

Help sheet no. 32

Challenging ageist attitudes

What are ageist attitudes?

Ageist attitudes are positive and negative images that are accepted and considered to represent all older people. Unfortunately, the negative stereotypes tend to be more predominant and accepted. Some negative stereotypes suggest all older people are:

- sick and disabled
- impotent
- ugly
- poor
- depressed
- isolated
- demented
- unable to learn
- unproductive.

These stereotypes place too much emphasis on negative aspects of ageing and fail to consider that there are both positive and negative aspects of ageing. Some positive attitudes suggest all older people are:

- kind
- wise
- dependable
- affluent
- politically powerful
- free
- happy.

Just as racist and sexist attitudes assume that all people of a certain race or gender are the same, so do ageist attitudes. Positive attitudes are just as inflexible as negative ones and portray older people in an unrealistic way. Older people are just as diverse a group as younger people. The only thing that is consistent is their chronological age, but even that is not true when 'old age' is sometimes considered as anywhere from 60 years to 100 plus. People in their 90s may not consider themselves as similar to their children who are in their 60s or 70s.

Ageist attitudes affect how older people view themselves

As these attitudes are largely accepted, older people too may accept them and fulfil them. Older people may accept that all older people are unproductive, ineffective, intellectually rigid and asexual. As a result they may avoid sexual relations, new ideas, activity, productivity and socialising. Being inactive may be promoted and reinforced by younger people who believe this is how older people should behave.

As older people avoid doing things, they become less active. Their belief in these attitudes becomes a self-fulfilling prophecy. As they become less active they can also lose self-esteem and become depressed.

Ageism within residential facilities

Personal contact is often considered an effective way to reduce people's stereotypes and prejudices. Palmore (1990) explains that for this to be successful the dominant and minority groups must have an equal status. In a residential setting, the staff have superior status and, therefore, stereotypes are often reinforced. Staff usually determine when residents have meals, go to bed and have a shower. In this way attitudes that older people are sick and inactive are reinforced. It is important to remember that having these beliefs influences how staff will interact with residents.

Staff attitudes will also influence the way residents feel about themselves and can promote a negative self-image. When residents enter residential care they are placed in a completely new environment where they are unsure how they should behave. Staff need to be aware that their treatment of residents may shape residents' behaviour, attitudes and opportunities.

In one low care residential facility, a staff member commented to a visiting physiotherapist that the residents were 'too old for line dancing' and found the idea absurd. This is an expression of an attitude that may limit opportunities available to older people in residential care.

Challenging these attitudes

It is important that staff in residential facilities do not accept or promote these attitudes. They should encourage older people to reject these stereotypes. Ways of enabling older people to participate, be active and learn new things include:

- Always encourage residents to increase their activity level. Even a resident with very limited mobility can usually do more than they are doing.
- Encourage residents to try new things – such as different foods or activities. Ask them what they would like to do.
- Promote independence by encouraging residents to shower and dress themselves. Also encourage them to walk instead of using a wheelchair. If residents are regularly walking they can become more mobile and may eventually be able to walk without supervision.
- Encourage residents to learn new things and remember no-one is too old to learn. Accept that the learning process may be slower or different but can still be beneficial and rewarding for residents and staff.
- Be aware and accepting that older people have sexual needs too and that physical contact is an important part of emotional wellbeing.
- Don't accept that a decline in function is just part of the normal ageing process.

Why has the decline occurred? There may be something that can be done to limit decline or improve function. Don't wait until it is too late to do anything.

- Managers and other staff can discuss the issue of ageist attitudes in staff meetings to raise self-awareness of these attitudes.

Don't assume to know what residents like!

An activities coordinator decided to bring some CDs for a dancing session at the facility he worked. As he started to play the first CD he discovered that he had accidentally brought a modern 'techno' CD. To his surprise the residents enjoyed the music and danced along with it.

Useful references

Grant, L. (1996), Effects of ageism on individual and health care providers' responses to healthy aging, *Health & Social Work*, Vol. 21 (1): 9-15.

Gething, L. (1997), *Person to person: a guide for professionals working with people with disabilities (3rd Edition)*, MacLennan & Petty Pty Limited, Sydney.

Gething, L. (1990) *Working with older people*, Harcourt Brace Jovanovich Group Pty Limited, N.S.W. Australia.

Palmore, E.B. (1990). *Ageism: negative and positive*, Springer Publishing Company, New York.