The role of the Gerontologist in the fight against Ageism

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Abstract
The progressive aging of societies is an unavoidable phenomenon that tends to be accentuated due to the scientific advances and the improvement of living conditions that allow people to live longer. But if the achievements in terms of years of life are, themselves, positive, they are accompanied by a set of prejudices associated with age. Thus, ageism has become a present reality, both in speeches and in practices. Gerontologists, as professionals with theoretical and practical knowledge on aging have an ethical and moral duty to fight ageism. This is intended to be accounted for in this article.

Keywords: gerontology; aging; ageism

O papel do Gerontólogo na luta contra o Idadismo

Resumo
O envelhecimento progressivo das sociedades é um fenómeno que tende a acentuar-se devido aos avanços científicos e à melhoria das condições de vida que permitem às pessoas viver mais. Mas se as conquistas em termos de anos de vida são, em si mesmas, positivas, a elas surge associado um conjunto de preconceitos relativos à idade. Assim, o idadismo tornou-se uma realidade presente, tanto nos discursos, como nas práticas. Os gerontólogos, como profissionais com conhecimentos teóricos e práticos sobre o envelhecimento, têm o dever ético e moral de lutar contra o idadismo. Disso se pretende dar conta neste artigo.

Palavras-chave: gerontologia; envelhecimento; idadismo

Le rôle du gérontologue dans la lutte contre l'âgisme

Resumé
Le vieillissement progressif des sociétés est un phénomène qui tend à s'accentuer en raison des progrès scientifiques et de l'amélioration des conditions de vie qui permettent aux gens de vivre plus. Mais si les réalisations en termes d'années de vie sont en elles-mêmes positives, elles s'accompagnent de plus en plus de préjugés liés à l'âge. C'est pourquoi l'âgisme est devenu une réalité actuelle, tant dans le discours que dans la pratique. Les gérontologues, en tant que professionnels ayant des connaissances théoriques et pratiques, ont le devoir éthique et moral de lutter contre l'idadisme. Cela doit être pris en compte dans cet article.

Mots-clés: gérontologie; vieillissement; âgisme

El papel del gerontólogo en la lucha contra la discriminación por edad

Resumen
El envejecimiento progresivo de las sociedades es un fenómeno que tiende a acentuarse por los avances científicos y la mejora de las condiciones de vida que permiten vivir más. Pero si los logros en años de vida son, en sí mismos, positivos, van acompañados, de prejuicios asociados a la edad. Por eso, el edadismo se ha convertido en una realidad, tanto en los discursos, como en las prácticas. Los gerontólogos, como profesionales en el area del envejecimiento y la intervención científica, tienen el deber ético y moral de luchar contra el edadismo. Esto es lo que pretendemos abordar en este artículo.

Palabras-clave**:** Gerontología; Envejecimiento; discriminación por edad

Introduction

The progressive aging of societies is an unavoidable phenomenon that tends to be accentuated due to the medical-scientific advances and the improvement of living conditions that allow people to live more and more years. But if the achievements in terms of years of life are, themselves, positive, they continue to be accompanied, increasingly, by a set of prejudices associated with age. Therefore, ageism has become an increasingly present reality, both in speeches and in practices.

In order to understand and discuss in greater detail the role of a gerontologist in the fight against ageism, it is necessary to understand what ageism is, when did it start, its various forms, why it happens, and what impact does it have on the lives of those affected by it.

Social reality is dynamic and always anticipates the reflection that the individual can make on it. As far as the phenomenon of aging is concerned, never before has there been such a great battle for its extension in time, and the creation of the profession of the social gerontologist is also an image of this. With this paper we intend to problematize how a recent profession, created

in response to the increase of a social phenomenon - aging - can serve as a promoter of the fight against a prejudice that damages inescapably an important fringe of the population.

1. Concept, its origins and theoretical perspectives

Butler was the first to define ageism. According to this author, ageism represents the "prejudice by one age group against another age group" (1969: 243) and is a "process of systematic stereotyping or discrimination against people because they are old (…). Ageism allows younger generations to see older people as different than themselves" (Butler, 1975:12). However, ageism can be directed against any group of people. Corrigan (2004) defends that age-old attitudes often translate into behaviors that generate exclusion and stigmatization of people according to their age, with a negative impact on their quality of life. For the sake of this analysis, we will focus entirely on ageism towards the elderly and the impact it has on the members of this population. Ageism attitudes and behaviors towards older people are based on age-related prejudices: aging is associated with a lack of productivity, a decrease of intellectual capacity, a less physical attractiveness, amongst others (Wilkinson and Ferraro, 2002). These attitudes and behaviors lead to treating the elderly as if they were a homogeneous category.

The origins of Ageism can be traced back to historical developments. Prior to the development of the newspaper and other forms of information, elders were seen as sources of wisdom and respect. In small communities, they were considered an important part of the community, given a status of respect and recognition, so they were looked for advice. The creation of the newspaper took away the role of the elders as sources of information and later on the industrial revolution brought with it a change of perception of older adults. The industrial revolution focused on the demand for a young and mobile workforce. The development of industries demanded a workforce capable of working several hours a day, at very intense rates. As they get older, workers become less desirable because they are unable to meet the productivity demands that are imposed. It is in this period that the question of aging begins to gain more expression, evidenced by the speeches and the creation of structures designed to welcome and treat the elderly (Lenoir, 1979).

During the 21st century, the views regarding wealth and success were often represented by images of young and beautiful, and society shifted their views on aging making it unnatural to age or look old. The idea of growing old started to be linked to negative reactions, it started to be seen as suffering a "lack of". Longino (2005) referred to this phenomenon as "cultural ageism": societies admire and glorify the young and beautiful and reject or despise all the physical aspects that come with aging. In current society, there is an increased concern with growing old, such as

the loss of beauty, health, and independence. This negative approach continues to spread culturally and results in older adults being seen as weak, fragile, sick, and often senile. According to Chrisler, Barney and Palatino (2016), even in the political talk, elderly are often portrayed as a social problem through the rhetoric that pensioners are a burden on society, are using up all the currently available resources and will eventually end up taking away future pension funding from younger generations. This kind of rhetoric often tries to place elders and the youth against each other. All these scare tactics only create a bigger gap of understanding and tolerance between generations thus incrementing the stigma and prejudice against the elderly.

A consequence of ageism in modern times is younger generations purposely distancing themselves for older people. According to the research from Cuddy and Fiske (2002), the negative aspect of ageism includes younger people preferring to avoid physical and social contact with the elderly and this emphasizes the differences between them. The possibility of living more years should increase the possibility of intergenerational contacts. However, due to age-old attitudes, it generates the lack of these interactions and creates a feeling of "us" *vs* "them" thus preventing these generations from working together and learning from each other.

According to Butler (1975), ageism can be divided into 4 types: personal, institutional, intentional, and unintentional ageism. Personal ageism can be described as attitudes and beliefs towards a specific group that people learn through socialization process and that is carried throughout adulthood (for example: learn that as people get older behave like children again). Institutional ageism refers to rules, missions, and practices that discriminate people because of their age (for example, older adults being denied health insurance because of their age). Intentional or explicit ageism are attitudes and behaviors carried out with complete awareness that they are prejudiced (for example: not hiring someone based on their age). Unintentional or implicit ageism are attitudes and behaviors carried out without the awareness that they are prejudiced (for example: giving someone a birthday card that makes fun of their age).

Although ageism, in general, affects all people as they age, we can discuss some issues that particularly affect women more than men. One factor that contributes to this is that women tend to live longer than men and are higher in numbers. A double standard has been created: men are often seen as "interesting", "wise" and "experienced" when they start to show physical signs of aging, like gray hair and wrinkles; on the other hand, women are criticized for displaying those same traits and deemed as less attractive and old. On social media, there´s the constant message that women must do whatever it takes to remain looking young for as long as humanly possible. The marketing sector "bombards" women with billboard ads, commercials, newspaper ads, all pointing to the fact that aging is bad. These strategies have a negative impact on women´s self-worth and self-esteem. Instead of encouraging women to love themselves and love the idea of

aging, it shames them and promotes gerascophobia, which is the fear of growing old. At the same time, ageism and sexism can be highly linked. In their research, Cuddy and Fiske (2002) have found that it is much easier to perceive older women as incompetent. There´s also the wrong belief or stereotype that women lose their sexual interest. Although one of the changes of aging in women includes menopause, this does not mean that women have less sexual desires, on the contrary, the aging process does not interfere with a person´s capacity to enjoy their sexuality to the fullest (Gazquez *et al.*, 2009). Even the area of sexuality during later life seems to be often a subject less talked about and even avoided by the population. In many instances, being sexual is seen as an "awkward", "uncomfortable" topic to even discuss, and older people who display signs of affection in public are often seen as ridicule or infantile. These are also ageist behaviors that should be dealt with as a society.

But how to explain ageism? There are several theories, micro, meso, and macro level, that aim to explain ageism. Without pretending to be exhaustive in identifying all the theoretical perspectives that contribute to the explanation of this phenomenon, table 1 systematizes some of the most recurrent ones. Micro-level theories have their genesis in the approaches of social psychology and developmental psychology and center their analysis on the individual. But to focus the analysis only on the individual is to have a broadly reducing view of social reality. individuals belong to groups/organizations, which are also responsible for the spread of age. So meso-level theories seek to highlight the role of intermediate groups in the production of ageism. Individuals and groups make part of a broader context, so ageism also stems from dominant cultural patterns (which may include ageism values) and societal institutions. In this sense, ageism is also explained in the framework of macro-level theories. The understanding of ageism requires, therefore, an articulation of the different theoretical perspectives because only by this is possible to apprehend all dimensions that the phenomenon encompasses: individual, group, and societal.

Table 1 - Ageism theoretical explanatory perspectives

Levels	Theories	Synthesis
Micro-level Theories	*Terror Management Theory*	The older ones symbolize vulnerability and death, dimensions of life that cause strong anxiety in humans. To deal with this anxiety, individuals took refuge in visions of the world that appeal to immortality.
	Social Identity Theory	The construction of identity is marked by belonging to groups. Individuals want to have a positive identity, which leads them to demonstrate prejudices that create a positive distance between their group and other groups.
	The Stereotype Content Model	This model suggests that people are classified according to levels of cordiality and competence. Older people are seen as cordial but incompetents, which can generate feelings of pity and sympathy.
	Stereotype Embodiment Theory	Lifelong exposure to negative stereotypes about older people leads to the internalization of ageism attitudes. Older people have also internalized these attitudes towards their age group.
Meso-level Theories	*Evolutionary Theories on Group Membership*	It is part of the social nature of human beings to belong to groups. Within the groups, interdependence relationships are established, namely reciprocity and cooperation. Deciding whether to provide, or not, assistance to group members depends on age, wealth, reputation, and health.
	Age Segregation	In Western societies, the life cycle of individuals is relatively well-demarcated in stages associated with education, integration into the labor market, family formation, and retirement. Even though life paths are becoming less and less linear, these stages clearly mark the segregation between young and old.
	Intergroup Threat Theory	This approach, although not specifically used to explain ageism, argues that members of a group react in a more or less hostile way to other groups depending on the degree of threat - real or symbolic - that they represent.
	Intergenerational Conflict Theory	According to this perspective, there are 3 bases of conflict between generations that include: "the expectations regarding the succession of resources from the older generations to the younger ones; minimum consumption of shared resources by the older generations; and maintaining an age-appropriate symbolic identity." (2018: 6)
Macro-level Theories	*Modernization Theory*	The modernization process, associated with technological and medical advances, has allowed people to live longer. Long lives are, therefore, no longer an exception. At the same time, these advances contribute to the obsolescence of knowledge accumulated by older people, who are, in general, less educated than younger generations. Other phenomena, associated with the modernization process, also contribute to creating a distance between generations and to a less positive view of older people: urbanization and secularization, for example.

Source: Adapted from Ayalon and Tesch-Römer (2018)

2. The impact of ageism on those who are affected by it

How do these forms of ageism impact the stigmatized? Stigma, as Goffman has envisioned, consists of an "attribute, deeply discrediting" (1963: 3), which confirms the normality of another person compared to one whose characteristics do not comply with that normality. The normality to which we refer is nothing more than a socio-cultural situation acceptable to the

majority of individuals in a community. Although aging is a natural phase in the life course, its experience clashes with what is socially defined as most valued in today's society - that is youth. In this way, a stigma is created around those who do not comply with this norm, that is those who age. In this way, there's always a relation of power between those ones who can define what is social norm and those ones who, realistically (as opposed to virtual identity), can't follow what is prescribed as normal. This idea is contradictory in its essence, in that this society that overvalues youthfulness is also the one that strives most to make aging long and as successful as possible. Stigma, therefore, appears as a collective process and as a social response to the lack of correspondence with the values defended in a given situation in a given socio-historical context. Individuals, actors in this context, may fall into the normal group or, on the contrary, into the stigmatized group. Since ageism is a prejudice based on age, it means that they are not in the socially defined and defended group of normality, and can, therefore, say that the elderly are potentially in the group of the stigmatized.

This stigmatization process affects older adult in different areas. "Even there are positive stereotypes where older people are seen as being wise, kind, tolerant and so on (…) studies do suggest that negative ones are dominant (Donlon, 2005; Hummert, 2011; Levy, Chung, Bedford, and Navrazhina, 2014)" as Robertson (2017: 149-50) states, and this negative stigmatization rely on areas such as healthcare services, the workforce, and can also affect elderly individuals both on social and on a personal level.

In the healthcare area, ageism whether implicit or explicit can put older patients at risk for under treatment or overtreatment. Chrisler, Barney and Palatino (2016) research allowed them to found some stereotypes in words to describe the elderly in the healthcare industry from doctors and medical students include "rigid, religious, isolated, asexual, needy, easily confused, frustrating". Healthcare providers remain prone to stereotyping older adults by generalizing characteristics based on age rather than by looking at each patient as unique and individual. This attitude can lead to healthcare professionals dismissing or minimizing pain. Other examples of Ageism in healthcare include: healthcare professionals raising their voices or ignoring the person and only talking to their caregiver, speaking slowly or repeating themselves often to the patient, assuming somehow that they do not understand or are "slower" at catching information. The term "infantlilization" was also mentioned in Chrisler, Barney and Palatino (2016), meaning healthcare professionals engage in child like talk when explaining health treatment to elders. Baby talk is referred to as similar to the talk used with babies or pets. This type of behavior is not only respectful to anyone, but it is condescending. This kind of behavior towards elderly patients can work against developing a good rapport and relationship and often times it might prevent the older patient from seeking further assistance and feeling like he/she is not being taken seriously.

When looking at ageism in the workforce, it has been shown that it translates into older workers being viewed as less trainable, less flexible, or that somehow they lack learning capabilities. Ilisanu and Andrei (2018) cite the research conducted by authors like Nelson (2016) and Posthuma and Campion (2009) that shows that people in organizations tend to perceive older workers as less productive, less motivated, resistant and reluctant to adapt to companies' new strategies. This type of stereotype creates a level of discouragement, low commitment and engagement.

All of these and more affect each individual personally and therefore affects their aging experience. Levy (2009), in her Stereotype Embodiment Theory, explains that our own beliefs and self-perceptions affect our own aging process. Negative attitudes toward aging can manifest into poor health outcomes, higher feelings of loneliness and will to live. Internalized stereotypes have been also associated with depression, negative effects on the immune system and the cardiovascular system. Older adults who possess negative attitudes about aging can also engage in behavior that can impact their health negatively, for example: delaying seeking healthcare treatment for conditions age related for example decreased libido, depression. Since these are often seen as age related, individuals will be less likely to seek medical treatment for it. Negative ideas about aging can also create self-fulfilling prophecies in which an elderly begin to feel helpless, unable to perform tasks, forgetful and therefore hindering their capabilities to look for medical care when needed because they associate their symptoms just to "old age". These negative ideas can also create feelings of depression, low self-esteem and poor self-worth. According to Chrisler, Barney and Palatino, those who have a negative idea or perception of their own aging can suffer from higher hospital visits, poor assessment or overlook of their own physical health, loneliness and feelings of helplessness. According to Ilasanu and Andrei (2018), self-fulfilling prophecies can affect older employees job performance, by making them act exactly in the way it is expected of them, believing these bias or prejudice expectations can in fact make older workers become slower, less productive and unable to learn new information thus adding to the already self-fulfilling prophecy. On the contrary, positive self-perceptions of aging are associated with higher levels of wellbeing, overall satisfaction with life, living longer and better. Those who are able to maintain positive attitudes and perception about their own aging are more likely to have a higher rate of recovery when faced with events that affect their health both physical and mental. Keeping a positive perception of aging can increase and benefit the experience of successful aging.

3. The role of social gerontologist in fighting ageism

Gerontologists, as professionals with scientific knowledge about aging and theoretical and practical knowledge about intervention in concrete situations, have an ethical and moral duty to fight ageism.

The role of the gerontologist in fighting ageism can include multiple approaches. One of them is to change the frame of work and shift the paradigm from engaging in conventional social gerontology and adopting a critical social gerontology approach (Duffy, 2017). The difference is that conventional social gerontology refers to work that focuses on assessment, care planning, and service coordination whereas, critical social gerontology focuses on understanding each individual (the old one), paying deep and more attention to their own life story. The first type is more concerned with bureaucratic results following a set of rules and standards, arranging accreditations, professional development, and ethics. The main focus of critical gerontology is empowering each individual by creating change and in different ways fighting against inequality and oppression. The perspective of a liberating and emancipatory education fits here, following, among others, the thought of Freire (2008).

Critical social gerontology can also help professionals to challenge negative stereotypes, labels, and language that might delay or neglect older adults from receiving the proper care needed. Choosing to be a critical social gerontologist means understanding the history behind the older person and walking away from generalizing and falling into the traps of using labels (Duffy, 2017). Language is a powerful instrument of domination and very revealing of stereotypes. The critical gerontologist must, therefore, free himself from the use of language that perpetuates negative attitudes towards his elders, for example, in the case of care field: "resistant to care", "combative behavior", "non-compliant", "bed blockers", amongst others (Konno et al., 2012: 2). Instead of using a language that perpetuates problems and does not contribute to mitigate or solve them, professionals should invest in the analysis of older people's life paths, framing them in sociocultural contexts. In order to become an advocate, social gerontologist, whether in hospital meetings, interdisciplinary meetings, seminars, facilities, amongst others, must remember that the relationship with the elderly is key in developing a relational depth and should be based on mutual respect and quality of care.

As Duffy (2017) states, it is imperative to understand that older age groups need appropriate time to adjust to transitions, not only in terms of physical, but also emotional changes. Elderly patients need time to adjust to different changes that can include coping with disability, disease, losing their independence, having to accept outside help or services and even having to come to terms with the fact that they are no longer able to live alone and start considering

placement in residential facilities. These changes must be deal with care and sensitivity. Critical social gerontologists have the knowledge to provide support for those undergoing life transitions, being empathetic and active in proving assistance and quality of care.

It is important that social gerontologist focuses beyond the problem at hand and engage in more theoretical knowledge and research. The life-course theory approach is an important perspective to avoid falling in ageist ideas and behaviors. This perspective is concerned with understating the older person's whole history by looking into their past and their experiences. With this information, social gerontologist can understand their current challenges and responses to current life changes. Building rapport is essential in being able to successfully understand where the older person is coming from, why they might be acting a certain way, and how to fix certain responses to treatment or to services. Focusing on understanding each client's unique story and developing a more person-centered approach will assist social gerontologists into looking at each of them as an individual rather than a group and, therefore, targeting their needs effectively and providing the right services according to their needs.

Another way to fight against ageism is to promote professional preparation and training in order to counterbalance false beliefs. Education is key in maintaining an environment of informed professionals who are aware of the negative consequences of engaging in ageist behavior and to be able to serve the elderly community with dignity and quality of care. One learning technique that has been proven effective in the fields of social sciences is simulations. According to Schuldber (2015), allowing students to learn from real-life experiences is much more beneficial in the long run that by having them learn from reading textbooks. Being able to re-create real-life scenarios gives them the time to reflect on their own responses and behavior and better prepare for the future as professionals. The author uses as an example, the research conducted by Withborne and Cassidy in 1994 with undergraduate psychology classes that demonstrated that "simulations of the infantilization of older adults in residential settings were effective in reducing negative stereotypes…" (2005: 444). Role-play strategies and other tools are valuable in creating a real-life experience. For example, re-creating certain aspects of growing old, like, experiencing how someone who has glaucoma sees; how someone who has arthritis moves or feels and has to deal with daily life activities. To expose students to experience some of the shortcomings of aging can provide them with a deeper understanding, a greater sense of empathy, and overall awareness in order to provide them with the right tools to be effective future professionals.

As gerontologists, another way to combat ageism is always to remain vigilant of discriminatory or derogatory practices and calling them out for what they are. Social gerontologists are key players in defining how society sees and treats older people and therefore

must work towards debunking myths and ageist beliefs, bringing into the light a more positive view of aging. We must try at every chance possible to empower older people. In addition, a gerontologist, like any other care professional, is a human being with his own beliefs. Therefore, it is important that professionals start by challenging their own beliefs and attitudes about aging, recognizing, and admitting their own bias behavior, language, or thinking. This will also help social gerontologists to gain more insight into their own aging process, thus allowing them to develop positive attitudes and, by this shift, be able to positively impact and project that to their clients.

Finally, the problem of ageism is not an easy one to tackle and fight against. As discussed in this paper, it is seen in different aspects of our society, from the marketing industry to politics, to the workforce and healthcare. Different mentioned research and studies are available to analyze this phenomenon across different health and social care fields and they are helpful for increasing awareness and possibly develop future policies to protect and prevent the elderly population from experience Ageism. Aside from supporting studies and research, the most important is that change will have to begin within each of the gerontology professionals who must realize their own biases. Ageism will not be seen as a problem until is treated as such and until every professional who works with the elderly joins in the fight against it. It is important to start early by providing education and training to future professionals, and capacitation throughout work careers. Getting involved in communities as well and advocating for social justice can also bring about change. Social justice can only be achieved with everyone's effort and not just with those who deal directly with the aging population. However, if everybody commits to work together on initiatives such as those described above, perhaps ageism will diminish and eventually disappear.

Conclusion

Ageism is a concept whose first definition goes back to the 1960s and is strongly associated with the idea of segregation and stigmatization according to age.

The fast and deep transformations that Western societies have undergone, and which have resulted in modernization processes, have represented considerable gains in terms of survival. Having long lives is now a "norm" and no longer an exception as in the past. However, and in a paradoxical way, the contempt and negative view of the elders was accentuated. There is a constant stimulus to retard aging. And even the discourse around healthy and active aging, while positive, tends to accentuate individual responsibility in achieving it. Modernization was thus accompanied by an increase in inequality and segregation processes, particularly in terms of age. Ageism is a concrete example of this. Discourses and practices that tend to devalue the elderly

have become a prerogative in contemporary societies. People live longer but, as they get older, they lose their social value. Polivka refers that ageism attitudes result from the profound changes associated with postmodern trends, with emphasis on the "erosion of the welfare state, cultural traditions, and foundational beliefs" (2006: 560).

Age-old attitudes and behavior are reflected in various areas of life in society and have an important impact on the lives of those who are targeted by it. Deserve to be highlighted the development of feelings of depression, low self-esteem, and poor self-worth. Therefore, social gerontologists have an important role in combating age-based prejudices and in promoting the empowerment of older people so that they can have a positive aging process. To do this, they must mobilize different theoretical and practical knowledge in their intervention, in a perspective of critical social gerontology.

We conclude, therefore, and in the words of Achenbaum that "The gift of extra years should afford time and opportunities to grow, to cherish bonds, to review life's meaning. Instead, older people often find themselves marginalized, which diminishes their capacities to contribute and to matter." (2015: 14). Striving to reverse this situation must, therefore, be the motto of all professionals working with aging, particularly social gerontologists.

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