work environment that supports and motivates workers on the basis of skills and productivity, and further recognizes the unique value that older workers bring to the organization's mission, goals, and objectives. (Griffin, Bayl-Smith, & Barbour, 2017).

Contrary to often endorsed ageist attitudes and behaviors in the workplace, the preponderance of data indicates that an organization that embraces not only cultural but also age diversity, eschews stereotypes and counterproductive management practices, and supports and rewards workers on the basis of performance and talent can achieve a more competitive position in the marketplace. In short, fostering age diversity in the workplace is a win-win tactic for both employers and workers.

Ageism Enters the 2020s

#OK Boomer; #OK Millennial

Sometime in the middle of the two-thousand-teens decade, society underwent cultural shifts that pushed ageism to the forefront of -ism discrimination. Due to multiple factors—including the discord-sowing impact of social media, divisive rhetoric and political polarization, and forced or chosen identification with antithetical loyalties to religious or political ideologies—time-cherished and society-honored concepts of decency, respect for differences in others, and polite discourse gave way to egocentric, tribal, and offensive attitudes and behavior. Except for those hard-core segments holding onto primal hatred of different others, racism, sexism, ethnicism, homophobia, and the like became off-limits for most Americans. Not so with ageism. Older adults became overt targets of bias, discrimination, and flagrant epithets like that directed in the past to differences in race, gender, national origin, sexual orientation, or beliefs. As one researcher put it, "Age-based prejudice is the last acceptable form of prejudice. People are making age-based generalizations and stereotypes that you wouldn't be able to get away with about race and background." (Michael North, New York University, in Heller, 2019).

From the perspective of many younger adults, especially those identified with the millennial or gen-Z generations, the so-called boomer generation is responsible for the declining health of the planet, waste of economic resources, college debt, dysfunctional national government, and even plastic straws. (Heller, 2019). Many of these younger adults perceive the boomer generation as a greedy, self-indulgent, wasteful monolith that ignored the needs of future generations, hocked their futures, and left them with fewer opportunities, lower incomes, and less education. This frustration spawned the flippant retort, "OK Boomer," meant to convey a fundamental disconnect between younger and older people, the latter perceived as clinging to outdated, off-base ideas. (Noguchi, 2019).

An older person rants about how they had to struggle and work hard to get what they have.

"OK Boomer."

An older person complains that young college students are too pampered and sheltered.

"OK Boomer."

An older person refuses to accept gender identification other than male or female.

"OK Boomer."

An older person denies the existence or threat of climate change.

"OK Boomer."

In short, "Okay, whatever you say." (Heller, 2019).

Some older people took serious umbrage with the phrase and its perceived intent, even equating it to the vilest of racial slurs. Others lashed out with youth-directed insults, using phrases such as "snowflake" to characterize a generation considered to be lazy, self-entitled, and unappreciative that their elders once faced daunting financial and social challenges, put on their grown-up pants, got to work, and earned their economic status instead of expecting it to be handed to them. A senior executive at AARP spoke out with an apparent retort that younger adults found offensive: "Okay, millennials, but we're the people that actually have the money." (Beachum, 2019).

Given the fiery polemics over these issues occurring at this time, can hope for intergenerational harmony, mutual respect, and cooperation survive through the next decade? Is modern society doomed to suffer further escalations of internecine conflict and polarization on multiple levels, including intergenerational hostilities, mistrust, and odium? Will older adults strike back by engaging in overt "youthism" as their defense against ageism? Or will they choose survival by adopting ageist stereotypes at the cost of self-esteem? Or will generations find a common ground, focus on problems and solutions rather than blame and prejudice, and discover shared values, aspirations, and futures.

Applewhite describes "the nature of prejudice: always ignorant, usually hostile. It begins as a distaste for others, and in the case of age (as opposed to race or sex), it turns into distaste for oneself." (Applewhite, 2016, p. 17).

Stripped of prejudice, innuendo, social media twists, divisive rhetoric, hostility, and ignorance, the current intergenerational divide, however flagrant it may appear, reduces to the same evidence-based and data-driven concepts discussed earlier. As one pundit puts it, "Generational conflict has been around since adolescents perfected the eye roll." (Heller, 2019). Actual evidence suggests that while ageism (and the "youthism" countermovement) demand current attention, significant positive data exists on which to build the bridges toward intergenerational mutualism. Previous sections of this monograph have examined the evidence that debunks many ageist stereotypes and prejudices. What about the millennial generation? What are the facts?

A recent Pew Research Center report highlights several important findings: In general, millennials are better educated than their grandparents, a factor that leads to improved employment opportunity and financial well-being. However, earnings for young adults have only increased for the college-educated, and women outpace men in college completion. In 2018, the median income for millennials with a college education more than doubled that of their peers with only a high-school education. Beginning with the boomer generation and increasing through the Gen X and millennial generations, young adult women remain employed (72% for millennials vs. 40% for the "silent generation"). Compared to previous generations, millennials delay or forego marriage or forming their own households, and millennials without a bachelor's degree tend to still be living with their parents. Gen Xers and younger generations, including millennials, now make up the majority of eligible voters in the US. Whether they exercise that privilege in 2020 could have significant impact on the nation's future course. Finally, in 2020 millennials will number 73 million, surpassing baby boomers as the largest living adult generation. (Bialik & Fry, 2019).

Given the actual evidence and demographic realities, a prescription of cooperation based on mutual concerns and recognized facts seems a better strategy toward solving intergenerational conflict and reaping the benefits of teamwork. However difficult or imperfect initial efforts at finding common ground may be, they promise better results than continued hurling of insulting epithets or posting of derogatory memes on social media.

Conclusion

In late 2019, two older men—a 69-year-old and a 73-year-old—jogged together on their regular Saturday morning 6-miler, a life-prolonging fitness routine they have shared for 16 years. In the course of conversation, the older gentleman learned that the soon-to-be septuagenarian did not know the term, "ageism." He was familiar with racism, sexism, anti-Semitism, and homophobia, but had never heard of ageism. As these two elders continued their run, the one explained the concept of ageism to the other. Soon, a young male runner—estimated age mid-30s—approached them at a brisk pace. When he reached the older pair, he stopped, pulled out a smartphone, took a "selfie" with the elders, and congratulated them on their extraordinary fitness effort. As the young man resumed his run, one of the elders, a veteran of over 100 marathons, commented to his companion that they had most likely taken up running before their youthful admirer was born.

Was that an ageist encounter? Maybe. Maybe not. Perhaps the young runner's admiration for the older men stemmed from a learned stereotype that older adults are incapable of or not interested in aerobic exercise. Perhaps the older runners misjudged his enthusiasm, instead of accepting his admiration that men more than twice his age were still capable of his chosen pursuit. Perhaps his congratulatory demeanor reflected his own terror management determination to avoid the effects of aging. "When I grow up, I want to still be running like these two, not be confined to a wheelchair or bed—or worse."

The experience of aging is a personal experience. To whatever extent tempered by positive attitude, health maintenance, or fitness activities, aging remains the inevitable consequence of living. How one ages, and how one perceives or reacts to ageist behaviors of others, becomes a personal choice (within limiting parameters). Programs or initiatives designed to empower

older persons to adopt a self-actualizing aging strategy that rebuffs stereotype embodiment are examples of combating ageism on the individual level. The AARP provides several options, including a recent "Staying Sharp" online program. Other examples might include fitness and community centers; although these may risk isolation if not based on a heterogenous age population. Perhaps most effective are those enlightened workplaces that integrate older persons into strategic and production teams that foster inter-age collaboration to enhance the final product.

Beyond one's personal management of the process and its consequences, older adults affected by ageism must take up their own cause, just as those who fought racism, sexism, homophobia, and the like have long done with measurable success. Whether ageism is a social oppression as Applewhite (2016) suggests, or an ongoing stereotype, or an intergenerational conflict, unless ageism is called out and confronted, it will perpetuate; not only as a conscious prejudice or deliberate discrimination against groups and individuals, but through any older person's subjugating acceptance and self-embodiment. Without persistent, committed advocacy by and on behalf of older persons, the scourge of ageism will continue to plague society and diminish the potential contributions of its most experienced members.

For old age is respected only if it defends itself, maintains its rights, submits to no one, and rules over its domain until its last breath.
– Marcus Tullius Cicero

Photo by Sharada Prasad

Old Hands

As you grow older, you will discover that you have two hands, one for helping yourself, the other for helping others. – Audrey Hepburn

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