



Ageism: It's Time for an Attitude Adjustment

In 1968 Robert Butler coined the term “ageism” in his Pulitzer Prize-winning *Why Survive? Being Old in America*. Ageism is defined as a systematic stereotyping of and discrimination against people because they are old — categorized as senile, rigid in thought and manner, old-fashioned in morality and skill. Ageism allows the younger generations

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to see older people as different from themselves; thus, they subtly cease to identify with their elders as human beings. In a 2001 Duke University survey of people ages 60 and older, nearly 80 percent of respondents reported experiencing ageism — such as other people assuming they had memory or physical impairments because of their age. Thirty-one percent reported being ignored or not taken seriously because of their age.

Psychological factors play a significant role in the perpetuation of ageism. Feelings and perceptions toward older adults are profoundly influenced by past relationships with parents, grandparents and others. We are inclined to endow them with characteristics of those relationships and to relate to them in many of the same patterns and ways. What's wrong with that? In a professional setting, when one projects his guilt-laden obligation to protect an elderly parent onto an older client seeking *legal* advice, the client is not being served. As is true with racism and sexism, efforts to recognize and relate to *all* people as distinct individuals with personal and cultural histories, will support the most authentic relationships.

In the American Bar Association's *Effective Counseling of Older Clients: The Attorney-Client Relationship*, the authors recommend that attorneys sharpen their awareness of their older clients as having both personal and cultural histories. Sensitive communication of this

awareness can significantly improve the working relationship. It contributes to the growth of confidence and trust between the client and the attorney, facilitates greater client participation, and results in more efficient and successful identification and resolution of legal problems.¹

Research findings highlight significant gaps between what the public believes about aging and what aging experts say. Three areas of misperception have been identified.

The first is the perception that older adults are not capable. Aging is associated with inevitable decline, loss of control and deterioration. It is often believed that older adults cannot learn new information, and that identity, knowledge, and skills are fixed. Implicated in the lack of capabilities is that nothing can be done. This thinking has a powerful impact in terms of investing in resources for the elderly. One might think, why bother? However, aging experts argue that aging is not synonymous with disability and decline. With the right contextual and social supports, older adults remain healthy and maintain high lives of independence and functioning.

The second grouping of perceptions — the role of older adults in the broader society — revealed that “the elderly” are seen as “other.” Instead of understanding that aging is relevant to

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everyone, survey participants viewed older adults as an external group that competes with the rest of society for resources. Experts described older adults as an enormous source of consumer spending and economic productivity. They also emphasized that older adults are a large source of social productivity, even if it is not recognized by society.

The third set of misconceptions is about culpability and the belief that elders are accountable for their circumstances and that the well-being of older adults is exclusively the result of individual lifestyle and financial choices. Additionally, the public expressed a belief that people's experience of aging is determined by their attitude, willpower and choices.

While individual responsibility is as American as apple pie, the public's focus on individual responsibility diminishes the impact of systemic influences on well-being and deflects consideration of policies as an important driver of older adults' full participation in society. It denies our collective responsibility, it ignores any concept of a social contract, and it creates an obstacle to the aging community's efforts to improve the quality of life of older adults. Instead, experts emphasized the role of public policy and social determinants in creating the environments necessary for older adults to secure a good quality of life. The experts also recognized the role social determinants such as geography, race, and social supports play in how people enter their later years.

Recognizing and discarding biases is a complex undertaking that will serve one well personally and in the role of trusted counselor and advocate. To be effective, it is also crucial to maintain an appreciation for the actual challenges that do accompany growing older. Misinformation about aging can unintentionally influence the form of legal advice given. Recognition of older clients' subjective experiences of aging

should include awareness of the increasing limits on autonomy and concerns about finances, health and mobility. Relationships with family, friends and community may be impacted, and social isolation and loneliness create additional stress and vulnerability.


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Expressions of ageism, ostensibly well-intended, can be found everywhere and can have significant consequences. Consider the use of *Honey, Baby, Sweetie* ... and more in the list of infantilizing and demeaning names by which older adults are often addressed. Most pervasive in care settings, but truly rampant in so many settings, the practice is ardently defended by many as a southern custom, a term of endearment. "You like it ... don't you, Sweetie?" In fact, most elders *do not* like to be called pet names or spoken to or treated like a child. For those dealing with cognitive challenges, this treatment can cause confusion, and even resistance in the care setting. Researchers have found that this *ElderSpeak* can have health consequences, especially when the recipient of the insults quietly accepts the attitudes behind them.

In her studies of the health effects of such messages on elderly people, Becca Levy, associate professor of epidemiology and psychology at Yale University, writes, "Those little insults can lead to more negative images of aging ... and

those who have more negative images of aging have worse functional health over time, including lower rates of survival." Conversely, older adults exposed to positive stereotypes have significantly better memory and balance.

Attorneys play a powerful role in their relationships with older adults. They must be mindful of their manner of relating and consider the impact of ageist attitudes and beliefs on the self-esteem and integrity of older clients. These clients are dependent on the expertise of their attorneys, and consideration must be given to the extent of that dependence. The ability to set appropriate boundaries, avoid abusing their power, and respond most effectively to each client's needs is based on identifying, examining and changing ageist attitudes.

To best meet the client's individual needs, attorneys should also be aware of major subgroups within the aging community. Racial, ethnic and religious groups, widows, singles, frail clients and nursing home residents have distinct needs and stories. An understanding of dementia and the recognition that *one size does not fit all* for persons with these diagnoses is another move toward empowering older adults and supporting their best quality of life. 

Note

1. "Effective Counseling of Older Clients: The Attorney-Client Relationship," a report from the American Bar Association Commission on Legal Problems of the Elderly and Legal Counsel for the Elderly Inc., by Erica Wood and Audrey K. Straight.

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