



SENIORS FOR SOCIAL ACTION (ONTARIO)

Editorial – December 12, 2022

Ageism and Its Impact

Ageism underpins many of the current dysfunctional approaches in elder care in Ontario. The voices, choices, and engagement of elders are neither respected nor valued by decision makers and by many in the public.

We believe that ageism requires deep reflection, because it tends to seep into policies, practices, and everyday life.

The World Health Organization refers to ageism as “the stereotypes, prejudices, and discriminations directed toward others or oneself based on age.”^[1] Ageism has serious impacts and therefore needs to be understood and addressed. Despite more awareness of ageism in recent years, its prevalence remains deeply ingrained in stereotypes, behaviour, and government policy.

A research report completed by the World Health Organization shows that ageism, “...can change how we view ourselves, can pit one generation against one another, can devalue or limit our ability to benefit from what older generations can contribute, and can reduce opportunities for health, longevity, and well-being while also having far-reaching economic consequences.”^[2]

There are three types of ageism that have an impact on healthy aging and elder care.

First, there is institutional ageism. Like systemic racism, it impacts older adults in many direct and subtle ways. Our youth-oriented culture has a built-in bias towards older people, whether in attitudes, policies, or practices. The most oppressive kind of institutional ageism involves the wide-spread incarceration of

older adults in long-term care institutions. The denial of human rights of elders during the pandemic showed how we must seriously address ageism in long-term care. Also, recent research has documented explicit ageism in health care generally. For example, health care providers spend less time with elders than other ages, often communicating with patronizing attitudes.^[3]

Second, there is interpersonal ageism. This refers to the ageism that occurs between two or more individuals, which is usually practiced unconsciously. This often occurs with inappropriate language or micro-aggressions. “Talking down” to the older person is quite common, especially in long-term care, where people with dementia are often treated as if they are infantile. Interpersonal ageism is reinforced by the media and TV shows whose stereotypes often depict older people as weak, forgetful, and slow. This reinforces a binary view that there is old and then the rest of us. Commercial ageism builds on this stereotype with its multi million-dollar campaign that makes money on anti-aging products, services, and surgeries designed to keep us ‘forever young.’^[4]

Third, there is self-directed ageism. This occurs when individuals do not believe in their own worth as elders and internalize self-criticism because of their age. Self-directed ageism is common in our culture, especially in families and in communities that do not value the gifts and contributions of older adults. We often see it in the way many elders refer to themselves in negative ways.

In the last decade, there has been some significant research completed on how our beliefs about aging impact our physical and mental health. Becca Levy and her colleagues have studied older people with positive beliefs about aging and people with more negative beliefs about aging. Across several studies, their research shows that a positive belief about aging adds years to our lives and contributes to our overall well-being. Levy describes aging beliefs as “the mental maps of how

we expect older people to behave based on age.”^[5] Self-directed ageism is an example in our culture of how many older adults have internalized negative beliefs about aging and turned them into self-fulfilling prophecies.

When we consider ageism and the neglect that so many elders experienced during the pandemic, we must recognize that denial of human rights of older persons is widespread. Despite numerous reports criticizing long-term care, the Ontario government has shown a consistent indifference to creating meaningful options for vulnerable elders. Would such human rights denials have been so ignored if it was any other group?

It will be a challenge to transform ageism and elder care and create a New Story. As John Meynard Keynes wrote in the early 20th Century, “The difficulty lies not so much in generating new ideas as in escaping old ones.”^[6]

Fortunately, there are many groups in Ontario working to transform ageism and elder care. Only with cultural, political, and personal transformation will we be able to address systemic ageism and a dysfunctional elder care system. We can think of transformation as a shift that occurs in the hearts, minds, and behaviours of citizens and leaders. We are a long way from the tipping point for transformation, but this will occur when a large percentage of people embrace an alternative vision for aging and elder care. The good news – there is momentum in this direction!

End Notes

- [1] Global Report on Ageism (2021). Geneva: World Health Organization. p. xix
- [2] Global Report on Ageism (2021). p. xxi
- [3] Neel Mistry (2021). Ageism in the context of healthcare in Canada. *University of Ottawa Journal of Medicine*. Vol 10:2.
<https://uottawa.scholarsportal.info/ottawa/index.php/uojm-jmuo/article/view/4722>
- [4] Susan Jacoby (2011). *Never Say Die: The Myth and Marketing of the New Old Age*. New York: Pantheon Books.
- [5] Becca Levy (2022). *Breaking the Age Code*. New York: William Morrow.
- [6] John Maynard Keynes, Quotes,
https://www.goodreads.com/author/quotes/159357.John_Maynard_Keynes