

## Age Stereotypes



Alison L. Chasteen, Veronica N. Z. Bergstrom,  
Jordana E. Schiralli and Joel M. Le Forestier  
Department of Psychology, University of  
Toronto, Toronto, ON, Canada

### Definition

Age stereotypes represent people's beliefs about the characteristics of a group of individuals based on their age. Age stereotypes exist about different age groups (e.g., adolescents, middle-aged people), but the focus of this entry is on age stereotypes about older adults.

### Overview

Stereotypes about older adults are complex, consisting of both positive and negative themes. The multifaceted nature of age stereotypes exists both for descriptions of older people and for prescriptions regarding how they should behave. This entry reviews research on these two forms of age stereotypes, as well as the implications of those stereotypes for older adults' functioning and well-being in daily life.

## Key Research Findings

The majority of research on age stereotypes has focused on what attributes are used to describe older adults. A number of stereotypes can be applied to older adults, and these include both positive and negative components (Hummert et al. 1994; Schmidt and Boland 1986). Hummert et al. (1994) identified seven specific stereotypes about older adults. These include four negative stereotypes, "severely impaired" (incompetent, senile, etc.), "despondent" (depressed, lonely, etc.), "recluse" (timid, naïve, etc.), and "shrew/curmudgeon" (ill-tempered, complaining, etc.), and three positive stereotypes, "golden ager" (adventurous, lively, etc.), "perfect grandparent" (loving, supportive, etc.), and "John Wayne conservative" (patriotic, retired, etc.).

Descriptive age stereotypes vary as a function of perceiver age and the life domain in which the stereotype is applied. In terms of perceiver age, previous work has shown that middle-aged adults uniquely produce "liberal matriarch/patriarch" and younger adults uniquely produce "vulnerable" as additional stereotypes about older adults (Hummert et al. 1994). Age stereotypes also vary by life domain. Kornadt and Rothermund (2011) found that older adults were stereotyped more positively in the domains of family/partnership

and religion/spirituality, whereas they were stereotyped most negatively in the domains of friends/acquaintances, leisure/social, and fitness/health/appearance. Older adults were stereotyped more ambivalently in the domains of personality, finance, and work.

One model that has been used to understand stereotypes of older people is the stereotype content model (SCM). The SCM proposes that stereotypic beliefs about groups fall on two dimensions: warmth and competence (Fiske et al. 2002). Warmth refers to perceptions of others' good intentions, whereas competence refers to perceptions of others' efficacy to fulfill those intentions. Depending on which quadrant of the SCM a group falls into, one of four different types of prejudice may be expressed. Because older adults tend to be considered high in warmth, but low in competence (Cuddy et al. 2005), they are most often the target of paternalistic prejudice. This type of prejudice can emerge in the form of overprotection and unwanted assistance, which might result in older adults perceiving a loss in responsibility and control, thus reducing their mental alertness, happiness, and participation in active interpersonal activities (Langer and Rodin 1976).

Elderspeak is another form of paternalistic prejudice and is characterized by shortening utterances, slowing speech, and increasing volume when speaking to older adults, regardless of their level of cognitive functioning (Balsis and Carpenter 2006). Although elderspeak may be benign or beneficial for older adults who hold positive attitudes of aging or elderspeak, it commonly results in lowered self-esteem, lowered cognitive performance, and increased stress among those who hold negative attitudes of aging (Hehman and Bugental 2015; O'Connor and Rigby 1996).

The behaviors from intergroup affect and stereotypes (BIAS) map expands on the SCM by proposing how prejudice type predicts behavior (Cuddy et al. 2007). The framework posits that perceptions of warmth influence active behavior (e.g., helping or harassing), whereas perceptions of competence influence passive

behavior (e.g., associating or neglecting). Pitied groups (high warmth/low competence), such as older adults, experience active facilitation and passive harm. For example, doctors spend less time educating and counseling older, compared with younger, patients and two-thirds of older adult cancer patients are not considered for clinical trials (Murthy et al. 2004; Siminoff et al. 2006).

Whereas descriptive age stereotypes contain the characteristics that people associate with older adults, prescriptive age stereotypes refer to expectations about how older adults should behave, particularly in regard to age-related resources (North and Fiske 2013a). These resources consist of three main categories: (1) succession, referring to older adults' enviable status in wealth and employment; (2) consumption, referring to older adults' use of shared societal resources, such as healthcare; and (3) identity, where a symbolic boundary exists between activities typically associated with younger adults versus older adults (North and Fiske 2013b). In terms of age prescriptions, it would be expected that older adults relinquish their wealth and status (e.g., by retiring in a timely manner), deny care that exceeds their share of societal resources (e.g., by refusing costly medical procedures), and avoid engaging in activities associated with youth culture (e.g., pop music). Older adults who fail to adhere to these prescriptive norms may face resentment, particularly by younger generations (North and Fiske 2013a, b), which may give rise to more hostile forms of ageism (North and Fiske 2012).

Across several studies, North and Fiske (2013a) have investigated how older adults are perceived when violating or adhering to prescriptive age stereotypes. In each domain (succession, consumption, and identity), younger adults viewed older adults as consistently less warm when violating prescriptive stereotypes and warmer when adhering to them. Moreover, younger adults viewed older adults as less competent when violating prescriptions of succession-based resources (e.g., refusing to share their wealth with needy family members).

## Examples of Application

Although much of the research on age stereotypes demonstrates that young people have negative stereotypes about older adults, it is important to note that older adults can also hold age stereotypes. Stereotype embodiment theory proposes that during childhood, individuals learn about age stereotypes that then permeate through adulthood (Levy 2009). These stereotypes operate at an unconscious level and become self-relevant upon entering later life. Once self-relevance occurs, stereotypes can influence psychological, physiological, and behavioral outcomes. For example, younger adults who endorse negative age stereotypes are more likely to experience declines in memory ability (Levy et al. 2011) and poorer cardiovascular health as they age (Levy et al. 2009). Similarly, adults with positive views of aging are more likely to engage in preventative health behaviors as they age (e.g., eating a balanced diet) compared to those who do not endorse positive views (Levy and Myers 2004). As well, older adults' views of aging can predict their functioning in multiple modalities at once. Chasteen et al. (2015) found that more negative views of aging predicted worsened memory and hearing test performance through older adults' self-perceived abilities in those domains.

Another way older adults might be affected by age stereotypes is through stereotype threat, a phenomenon whereby individuals' performance in stereotype-relevant domains is undermined by their worry over confirming a group stereotype. A number of studies have shown that age-based stereotype threat can undermine older adults' cognitive function and physical ability (for reviews see Barber 2017; Chasteen et al. 2011; Lamont et al. 2015).

## Future Directions for Research

Although we have learned a great deal about age stereotypes and the effects of those stereotypes on older people, more research is needed in a number of areas. One direction is to conduct more cross-cultural research so as to better understand the

degree to which views of older people converge and diverge across societies. The majority of research on age stereotypes has been conducted in Western countries, and the small amount of cross-cultural research that exists has focused on comparisons between Eastern and Western nations (e.g., Zhang et al. 2002; Voss et al. 2018). More cross-cultural comparisons that span a number of regions around the world and that focus on different life domains are needed. By understanding how age stereotypes differ, researchers might be able to develop interventions that are informed by societies with more positive views of older people and aging.

A related direction is to develop a better understanding of how older adults cope with age stereotypes and to test interventions for countering negative age stereotypes and improving older people's views of aging. In terms of coping strategies, some older adults choose to dissociate from their age group in order to maintain positive self-esteem. In their integrated model of age stereotype internalization and dissociation, Weiss and Kornadt (2018) propose that older people can maintain a healthy outlook on aging by assimilating positive age stereotypes (e.g., wisdom) and dissociating from negative age stereotypes (e.g., frailty). As well, older adults may deal with age stereotypes by feeling younger than their chronological age (Kotter-Grühn et al. 2016; Rubin and Berntsen 2006). Numerous studies have documented the benefits for older adults of feeling subjectively younger, such as for their cognitive and emotional well-being (Kotter-Grühn et al. 2015; Stephan et al. 2014).

Researchers have used a variety of approaches to help older adults combat the negative effects of age stereotypes. Using implicit (i.e., unconscious) techniques, Levy (1996) demonstrated that priming participants with positive age stereotypes enhanced their memory performance compared to their baseline scores (but see Stein et al. 2002; Meisner 2012). Similarly, older adults who completed an implicit positive age stereotype intervention experienced increases in positive perceptions of aging and physical abilities (e.g., strength, walking speed) that lasted 8 weeks post-intervention (Levy et al. 2014). Evidence for

the utility of explicit (i.e., conscious) intervention techniques has been mixed, with some studies finding that interventions such as providing explicit positive feedback were ineffective for improving older adults' performance in the face of age stereotypes (Hess et al. 2004; Levy 1996). More recently, however, explicit techniques that directly address negative age stereotypes and seek to change older people's views of aging have produced some promising preliminary results (Brothers and Diehl 2016). Given the mixed nature of findings regarding the utility of both implicit and explicit techniques, more research is needed to pinpoint which intervention approaches are most effective for combatting negative age stereotypes in the different domains of older people's lives.

## Summary

Age stereotypes about older adults contain both positive and negative attributes and can vary by life domain. Despite the complexity of the stereotypes by which older adults are described, age stereotypes often result in expressions of paternalistic prejudice toward older people. As well, age-based stereotypes exist that prescribe how older adults should behave in different contexts. Violations of such prescriptive age stereotypes result in more hostile biases being expressed. Older adults themselves may have stereotypic views of older people and aging, resulting in poorer functioning and well-being. More cross-cultural research is needed to determine when age stereotypes converge and diverge across societies and life domains, which will aid in the ongoing need for effective interventions that combat the deleterious effects of age stereotypes in later life.

## Cross-References

- ▶ [Ableism and Ageism](#)
- ▶ [Age Discrimination in the Workplace](#)
- ▶ [Age Segregation](#)
- ▶ [Age-Based Stereotype Threat](#)
- ▶ [Ageism Around the World](#)

- ▶ [Ageism in Healthcare](#)
- ▶ [Ageism in the Family](#)
- ▶ [Anti-aging Movement in the Mass Media](#)
- ▶ [Anxiety About Aging](#)
- ▶ [Career Choices and Ageism](#)
- ▶ [Children's Attitudes Toward Aging and Older Adulthood](#)
- ▶ [Heterosexism and Ageism](#)
- ▶ [History of Ageism](#)
- ▶ [Intergenerational Programs on Anti-Ageism](#)
- ▶ [Intergenerational Resource Tensions](#)
- ▶ [Leadership, Politics, and Ageism](#)
- ▶ [Older Adults Abuse and Neglect](#)
- ▶ [Racism and Ageism](#)
- ▶ [Reducing Ageism](#)
- ▶ [Self-Reported Ageism](#)
- ▶ [Sexism and Ageism](#)
- ▶ [Stereotype Embodiment Theory](#)
- ▶ [Super Agers and Ageism](#)

## References

- Balsis S, Carpenter BD (2006) Evaluations of elderspeak in a caregiving context. *Clin Gerontol* 29:79–96. [https://doi.org/10.1300/J018v29n01\\_07](https://doi.org/10.1300/J018v29n01_07)
- Barber SJ (2017) An examination of age-based stereotype threat about cognitive decline: implications for stereotype-threat research and theory development. *Perspect Psychol Sci* 12:62–90. <https://doi.org/10.1177/1745691616656345>
- Brothers A, Diehl M (2016) Feasibility and efficacy of the Aging Plus Program: changing views on aging to increase physical activity. *J Aging Phys Act* 1–32. <https://doi.org/10.1123/japa.2016-0039>
- Chasteen AL, Kang SK, Remedios JD (2011) Aging and stereotype threat development. In: Inzlicht M, Schmader T (eds) *Stereotype threat: theory, process, and application*, 55th edn. Oxford University Press, Oxford. <https://doi.org/10.1093/acprof>
- Chasteen AL, Pichora-Fuller MK, Dupuis K et al (2015) Do negative views of aging influence memory and auditory performance through self-perceived abilities? *Psychol Aging* 30:881. <https://doi.org/10.1037/a0039723>
- Cuddy AJC, Norton MI, Fiske ST (2005) This old stereotype: the pervasiveness and persistence of the elderly stereotype. *J Soc Issues* 61:267–285. <https://doi.org/10.1037/a0039723>
- Cuddy AJC, Fiske ST, Glick P (2007) The BIAS map: behaviors from intergroup affect and stereotypes. *J Pers Soc Psychol* 92:631–648. <https://doi.org/10.1037/0022-3514.92.4.631>
- Fiske ST, Cuddy AJC, Glick P et al (2002) A model of (often mixed) stereotype content: competence and

- warmth respectively follow from perceived status and competition. *J Pers Soc Psychol* 82:878–902. <https://doi.org/10.1037/0022-3514.82.6.878>
- Hehman JA, Bugental DB (2015) Responses to patronizing communication and factors that attenuate those responses. *Psychol Aging* 30:552–560. <https://doi.org/10.1037/pag0000041>
- Hess TM, Hinson JT, Statham JA (2004) Explicit and implicit stereotype activation effects on memory: do age and awareness moderate the impact of priming? *Psychol Aging* 19:495–505. <https://doi.org/10.1037/0882-7974.19.3.495>
- Hummert ML, Garstka TA, Shaner JL et al (1994) Stereotypes of the elderly held by young, middle-aged, and elderly adults. *J Gerontol*. <https://doi.org/10.1093/geronj/49.5.P240>
- Kornadt AE, Rothermund K (2011) Contexts of aging: assessing evaluative age stereotypes in different life domains. *J Gerontol B Psychol Sci Soc Sci* 66:547–556. <https://doi.org/10.1093/geronb/gbr036>
- Kotter-Grühn D, Neupert SD, Stephan Y (2015) Feeling old today? Daily health, stressors, and affect explain day-to-day variability in subjective age. *Psychol Health* 30:1470–1485. <https://doi.org/10.1080/08870446.2015.1061130>
- Kotter-Grühn D, Kornadt AE, Stephan Y (2016) Looking beyond chronological age: current knowledge and future directions in the study of subjective age. *Gerontology* 62:86–93. <https://doi.org/10.1159/000438671>
- Lamont RA, Swift HJ, Abrams D (2015) A review and meta-analysis of age-based stereotype threat: negative stereotypes, not facts, do the damage. *Psychol Aging* 30:180–193. <https://doi.org/10.1037/a0038586>
- Langer EJ, Rodin J (1976) The effects of choice and enhanced personal responsibility for the aged: a field experiment in an institutional setting. *J Pers Soc Psychol* 34:191–198. <https://doi.org/10.1037/0022-3514.34.2.191>
- Levy BR (1996) Improving memory in old age through implicit self-stereotyping. *J Pers Soc Psychol* 71:1092–1107
- Levy BR (2009) Stereotype embodiment: a psychosocial approach to aging. *Curr Dir Psychol Sci* 18:332–336. <https://doi.org/10.1111/j.1467-8721.2009.01662.x>
- Levy BR, Myers LM (2004) Preventive health behaviors influenced by self-perceptions of aging. *Prev Med* 39:625–629. <https://doi.org/10.1016/j.ypmed.2004.02.029>
- Levy BR, Zonderman AB, Slade MD et al (2009) Age stereotypes held earlier in life predict cardiovascular events in later life. *Psychol Sci* 20:296–298. <https://doi.org/10.1111/j.1467-9280.2009.02298.x>
- Levy BR, Zonderman AB, Slade MD et al (2011) Memory shaped by age stereotypes over time. *J Gerontol B Psychol Sci Soc Sci* 67:432–436. <https://doi.org/10.1093/geronb/gbr120>
- Levy BR, Pilver C, Chung PH et al (2014) Subliminal strengthening: improving older individuals' physical function over time with an implicit-age-stereotype intervention. *Psychol Sci* 25:2127–2135. <https://doi.org/10.1177/0956797614551970>
- Meisner BA (2012) A meta-analysis of positive and negative age stereotype priming effects on behavior among older adults. *J Gerontol B Psychol Sci Soc Sci* 67:13–17. <https://doi.org/10.1093/geronb/gbr062>
- Murthy VH, Krumholz HM, Gross CP (2004) Participation in cancer clinical trials: race-, sex-, and age-based disparities. *J Am Med Assoc* 291:2720–2726. <https://doi.org/10.1001/jama.291.22.2720>
- North MS, Fiske ST (2012) An inconvenienced youth? Ageism and its potential intergenerational roots. *Psychol Bull* 138:982–997. <https://doi.org/10.1037/a0027843>
- North MS, Fiske ST (2013a) Act your (old) age: prescriptive, ageist biases over succession, consumption, and identity. *Personal Soc Psychol Bull* 39:720–734. <https://doi.org/10.1177/0146167213480043>
- North MS, Fiske ST (2013b) Subtyping ageism: policy issues in succession and consumption. *Soc Issues Policy Rev* 7:36–57. <https://doi.org/10.1111/j.1751-2409.2012.01042.x>
- O'Connor BP, Rigby H (1996) Perceptions of baby talk, frequency of receiving baby talk, and self-esteem among community and nursing home residents. *Psychol Aging* 11:147–154. <https://doi.org/10.1037/0882-7974.11.1.147>
- Rubin D, Berntsen D (2006) People over forty feel 20% younger than their age: subjective age across the lifespan. *Psychon Bull Rev* 13:776–780
- Schmidt DF, Boland SM (1986) Structure of perceptions of older adults: evidence for multiple stereotypes. *Psychol Aging* 1:255–260
- Siminoff LA, Graham GC, Gordon NH (2006) Cancer communication patterns and the influence of patient characteristics: disparities in information-giving and affective behaviors. *Patient Educ Couns* 62:355–360. <https://doi.org/10.1016/j.pec.2006.06.011>
- Stein R, Blanchard-Fields F, Hertzog C (2002) The effects of age-stereotype priming on the memory performance of older adults. *Exp Aging Res* 28:169–181. <https://doi.org/10.1080/03610730252800184>
- Stephan Y, Caudroit J, Jaconelli A et al (2014) Subjective age and cognitive functioning: a 10-year prospective study. *Am J Geriatr Psychiatry* 22:1180–1187. <https://doi.org/10.1016/j.jagp.2013.03.007>
- Voss P, Kornadt AE, Hess TM et al (2018) A world of difference? Domain-specific views on aging in China, the US, and Germany. *Psychol Aging* 33:595–606. <https://doi.org/10.1037/pag0000237>
- Weiss D, Kornadt AE (2018) Age-stereotype internalization and dissociation: contradictory processes or two sides of the same coin? *Curr Dir Psychol Sci* 27:477–483. <https://doi.org/10.1177/0963721418777743>
- Zhang YB, Hummert ML, Garstka TA (2002) Stereotype traits of older adults generated by young, middle-aged, and older Chinese participants. *Hallam Int J Aging* 4:119–140