

Chapter 13

Age Stereotypes and Ageism as Facets of Subjective Aging



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13.1 Introduction

Long before a pandemic struck the world, age stereotypes and ageism were prevalent (Kite et al., 2005; Nelson, 2017). Age stereotypes are the beliefs that people hold about aging and older people, whereas ageism is the prejudice that is felt toward others because of their age (Chasteen et al., 2017). These differ from age discrimination, which is biased behavior that is directed toward others because of their age. It should be noted that age stereotypes and ageism can be negative or positive and can be held or expressed toward any age group; however, the majority of past research has examined negative stereotyping and prejudice toward older adults (Chasteen et al., 2020). That research has demonstrated the prevalence of age stereotyping and ageism worldwide (World Health Organization, 2021) and has shown the repercussions of exposure to age stereotyping and ageism in the form of worsened mental and physical health (e.g., Levy et al., 2020). The COVID-19 pandemic brought ageism and intergenerational tension into the spotlight, leading scholars to emphasize the need to recognize the heterogeneity of older people as a group (e.g., Ayalon et al., 2021; Fraser et al., 2020), and to avoid age-based biases when developing policy about access to resources such as health care. It remains a question, however, where this heightened awareness of age stereotyping and ageism will lead beyond the pandemic. As well, the effects of age biases on older people's self-perceptions and well-being will need further examination.

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In this chapter, we focus on age stereotypes and ageism toward older adults and examine connections to older people's subjective views of aging. We describe the content of age stereotypes and the types of ageism that are expressed toward and experienced by older people. We then discuss the implications of age-based biases for older people's subjective, or felt, age and for their well-being. We conclude with an examination of intervention techniques that could be used in the future to reduce age stereotyping, ageism, and age discrimination.

13.2 Review of Past Research

13.2.1 *Content of Aging Stereotypes*

Although there is evidence of widespread and consistent ageist attitudes toward older adults, stereotypes of older people are complex and multidimensional rather than simply evaluatively negative (e.g., Kite et al., 2005). In a classic study, Brewer et al. (1981) explored the nature and content of aging stereotypes, seeking to provide nuance beyond the superordinate category of "older age." The authors identified three *a priori* subcategories of older adults: the grandmother (helpful and kind older women who love animals and children), the elder statesman (higher status, wealthy, conservative men), and the senior citizen (e.g., gender-neutral, isolated, weak, inactive). The possibility of subtypes of older age stereotypes was further developed by Schmidt and Boland (1986), who similarly noted the insufficiency of studying "older people," recognizing that stereotyping occurs at more specific levels. When participants in that study sorted traits based on their own chosen grouping rather than on *a priori* categories chosen by the researchers, a number of stereotype subcategories emerged that consisted of seven negative trait groupings (e.g., severely impaired, shrew/curmudgeon) and four positive trait groupings (e.g., perfect grandparent, liberal matriarch/patriarch). This work established the existence of natural age-related stereotypes and set the framework for subsequent studies.

A more precise revision to these stereotype categories was provided several years later by Hummert (1990), who focused particular attention on the average age associated with these stereotype categories. Most of the same categories emerged as in Schmidt and Boland (1986), and participants indeed assigned different age categories to the different stereotype groups. For example, "severely impaired," "despondent," and "shrew/curmudgeon" stereotypes were more likely to be thought of as 75 years or older; "perfect grandparent" and "liberal matriarch/patriarch" were more likely to be thought of in the 55–64-year range. Hummert et al. (1994) replicated these categories with participants of diverse age groups, finding that similar stereotype categories of older adults exist among participants who are young, middle-aged, and older adults. In addition, negative stereotypes appear to be assigned more readily to the oldest age targets relative to younger age targets (Hummert, 1990; Hummert et al., 1997). Thus, although similar stereotype

categories are known and understood by perceivers of all age groups, there was a general tendency to assign more negative traits to targets as their age increased.

The target's perceived age was not the sole factor influencing the valence and content of age-related stereotypes. Old age stereotypes may also vary with respect to different life domains. Kornadt and Rothermund (2011) assessed age stereotypes in seven domains: family and partnership, friends and acquaintances, religion and spirituality, leisure activities and social commitments, personality and way of living, finances and money-related issues, and work and employment. More specifically, the perception of "old age" varied in relation to the role that the target person was fulfilling at the time of evaluations. People tend to consider a person 'old' in a workplace when they are around 60 years of age. In comparison, people might evaluate someone to be 'old' within a family and partnership context when they are around 70 years of age. That is, what constitutes old age may vary along a sliding scale, informed by the situational and social context in which that person is being evaluated. In addition, older age was thought to lead to more negative changes in social aspects – having fewer friends and acquaintances, enjoying fewer leisure activities, less social/civic commitment, and reduced health and fitness. Thus, the social context in which older individuals are considered has an important influence on stereotypes of older adults and the age at which they are deemed to have achieved old age.

13.2.2 Stereotype Content Model

In addition to these attempts to develop a typology of old age-specific stereotypes, another way to examine people's stereotypes of older adults is to adopt more global approaches to stereotype structure. The Stereotype Content Model (SCM) proposed by Fiske et al. (2002) is a robust and widely used theory explaining the way most group-related stereotypes are structured. For any social group we may evaluate whether based on age, gender, race, occupation or any other identity, there will be many different stereotypic traits associated with that group (e.g., funny, hardworking, wealthy, aggressive, etc.). According to the Stereotype Content Model, these various traits can be organized into two key categories: those that are related to the concept of warmth and those that are related to the concept of competence. The Warmth dimension taps into the overall likeability of that group, such as benevolence, kindness, and prosocial intent; the Competence dimension taps into the perceived skill, intelligence, status, and competitiveness of that group. A particular group may be relatively high or low on either dimension, with some groups considered high in both warmth and competence (e.g., teachers, family doctors), some groups considered low in both warmth and competence (persons experiencing homelessness or addiction), some groups being considered high in warmth but low in competence (persons with disabilities, homemakers), and other groups considered low in warmth but high in competence (e.g., CEOs, bankers).

The Stereotype Content Model appears to be culturally universal, with group-based stereotypes around the world falling into the two-dimension structure. This provides a valuable framework for assessing attitudes toward older adults (Fiske et al., 2007). In this model, older adults have generally been assessed as high in warmth and low in competence (Fiske et al., 2002), resulting in paternalistic prejudice, pity, sympathy or even tenderness. Having two dimensions helps to situate the multidimensionality of stereotype content and does not preclude the existence of stereotype subtyping (e.g., perfect grandparent, curmudgeon/shrew). For example, Cuddy et al. (2005) demonstrated that older adult targets described as low in competence were considered much warmer than older targets portrayed as high in competence. The Stereotype Content Model would predict that even subcategories of older adults will fall along the two dimensions, such that the perfect grandparent might be high in warmth but lower in competence whereas the shrew/curmudgeon would be low on both. The interplay between warmth and competence can be complex but provides a valuable framework in which to consider the architecture of age-related stereotypes, moving our understanding of age-related stereotypes beyond earlier attempts at descriptive typologies.

13.2.3 Cultural Dimensions of Age-Related Stereotypes and Attitudes

There appears to be some consensus about the content of aging stereotypes more generally between cultures. For example, Zhang et al. (2002) found that Chinese participants identified many of the same stereotypic traits as were identified by Hummert et al.'s (1994) American participants, suggesting relative consistency across cultures. Harwood et al. (1996) surveyed participants from six countries (New Zealand, Australia, South Korea, Hong Kong, United States, and Philippines), asking participants to identify traits associated with older adults. Two main dimensions were identified through factor analysis, personal vitality and benevolence, with older adults being seen as higher in benevolence than vitality. These dimensions mirror the warmth and competence dimensions of the SCM that would later be proposed by Fiske and colleagues in 2002. Indeed, Cuddy et al. (2005) found cross-cultural support for the SCM, as participants from Belgium, Costa Rica, Hong Kong, Japan, Israel (Jewish and Arabic samples), and South Korea all viewed older adults as more warm than competent.

There is, however, some evidence that cultures may vary in their overall evaluation of older people. Harwood et al. (1996) found that East Asian participants (especially those in Hong Kong) had more negative evaluations of older adults than did participants in European-descended countries. A meta-analysis by North and Fiske (2015) also revealed that East Asian cultures have more negative views toward older adults overall compared to those in the West. There was considerable diversity in scores, which was associated with geographic moderators. More specifically,

attitudes toward older adults were more negative in East Asian regions compared to Southeast Asia and South Asia. In addition, attitudes were more negative in non-English regions of Europe than in English-speaking regions or in North America. The authors noted the counter-intuitive nature of the results, as many East Asian cultures are thought to hold elders with respect and yet may not do so. Other research, however, has found no difference in attitudes toward older adults between Eastern and Western cultures (Zhang et al., 2016), or the possibility of more positive attitudes toward aging in East Asian cultures (Zhang et al., 2002). This research demonstrates the complexity of thought in relation to older adults, suggesting the need for future research to disentangle these results.

13.3 Current Research

13.3.1 *Behaviors from Intergroup Affect and Stereotypes (BIAS) Map*

The stereotypes people have of older adults can influence their attitudes and biases toward older people. To pinpoint how stereotype content can lead to different types of prejudices, Cuddy et al. (2007, 2008) extended the SCM and developed the BIAS Map. The BIAS Map uses stereotypes and emotions that arise from warmth and competence ratings (e.g., pity) to make predictions about behavior on two dimensions: active/passive and harm/facilitation. The authors theorize that individuals who elicit emotions of pity, such as older adults, may experience active facilitation and passive harm behaviors. In *active facilitation*, people may intentionally assist and care for older adults out of feelings of sympathy or pity. Beyond the individual, active facilitation may also take the form of institutional or government-based assistance programs for older adults. In *passive harm*, individuals harm older adults through inaction and may avoid, ignore, or neglect older adults' needs. Engaging in dismissive behaviors towards older adults may also take the form of patronizing speech, originally termed "elderspeak" (Kemper, 1994).

Active facilitation and passive harm arise from perceptions of high warmth and low competence. If warmth and competence perceptions of older adults were to shift, the affective and behavioral responses that follow could shift respectively. However, research has shown that competence perceptions of older adults are highly resistant to change. In one study, some participants read a description of a low-incompetence older adult, while others read a description of a high-incompetence older adult (Cuddy et al., 2005). Both targets were described as experiencing memory problems recently and spending 30 min searching for their misplaced keys. In the high-incompetence condition, the target did not find his keys on his own. In the low-incompetence condition, the target eventually remembered where he placed his keys and found them on his own. In both conditions, the older adult was perceived as low in competence, demonstrating that competence stereotypes may be difficult

to break even when counter-stereotypic evidence is provided. However, more recent research has provided some conflicting evidence on the malleability of competence-related stereotypes. In a study comparing perceptions of physically active older adults vs. older adults in general, physically active older adults were admired and perceived as more competent (Clément-Guillotin et al., 2015). Additionally, physically active older adults were lesser targets of active harm and greater targets of passive facilitation compared to older adults in general. These findings suggest that showcasing competence (e.g., physical activity) rather than a lack of incompetence (e.g., minor forgetfulness) could shift stereotypes and behaviors directed towards older adults.

Despite conflicting evidence on the malleability of competence-related stereotypes of older adults, Shepherd and Brochu (2021) theorize that because older adults are living and working longer, they may eventually be perceived as more competent and less warm. A combination of high competence and low warmth elicit feelings of envy, which may result in active forms of harm against older adults such as abuse. If competence perceptions remain stable (i.e., low), decreasing warmth perceptions could instead result in feelings of contempt and lead to active and passive harm. Whether competence stereotypes shift or not, older adults may still face increased aggression, abuse, and negative stereotyping due to lowered perceptions of warmth.

13.3.2 *Prescriptive Stereotypes*

Impressions of older adults may also be shaped by expectations for how older adults should behave. *Prescriptive stereotypes* refer to should-based expectations about older adults' behavior and may be more colloquially known as the expectation to "act your age" (North & Fiske, 2013a, 2013b). Built into these stereotypes are expectations and violations of (1) Succession (e.g., older adults remaining in careers later in life), (2) Consumption (e.g., older adults receiving greater government spending compared to other age groups), and (3) Identity invasions (e.g., older adults engaging in stereotypically young activities or trying to appear youthful; North & Fiske, 2013a). In theory, young adults have the most to lose by older adults violating prescriptive stereotypes because the longer older adults remain in their jobs, accumulate wealth, and access shared public resources, the fewer opportunities and goods there may be for younger adults to access or enjoy.

In a series of studies with participants across a broad age spectrum (18–78 years old, except in Study 4), North and Fiske (2013a) found that older adults who were portrayed as violating prescriptive stereotypes (e.g., being wealthy but reluctant to share or lend money) were evaluated more negatively on dimensions of capability and warmth by younger participants. In comparison, older adults who adhered to prescriptive stereotypes by being generous with their wealth or understanding about consumption were evaluated more positively. Negative evaluations by younger adults for identity invasions (e.g., older adults enjoying pop music) were somewhat less strong than succession or consumption violations which are likely more directly

threatening to younger adults. As participants' age increased, the more forgiving they generally were toward an older adult who violated prescriptive stereotypes. Notably, younger participants also least preferred to interact with an older adult target who violated prescriptive stereotypes, whereas interaction preferences for middle-aged or younger target violators were not as strong.

The behavior-based findings from North and Fiske's (2013a) study have important implications for treatment of older adults by younger adults in contexts such as the workplace. Workplaces are becoming increasingly intergenerational as older adults stay in the workforce longer (Harvard Health Publishing, 2018); a trend that could trigger succession and consumption prescriptions. In an extension of their original work, North and Fiske (2016) examined young adults' willingness to network with an older adult target who violated prescriptive stereotypes. Consistent with their original findings, results showed that young adults were less willing to network with an older adult who violated succession, consumption, and identity-based prescriptive stereotypes, particularly when resources were presented as scarce. Furthermore, a second study using a paradigm where participants were asked to allot a limited amount of funds to train a younger worker, a middle-aged worker, and an older worker showed significantly less funds were allotted to training older workers. The effect of investing less in older workers was driven by younger participants having stronger succession beliefs (e.g., "Most older people don't know when to make way for younger people"; North & Fiske, 2013b). Relatedly, a series of studies conducted by Martin and North (2021) demonstrated that perceiving older adults as blocking opportunities for younger people was associated with less support for older adult workers who were portrayed as being able to retire, but not doing so. Together, this work suggests that endorsing succession, consumption, and identity-based prescriptions about older adults has consequences not only for how older adults are viewed, but for how they are treated.

Importantly, recent work has begun to consider the role of intersecting identities in prescriptive stereotypes and perceptions of older adults. Older adults are not *just* older adults – they have different genders, races, sexual orientations, abilities, and many other identities that may differentially shape how they are perceived by others. In the limited but growing work in this area, Koenig (2018) found that gender stereotypes are differentially applied to children, young adults, and older adults. Prescriptive gender stereotypes became weaker for older men and women, suggesting that older adults may more freely violate gender prescriptions than younger adults. Further research examining the intersection of age and gender suggests that older women may escape the consequences of succession violations more easily than older men (Martin et al., 2019). Agentic behaviors, such as displaying dominance or disciplining an employee, are not prescriptive for women nor older adults, yet because older women are non-prototypical members of their age and gender groups, they may experience intersectional invisibility and evade discrimination that prototypical group members would face (Purdie-Vaughns & Eibach, 2008; see also Livingston et al., 2012). Furthermore, participants expect older men, but not older women, to cede resources. Older men have historically had a greater hold on

resources compared to women and younger age groups, which may explain fewer succession expectations for lower-status groups (Martin et al., 2019).

Altogether, the work on age prescriptions demonstrates that older adults may face a double bind in the face of age stereotypes. On one hand, they may be met with hostility when they violate prescriptions, even if violations occur out of necessity (e.g., working later into life because one can't afford to retire; North & Fiske, 2013a). On the other hand, they may be met with respect, along with paternalism and pity, when they adhere to prescriptive stereotypes. Disappointingly, negative attitudes toward older adults may be common even among people who endorse egalitarian values. Martin and North (2021) found that egalitarianism is associated with decreased prejudice and increased support toward women and people of color, but with increased prejudice and decreased support toward older adults (Martin & North, 2021). These findings suggest that ageism may be normative even among people who generally endorse equality because beliefs about succession (i.e., ceding resources) are powerful.

13.3.3 Hostile and Benevolent Ageism

From age stereotypes and prescriptions rise two unique but related forms of prejudice against older adults: hostile and benevolent ageism. Across a series of studies, Cary et al. (2017) developed the ambivalent ageism scale to assess participants' hostile and benevolent attitudes toward older adults. Hostile attitudes are typically overt and explicitly negative (e.g., "Old people are a drain on the health care system and the economy"), whereas benevolent attitudes are often subjectively positive, but still harmful (e.g., "Even if they want to, old people shouldn't be allowed to work because they have already paid their debt to society"). Hostile and benevolent ageism relate to stereotypes of older adults because individuals who strongly endorse hostile or benevolent ageism tend to evaluate older adults as lower in competence (Cary et al., 2017). Relatedly, individuals who strongly endorse hostile ageism are less likely to perceive older adults as warm, whereas the opposite pattern is true for individuals who endorse benevolent ageism. Older adults who violate prescriptive stereotypes by delaying retirement, for example, may activate hostile ageism, whereas older adults who adhere to prescriptive stereotypes may activate benevolent forms of ageism. In either case, older adults face harmful and negative stereotypes when they are targets of ageism.

Hostile ageism is overtly negative and should be relatively easy to identify as prejudice. In comparison, benevolent ageism has a guise of positivity and thoughtfulness and may be more challenging to identify as prejudice, particularly if this behavior comes from a friend, family member, or trusted health care provider. In one study, Horhota et al. (2019) examined young, middle-aged, and older adult participants' perceptions of the acceptability of hostile and benevolent ageism from five different partner types (younger family members, same-age family members,

familiar service workers, unfamiliar service workers, and friends). Results showed that hostile behaviors were rated as less acceptable amongst middle-aged and older adults compared to younger adults, though there were no differences between participant groups for benevolent ageism, highlighting the insidious nature of benevolent ageism. Furthermore, participants from all age groups considered benevolently ageist behaviors from close others, specifically from friends and same-aged family members, to be most acceptable. Treating benevolent ageism as kind or thoughtful behavior is harmful because it perpetuates stereotypes about older adults as warm but incompetent. Indeed, Vale et al. (2020) found that young adult participants evaluated younger and older women who accepted an offer of unnecessary help as highly warm but lower in competence. Competence perceptions increased for older women who rejected the offer for help, but not for younger women who rejected the offer for help. Chasteen et al. (2021) examined young, middle-aged, and older adults' perceptions of an older woman who accepted or rejected unwanted help that was offered in a hostile or benevolent manner. They found that either moderate or strong rejection of hostile ageism increased competence ratings of the older target. In contrast, only moderate rejections of benevolent ageism boosted competence perceptions, whereas strong rejections led to decreases in competence ratings. These findings suggest that older women can counter ageist acts such as unwanted help, but the way they do so has implications for perceptions of their competence. Taken together, the findings regarding accepting versus rejecting ageism highlight the relationship between sexist beliefs and ageism (Chonody, 2016) and may relate back to older women's ability to escape consequences for violating prescriptive stereotypes due to low levels of perceived threat (Martin et al., 2019).

Recent findings have also provided a more detailed picture of the prevalence and forms of ageism that older adults experience. A National Poll on Healthy Aging led by the University of Michigan found that in a national sample of 50–80-year-old adults, 82% of participants reported an experience of ageism in their day-to-day lives (Ober Allen et al., 2020). The most common forms of ageism were seeing, hearing, or reading jokes about aging or older adults (reported by 62% of participants) and being treated as less capable in interpersonal interactions (reported by 45% of participants). Another recent investigation shed greater light on older adults' experiences of ageism, whereby older adults reported experiencing ageism most often when receiving goods and services, followed by experiences in the workplace and public spaces (Chasteen et al., 2020). Congruent with these domains in which ageism occurred, older adults also indicated that the perpetrators of ageist acts were most often service workers, strangers, and employees/co-workers. The type of ageist behavior most often took the form of making social/physical assumptions about the older person, offering unwanted help/special treatment, and demonstrating a lack of respect for the older individual. These types of behaviors are manifestations of benevolent ageism, which can be difficult to challenge (Chasteen et al., 2021; Vale et al., 2020).

13.3.4 Connections to Subjective Views of Aging

In addition to the ramifications for older adults of being exposed to age stereotypes and ageism highlighted earlier, such exposure may also have consequences for older individuals' subjective, or felt, age. In the case of age stereotypes, Stereotype Embodiment Theory (B. R. Levy, 2009) suggests that exposure to age stereotypes earlier in life may be internalized and applied to the self later in life. This occurs through repeated reinforcement and acceptance of age stereotypes at younger ages when the stereotypes are irrelevant, until one day they become self-stereotypes in old age (B. R. Levy, 2009). Internalization of age stereotypes is a core factor in Stereotype Embodiment Theory. Other factors include the influence of age stereotypes occurring without conscious awareness, the salience of age stereotypes manifesting through self-relevancy, and the multiple pathways (psychological, physiological, behavioral) via which age stereotypes can work.

Evidence of linkages between stereotypical views of older adults and self-views in later life include associations between negative age stereotypes and self-perceptions of aging (Rothermund & Brandstädter, 2003) and correspondence between views of older people and self-views in specific life domains (e.g., relationships, leisure activities, physical and mental fitness; Kornadt & Rothermund, 2011). In each of these cases, holding negative age stereotypes was associated with more negative self-perceptions of aging. More recently, Brothers et al. (2021) not only established direct linkages between age stereotypes and self-perceptions of aging, but also found indirect associations with mental and physical health through self-perceptions of aging. In addition to connections with mental and physical health, associations between negative age stereotypes and subjective age have been established in the cognitive domain, whereby older adults who held negative age stereotypes reported feeling older after completing a series of cognitive tasks (Geraci et al., 2018). Contextual cues such as performing difficult memory tests could signal lower competence to older adults who hold negative age stereotypes, resulting in an older subjective age.

Experiencing ageism may also have implications for people's subjective age. Perceiving age discrimination has been linked to more negative self-perceptions of aging (Giasson et al., 2017; Han & Richardson, 2015) and to an older subjective age (Stephan et al., 2015). Internalization processes have also been proposed to account for the effects of ageism experiences, whereby older people might construe patronizing or negative treatment as proof of their lower competence or worth (Han & Richardson, 2015), or are more likely to incorporate negative views of aging into self-perceptions of aging, leading to feeling subjectively older (Stephan et al., 2015).

Associations between negative age stereotypes, perceptions of ageism, and subjective age were the focus of a more recent investigation by Marquet et al. (2019). Although they did not find direct relationships between each of the predictors (stereotypes and ageism) and subjective age, they did find indirect relationships. Specifically, they found indirect effects of negative age stereotypes and perceived

age discrimination on subjective age through self-perceptions of aging. Greater endorsement of negative age stereotypes and greater perceived ageism each predicted greater negative self-perceptions of aging, which, in turn, predicted an older subjective age. Through testing a serial mediation, Marquet et al. also found that each of the indirect relationships went on to predict lower self-esteem among older adults. That is, having an older subjective age, in turn, predicted lower self-esteem, adding further evidence to why it is important to consider predictors of subjective age given the implications of subjective age for well-being (Stephan et al., 2016; Westerhof et al., 2014). Taken together, investigations of the associations between age stereotypes, ageism, and subjective age suggest that there are both direct (Geraci et al., 2018; Stephan et al., 2015) and indirect (Marquet et al., 2019) relationships. Because subjective age can be examined both as an outcome and as a predictor, there is a need for more research to elucidate when these different patterns of association will emerge.

13.4 Outlook: Future Directions and Challenges

Thus far, we have reviewed the content and consequences of ageism and age stereotypes about older adults. An important area for future study involves taking advantage of insights from the study of subjective aging to inform interventions to attenuate these consequences. In this section, we will consider pathways for limiting the negative impacts of age stereotypes and ageism by intervening on its targets and perpetrators.

13.4.1 *Target-Focused Interventions*

The first set of interventions focus on reducing the negative impact of age stereotypes and ageism on the targets (i.e., older adults experiencing ageism).

Subjective Age Bias Because older adults internalize age stereotypes and ageism (Levy, 2003), one possible avenue for attenuating the effects of encountering ageism is to make stereotypes about older adults feel less relevant by having older targets feel subjectively younger. Considerable work has already explored how to experimentally influence people's subjective ages. For example, exposure to negative information about older adults leads older people to identify more with younger ages (Weiss & Freund, 2012). However, personally having an experience associated with negative age stereotypes can have the opposite effect; adults who experienced difficulty reading a prompt (because it had been manipulated to be unclear, an experience consistent with stereotypes about older adults) felt older afterwards (Eibach et al., 2010). One potential avenue for intervention may therefore be to reverse this

paradigm. By having older adults experience *fluency* accomplishing tasks at which success is incongruous with stereotypes about older adults, it may be possible to engender younger age identification. Previous research suggests this approach may prove fruitful: One study found that engendering a younger subjective age among older adults led to improved grip strength (Stephan et al., 2013). This notion is consistent with a model by Weiss and Kornadt (2018) which proposes that disassociation from negative stereotypes of aging (e.g., frailty) and stronger identification with positive stereotypes (e.g., wisdom) promotes a healthier outlook.

However, it should be noted that older adults who view themselves as subjectively younger may encounter perceivers who, incongruously, view them as older. This disconnect may lead to perceivers reacting negatively to older adults violating prescriptive age stereotypes (North & Fiske, 2013a). Preferable approaches would not require that older adults disavow their existing identities in order to avoid the consequences of ageism.

Cohort Identification A related approach is to encourage older adults to see their age in terms of their cohort or generation membership (“cohort identification”) rather than in terms of their numerical age (i.e., identifying as “baby boomers” or as part of the “silent generation” instead of as an “older adult”). Some work has shown that cohort identification is associated with greater well-being for older adults (Weiss & Lang, 2009). Procedures to bolster cohort identification may therefore prove beneficial for counteracting the costs of experiencing ageism.

Growth Mindset A final target-side approach to intervention involves addressing older adults’ assumptions about the malleability of the traits associated with their age group (“lay theories of aging”). Decades of research suggest that holding a growth mindset (i.e., a lay theory that some aspect of oneself or of others is malleable) and holding a fixed mindset (i.e., a lay theory that some aspect of oneself or of others is unchangeable) are associated with divergent outcomes in domains ranging from academic achievement to social behavior. This is so because lay theories shape the attributions people make for their experiences and outcomes and result in different patterns of responses to their experiences (Dweck & Yeager, 2019). An alternative to changing the ways in which older adults identify (i.e., the solution proposed by the cohort identification and subjective age bias approaches) may therefore be to alter the perceived malleability of deficits stereotypically associated with advanced age. Specifically, instilling a growth mindset of aging, wherein the deficits associated with older age are viewed as malleable, may promote well-being among older adults. Indeed, some evidence already exists that growth mindsets related to age-based cognitive challenges are associated with improved memory, increased positive affect, and even promoted health-seeking behaviors (Marquet et al., 2021; Plaks & Chasteen, 2013; Weiss, 2018).

13.4.2 *Perceiver-Focused Interventions*

The second type of intervention concerns the perceiver's perspective (i.e., the person enacting ageism). Intervening on the perceiver rather than, or in addition to, the target offers several intuitive benefits. First, it puts the onus of change on the perpetrator of ageism, rather than on the target. Some may consider this a more appropriate target of intervention to the extent that *ageism*, and not aging itself, represents the societal problem to be solved. Second, because target-focused interventions may prompt older adults to identify or behave subjectively "younger," one result may be behavior that is incongruous with prescriptive age stereotypes about older adults. Such violations of prescriptive age stereotypes can result in resentment (North & Fiske, 2013a). Therefore, perceiver-focused interventions may complement target-focused interventions by reducing backlash against non-stereotypical older adults.

Classic Prejudice-Reduction Techniques The most promising avenues for prejudice reduction include two related approaches: intergroup contact and cooperative learning. Intergroup contact relies on the fact that positive interactions between members of different groups (e.g., older adults and younger adults) generally decreases intergroup prejudice. This is so in part because interacting with members of other groups allows opportunities for learning about outgroup members and for generating positive emotional ties with members (Pettigrew, 1998). Although this basic effect is well-documented for a range of target groups, including older adults (e.g., Cadieux et al., 2019; Hale, 1998; Harwood et al., 2005; Levy, 2018; Pettigrew & Tropp, 2006), the type of study that would provide insight into whether intergroup contact represents an effective path forward for intervention (i.e., experimental studies with longitudinal outcomes) is rare in the contact literature (Paluck et al., 2019).

Cooperative learning interventions build on the basic insights of intergroup contact but seek to increase the extent to which members of different groups are made to share common goals by having diverse teams work together towards a goal requiring collaboration. This approach has proven useful, though primarily in educational contexts using samples of children (Aronson & Bridgeman, 1979).

Furthermore, both the cooperative learning and intergroup contact literatures require further research to understand the nuances of when and for whom they are effective (see Paluck & Green, 2009 for a review of these and other prejudice reduction literatures). Nonetheless, these represent promising avenues for decreasing ageism.

Emphasizing Within-Group Heterogeneity An additional route to perceiver-focused intervention, more specifically tailored to the specific context of ageism, although somewhat less well-tested than either cooperative learning or intergroup contact, involves highlighting the diversity of older adults as a social category. Older adults form a diverse group; people of all races, nationalities, sexual orientations, and abilities comprise the group "older adults." Furthermore, the experience

of aging is highly heterogeneous. Older age is sometimes experienced in terms of physical and/or mental deficits, but many older adults live lives not characterized by such deficits.

Therefore, a final path forward for intervention may concern impressing on perceivers the heterogeneity of the group represented by the term “older adults” (Ayalon et al., 2021; Diehl et al., 2020). In addition to combatting the stereotypes associated with older adults, doing so may reduce potential backlash against older adults behaving in ways that are contrary to stereotypes about their group by reducing the extent to which frailty-based images dominate perceivers’ mental representations of older adults. Indeed, some initiatives are already working towards this goal in the real world, notably the “Reframing Aging” initiative of the Gerontological Society of America and other organizations (2021).

13.4.3 Future Challenges

Looking toward the future, researchers must contend with how to address ageism to improve the lives of older adults. The interventions reviewed in the previous section provide some potential paths forward for this. One consideration to bear in mind while connecting the subjective aging and ageism literatures is to avoid drawing conclusions that are themselves stigmatizing. Although insights from the subjective aging literature pose fascinating avenues for addressing the harms inflicted on older adults by ageism, the proposed solution must not be to force distance between older adults and their authentically held identities.

At the same time, the case must continue to be made that ageism represents a social problem to be solved. Because stereotypic views of older adults tend to be paternalistic and discriminatory in nature, and because the behaviors associated with paternalistic prejudice tend to be ambiguous or even “positive” at surface-level (Cary et al., 2017; Fiske et al., 2002), some may not share the view that ageism is an important problem. This is misguided, as research shows that benevolent forms of prejudice can reinforce and maintain group-based inequality (Glick & Fiske, 2001).

13.5 Summary and Conclusions

Age stereotypes are multifaceted and consist of both positive and negative subtypes (Hummert et al., 1994). The multidimensional nature of age stereotypes means that they can be applied in a variety of domains, such as physical health, cognitive health, and sociability (Kornadt & Rothermund, 2011). The SCM (Fiske et al., 2002) provides a framework for understanding the complexity of age stereotypes by suggesting that the fundamental traits of warmth and competence underlie many group stereotypes, including those of older adults. The SCM and the associated

BIAS map (Cuddy et al., 2007) suggest what forms of age prejudice older adults might encounter, such as active facilitation and passive harm. Measures such as the Ambivalent Ageism Scale (Cary et al., 2017) also demonstrate that ageism can take different forms, as individuals might hold either hostile or benevolent ageist feelings toward older people. Another way that stereotypes might trigger different types of ageism directed at older people is through prescriptive age stereotypes (North & Fiske, 2013a). By creating expectations for how older adults should behave concerning succession, consumption, and identity, prescriptive age stereotypes can activate more negative, hostile biases being expressed toward older individuals who do not adhere to those expectations.

The breadth of older adults' experiences of ageism shows that they encounter ageist behavior in a variety of spheres of life (e.g., goods and services, workplace) and that they often experience forms of benevolent ageism, such as unwanted help or a lack of respect (Chasteen et al., 2020; Ober Allen et al., 2020). This is particularly problematic given that adults of all ages view expressions of benevolent ageism as more acceptable than hostile ageism, particularly when it is expressed by a close other, such as a same-aged family member or friend (Horhota et al., 2019). Perceiving age stereotyping and ageist behavior has implications for older people's feelings of subjective age (Brothers et al., 2021; Diehl et al., 2020), such that perceiving greater age discrimination predicts an older subjective age, either directly (Geraci et al., 2018; Stephan et al., 2015) or through perceptions of their own aging process (Marquet et al., 2019). Given that subjective age is associated with a number of well-being outcomes (Stephan et al., 2015; Marquet et al., 2019; Westerhof et al., 2014), it is imperative we find ways to reduce ageist behavior and assist older adults in coping with age-based biases. In conclusion, the need for better understanding older adults' experiences of ageism has never been greater. By identifying how ageist feelings are expressed and seeing how ageism experiences relate to older adults' feelings of subjective age and well-being, we will be able to develop interventions that reduce age bias in perceivers and boost coping and well-being in targets.

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