



The implications of living in an anti-ageing culture for the process of healthy ageing

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April 2010

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ABSTRACT

Projected population demographics predict that the number of people aged 65 years and over will outnumber those aged 16 years or under by 2033 (Government Statistics, 2009). With the knowledge that the population is increasingly ageing, it is vital that all can be done to minimise the potential strain posed on the National Health Service by acting against factors which may compromise the health of older adults. This essay presents an argument defining cultural ageism, apparent in aspects of the media, as a potential public health issue. In a commercial sense, advertisers are accused of perpetrating ageist attitudes by presenting the ageing process as an unnatural force to be contended with in order to maintain happiness in older adulthood. Similarly, an inaccurate image of incompetence and helplessness is portrayed of older adults by broadcasters. Empirical evidence and relevant stage models reviewed in this essay suggest that the ageist messages dissipated by the media can have serious, detrimental outcomes for the cognitive functioning and overall health of older adults. As such, the anti-ageing media can be considered a major public health issue; guilty of compromising the process of healthy ageing. This essay suggests interventions to tackle this problem and instead protect the health and quality of life of older people in today's increasingly ageing society.

KEY WORDS:	AGEISM	HEALTHY AGEING	ANTI-AGEING MEDIA	STEREOTYPES	COGNITIVE FUNCTIONING
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Introduction

The United Kingdom's population is ageing. Life expectancy at birth for both males and females has gradually increased, meaning, on average, more people now are living longer than ever before. At birth, males born between 2006 and 2008 can expect to live 4.16 years longer than males born between 1991 and 1993. This trend is applicable for females born in these respective time periods, with an increase of 2.88 years on life expectancy over males. This gradual linear increase of life expectancy is coupled with the projected estimation that people aged 65 and over will outnumber those aged 16 or under by 2033 (Government Statistics, 2009).

Ageing demographics are often discussed with an air of pessimism. Never has this been so apparent than when considering the matter of baby boomers. We may identify a baby boom as an unexpected rise in population demographics specific to a certain time period. Individuals born in the post World War 2 baby boom (i.e. between 1946 and 1964) are either entering older adulthood or are approaching retirement age at present. So with this in mind, it is logical that we can expect the number of older adults to increase significantly over the next couple of decades. It is this notion that may be responsible for the sense of impending anxiety surrounding baby boomers. The anticipated strain on Government funded state pensions and increased dependency on National Health Service (NHS) provisions is perhaps what fuels this undercurrent of pessimism, known as the demographic imperative (Peterson, 1999). Of course this view is somewhat skewed; by accepting this pessimistic outlook on the influx of older adults, we have deemed this group a problem. Those willing to accept this view unchallenged are subsequently fuelling ageist attitudes. As the prevalence of certain diseases increase with age, such as Alzheimer's disease, an ageing population would pose a higher burden to health resources; this however only applies to a small percentage of the baby boomers group. Stereotypical views however would have us believe this was applicable to all baby boomers. Ageing stereotypes will be discussed throughout the remainder of the essay with the view that their negative effects pose a serious risk to the process of healthy ageing.

This example of negative stereotyping can be defined as *ageism*, first put forward by Butler in 1969. The term joins the other two prejudicial 'isms' well established in our culture; racism and sexism, although unlike the latter, ageism remains acceptable in society (Butler, 2002). At around the same time Butler defined ageism, Palmore (1969) had noticed similarities between the negative stereotypes surrounding racism as he had ageism. Palmore (1971) used humour content analysis to draw out stereotypes of older adults used in jokes he had collected over a period of years. Common lines of humour identified stereotypes associated with reduced mental and physical abilities, loss of attractiveness, reduced sexual interest or loss of sexual ability, and age concealment. Therefore we may propose these harmful stereotypes are perpetrated through humour, and may reinforce existing negative attitudes people hold about the elderly. Indeed, Palmore went on to demonstrate, using variations of his Facts on Ageing Quiz, that people hold several misconceptions about older adults and the ageing process. He accumulated results from over 150 studies employing the quizzes and published the results in 1998 (Palmore, 1998). As suspected, results confirmed that the majority of people do not know a great deal about ageing and therefore possess many negative stereotypes. Most importantly

however, the compounded results demonstrated that using *education* as an intervention prior to taking the quizzes proved to be the key variable in increasing the ageing scores observed.

The lines of humour identified through Palmore's analysis are characteristic of what is known as pathological ageing. Pathological ageing depicts the extreme declines of physiological functioning associated with old age and focuses on susceptibility to mental health illness, which forms what most people mistakenly recognise as normal ageing. Pathological ageing is only applicable to a very small percentage of the older population however and unfortunately reflects society's misinformed negative stereotypical perception of the natural ageing process. On the other hand, healthy ageing, or successful ageing represents a process whereby natural declines with age occur inevitably, but by no means to the same extent as pathological ageing. Furthermore, positive experiences in older adulthood are optimized, and attitudes held by the older adult reflect an optimistic outlook on challenges faced in the latter years of life. Society would have us believe healthy ageing is something of a phenomenon, achieved only by a minority. In reality, the majority of older adults are capable of ageing healthily through keeping active within the community, volunteering and through socialization. In order to do so however, older adults face certain discriminative barriers, specifically the challenge of negative attitudes so prevalent in society which they must overcome.

With the knowledge that negative attitudes about ageing naturally exist in our culture, it is necessary to consider the consequences of such potentially damaging misconceptions. Negative stereotypes may influence the target group *directly*, whereby members of the group are discriminated against on the bases of these misconceptions, or *indirectly*, causing members of the target group to apply negative stereotypes to themselves and begin to act in a way that assimilates with these misconceptions. In view of these points, any source of information promoting these attitudes must be considered highly insensitive and morally wrong.

This essay will discuss the detrimental consequences of living in such an anti-ageing culture for the process of healthy ageing. In order to do so, an overview of the modern media must be considered to understand how negative stereotypes operate within our culture. Second, using theoretical stage models, the general link between our cognition and physical experience will be highlighted, to understand how our (and others') beliefs and attitudes influence our behaviour. The focus of the essay will then move to the surprisingly harmful effects negative attitudes and ageist stereotypes fuelled by the media have on how well we age, using specific arguments drawn from the related literature. Finally, the challenges faced in older adulthood and the media's role in determining these outcomes will be reviewed using stage models and by drawing on previously discussed evidence.

The Media and the Negative Portrayal of Ageing and the Ageing Process

Modern media is woven into the fabric of our culture, in the sense that societal values are often reflected in the messages we receive and conversely, the role the media plays in shaping these societal values. For the purpose of this essay, it may prove useful to identify two routes of communication utilised by mass media in order to understand how potentially negative attitudes are dissipated through the media.

First of all, let us consider the media in a *commercial* sense. In view of modern advances in communication, companies and advertisers are in a powerful position to quickly cascade information of new products or services to a wide audience. A key way of addressing a target audience involves using a prototypical example of that group in an advertising campaign. Miller *et al.* (2004) justify this marketing tactic; advocating the use of stereotypes in television commercials on the basis that advertisers only have a small window of opportunity to convey their commercial stance. It is when companies use idealistic prototypes of their target groups to promote the effects of their products that cause concern. By using these unrealistic models for representation, a certain standard becomes expected of that target group. This benchmarking technique is prevalent in particular areas associated with body image. Indeed, in respect to ageing, *cultural ageism* is widespread in the commercial world; embracing and promoting the 'beautiful body', leaving the older body at a disadvantage.

The ethos of age concealment is heavily based on aesthetics. We are told if we look more youthful, we will feel better. The process of natural aging is portrayed as a force to contend with. Both men and women feel the pressure to appear more youthful and attractive as they age, however women are significantly more likely to use cosmetics in order to control the physical aspects of ageing than men, not surprisingly (Thompson, 2004). In order to gain a better understanding of the messages companies force on consumers, informal market research was personally carried out in a Boots pharmacy store in Edinburgh. The point of this exercise was simply to discover popular 'anti-ageing' products on display at an affordable price. Eleven brands were identified using this criterion and were further investigated using their individual internet websites in order to access a full product range. Overall, the analysis revealed a distinct pattern applicable to the majority of the eleven brands. That is, there is almost a continuum of anti-ageing products on offer; along this continuum, products are divided into sub-brands. Within each sub-brand are a selection of anti-ageing 'solutions' that tend to be categorized as either day and night moisturisers, the majority of which all aim to reduce wrinkles and other noticeable 'signs' of ageing. Broadly speaking, solutions included eye cream/gel, firming cream, anti-ageing makeup remover wipes, skin plumping cream, age spot reduction creams, serum pads, and facial washes. Olay for example offer a staggering total of eighty-three anti-ageing products all designed, they claim, to target the most obvious signs of ageing, which are categorized under various brand names. The Olay and Garnier ranges for example, include 'Total Effects – 7 anti-ageing therapies in one', 'Regenerist', 'First Signs of Ageing' and 'Stop'. The use of these 'buzz words' in marketing anti-ageing products is a highly negative way of interpreting natural ageing. Contrary to Garnier's values:

"We believe in a modern approach to beauty, whose essence is positivity, simplicity and radiance."

Hence the core values Garnier apparently subscribe to seem to conflict with their marketing campaign, as seen in the descriptive categorization of products. Companies subtly convey the message that ageing is a force to be opposed and even stopped, in order to achieve happiness, in the branding they use. In some cases that message is perhaps more apparent; as observed in the Simple advertising campaign:

“When your skin’s happy and youthful, you feel healthier and happier too!”

This type of message is guilty of encouraging cultural ageism and is therefore also guilty of shaping unachievable and unrealistic standards of ‘healthy ageing’. The products discussed so far are only one area of age concealment and is used to give a snapshot of how negative attitudes operate in the commercial world.

Another branch of the media worthy of discussion can be described as *leisure media*. That is, media in the form of entertainment, such as television and radio programmes. Television has already been recognised as influential in portraying negative stereotypes (Davis & Davis, 1985; Kleyman, 2002). Therefore, we may reason that the way older adults are depicted on screen influences existing negative stereotypes. Indeed, Montepare and Zebrowitz (2002) investigated the nature of older adults’ role in programming and found the elderly typically occupy roles of a comedy disposition, using mental or physical incompetence as a basis for humour. If the elderly are portrayed as clumsy or forgetful on screen for example, it is possible people internalise these instances which may assimilate with existing negative stereotypes. Left unchallenged, these stereotypes could translate into discriminative behaviour. Not only are the elderly portrayed inaccurately on screen, they are also underrepresented (Swayne & Greco, 1987). The negative manner in which the elderly are portrayed on screen is concerning considering older adults devote more time watching television than other age groups (“Television’s positive and negative influences on society”, 1992) and as a result are exposed to negative expectations about how their age group should act or behave.

Even the great British institution and world’s largest broadcaster that is the British Broadcasting Corporation (BBC) have continually been accused of ageism. There seem to be a number of instances whereby presenters of programmes broadcast by the BBC, usually female, simply disappear from prime time programming. Indeed, investigations into a number of high status sackings from the BBC certainly show a reoccurring theme of ageism and sexism. Cases such as ‘Strictly Come Dancing’ judge Arlene Phillips, ‘Countryfile’ presenters Miriam O’Reilly, Juliet Morris and Michaela Strachan, newscasters Anna Ford and Moira Stuart, and ‘Gardeners’ World’ presenter Carol Klein, whereby age motivated sacking or re-positioning were accused of the BBC. In these cases, presenters were often replaced with younger females. This seems to be in line with the notion that women are scrutinized more harshly than men in terms of age (Harris, 1994); a clear case of discrimination.

Considering the skewed content of the media, it is possible to appreciate how negative stereotypes are so prevalent in our culture. In order to understand how these stereotypes directly affect the ageing process, we shall now turn our attention to the link between how cognitions such as beliefs and attitudes can affect us physically, including how we age.

Our Cognitive Experience Affects Our Physical Experience

In order to understand the link between how our thoughts, or cognitions, affect our physical experience, it is necessary to address an issue relevant in all areas of psychology; the mind-body relationship. In context, this must be discussed in order to appreciate how negative attitudes affect the physical experience of healthy

ageing. The mind-body relationship has been an issue for debate for centuries. The primitive notion of separation between the mind and body as two separate entities is now redundant; replaced instead with monism, whereby the mind and body work in tandem. Therefore on this premise, we may propose that thoughts can affect physical outcomes, either biological or behavioural, and conversely, how behaviours can influence our cognition. The two aspects of cognition of particular interest to us here are beliefs and attitudes. Attitudes are important in daily functioning because they provide us with a quick reference to draw information from regarding a situation or object, minimising cognitive effort (Smith, Bruner & White, 1956). The development of attitudes is complex, and will not be discussed in detail here, however it is helpful to note that attitudes are not static; they are malleable and adjust through assimilation and accommodation of new, incoming information. Beliefs on the other hand are thought to be drawn from attitudes; representing facets of knowledge one holds to be true in any given situation. The current section will illustrate the theoretical background of how our beliefs, generally, influence our behaviour using relevant stage models in relation to health psychology, before addressing specific examples of this dynamic in the subsequent section.

The health belief model (HBM) is an established psychological stage model, which incorporates individual beliefs in order to predict short and long term health behaviours. Beliefs are categorized using two main themes; *Perception of threat* and *Behaviour evaluation*. Perception of threat is based on one's estimation of the severity of a particular health condition coupled with the perceived susceptibility of contracting that health condition. These beliefs may be founded on the individual's past experience with the specific health condition directly or indirectly. Behavioural evaluation includes one's beliefs regarding perceived barriers and benefits of a behavioural health change. Therefore, an individual will use their own beliefs to identify what they perceive as the benefits of changing behaviour and subsequently the negative barriers of making the same change. In an applied sense, the HBM is particularly successful in predicting breast self-examination (BSE); high perceived benefits and low perceived barriers are consistently highly correlated with self-examination behaviour (Champion, 1990). Therefore, from this example, it is clear that individual's personal beliefs towards an expected outcome heavily influence the likelihood that they will engage in such health behaviours.

A limitation of the HBM is the lack of acknowledgment for social pressures in determining an individual's behaviour. The theory of reasoned action (TRA) (Ajzen & Fishbein, 1970) addresses this particular criticism by integrating the concept of personal beliefs with the attitudes of *others* in predicting behaviour. An individual's intention to engage in a particular behaviour is dependent on both the personal *attitude towards the behaviour* and the *subjective norm*. As discussed, one's personal attitude towards a particular behaviour is compromised of both expected outcomes and an evaluation of these outcomes, as seen in the HBM. Of particular interest here is the inclusion of the subjective norm component in influencing behaviour. The beliefs of others, deemed personally significant, coupled with one's motivation to comply with these beliefs form the subjective norm. Therefore, the beliefs of significant others about engaging in particular behaviours are integral in influencing our own behaviour through social pressure. This point is vitally important when considering ageism. Let us consider the subjective norm in the context of 'active ageing'. Active ageing is defined by the World Health Organization (WHO,

2001a, b) as maintaining activity, health, independence and productivity in older age; similar to the hallmarks of healthy ageing as discussed earlier. From the perspective of an older adult, the beliefs of others may be highly influential in determining how successful they are in ageing actively. Negative beliefs which others possess, drawn from societal expectations of older adults, therefore could prevent individuals from participating in social events or exercising (for example), both of which have considerable damaging implications for both physical and mental health.

The purpose of reviewing these models is to help illustrate the substantial influence that both personal and shared attitudes and beliefs have in guiding our behaviour. Crucially, the decision making process outlined in these models is relatively subconscious; in the sense that we may not be fully aware the extent to which we look upon our personal experiences and external sources of information for guidance in making health related decisions. If we consider the media as a valuable source of information, we may infer that our attitudes are subject to certain messages that the media broadcast. Subsequently, we may subconsciously incorporate the negative ageist messages discussed earlier with our beliefs and attitudes regarding older adults. This could result in discriminative behaviour towards older adults, or could indeed influence older adults' own behaviour. In reality, successful ageing may be comprised as a result. Considering that we may not consciously filter and evaluate external information in making health related choices, the media in this light could be described as a public health issue; exposing the public to ageist attitudes, subconsciously guiding our age-related judgements. The stage models used above to illustrate the relationship between attitudes and health behaviours are useful for providing a theoretical foundation for understanding how our thoughts translate into actions. The following section will build on this understanding using specific examples of how negative attitudes have astounding implications for both the cognitive functioning and physical health of older adults.

Stereotypes and Negative Attitudes Affect Cognitive Functioning and Health

Using stereotypes as a way of categorizing people is a key feature of social perception. In a similar vein as attitudes, stereotypes exist as a reference for us to form impressions from; a mechanism so frequently used in everyday life that researchers refer to the facility as automatic (Bargh, 1994; Brewer, 1988; Fiske & Neuberg, 1990). Stereotypes regarding older adults certainly exist within Western societies, of both a positive and negative nature (e.g. Hummert *et al.*, 1994). Positive stereotypes of older adults have been identified as the "golden age", or the "grandparent"; both of which convey an image of activity and warmth; indicative of healthy ageing. On the other hand, negative stereotypes of older adults such as the "senior citizen" or the "severely impaired" paint a very different mental image of inactivity, weakness and loss of control (Brewer, Dull & Lui, 1981; Garstka & Shaner, 1997). It is precisely these types of negative stereotypes that this essay proposes have detrimental consequences on healthy ageing, which are fuelled through the negative portrayal of older adults in the media. This argument is demonstrated using specific examples of the damaging nature of negative attitudes to both the cognitive functioning and health of older adults. An example of how stereotypes operate in an applied sense is also discussed.

People have their own beliefs about the ageing process. This includes both positive and negative expectations of the associated physical and mental declines with older age. As discussed, these beliefs translate into how one may behave towards an older person. An interesting example of this attitude/behaviour relationship is evident in the speech accommodations adults with *positive* general ageing attitudes make when communicating with older adults. Paradoxically, these adults often adapt their speech when conversing with older people through 'overaccommodation' and 'baby talk'. These types of modifications to speech are intended to compensate for the stereotypical loss of hearing, decreased intellect, and slower cognitive functioning associated with older adults (Kite & Wagner, 2002). Therefore, even adults who possess positive attitudes about ageing simply make assumptions of the target's cognitive functioning, and alter their behaviour as a response based on age.

Addressing the *indirect* route attitudes can have on older adults (that is, older adults' functionality changes as a result of negative attitudes) involves consideration for our own beliefs and attitudes about ageing. Importantly, one's own beliefs about cognitive decline with age can affect actual cognitive performance; individuals who believe ageing has a negative influence on memory performance in others, also expect their own memory capacity to decline as they age (Lineweaver & Hertzog, 1998). Lineweaver and colleagues (Lineweaver, Berger & Hertzog, 2009) investigated both age group differences and personality traits on the expected decline of memory. They found that although adults of all ages expected memory to decline with age there were mixed expectations between the different age groups and personality traits of the targets. Older adults expected memory to decline later in the life span for targets identified as positive (personality traits considered positive), than for targets identified as negative (personality traits considered negative), for whom they expected memory decline to commence earlier, and to continue in a linear manner. Of particular importance here is the difference between the older and younger adults' expectations of memory decline; younger participants expected memory to begin to decline in early adulthood, between the ages of 20 and 30, considerably earlier than did the older participants, for both negative and positive targets. This discrepancy of expectations is perhaps influenced through personal experience of memory and of experience with other older adults (in line with aspects of the Theory of Reasoned Action theory discussed earlier). Older participants therefore are likely to have a more accurate impression of memory decline than younger participants who may rely on social cues for this information. Social cues of information may include older adults' misrepresentation in the media, for example, the portrayal of reduced cognitive ability for comic effect in television programmes.

Another facet of beliefs is self-efficacy. Self-efficacy compromises our personal belief that we have the resources to succeed in a particular task and has been shown to be a powerful influence across a range of skills and performance related abilities, including memory (Berry, 1999). Therefore, any threat to self-efficacy can be considered especially dangerous to cognitive functioning. We have seen that people hold a range of expectations regarding memory decline, which is dependent on a number of factors (as discussed above). Misinformed individuals may rely on stereotypes to guide these expectations. Stereotypes surrounding memory loss and age are prevalent in society (Heckhausen, Dixon & Baltes, 1989), and are often the subject of humour, as discussed earlier. This humour is typically apparent in birthday card greetings, or on a larger scale, in television programmes; indeed,

television programmes draw on the physical and mental incompetence of older adults to provide comic relief over and above any other age group (Montepare & Lebowitz, 2002). Alarming, stereotypes of this nature operate to lower self-efficacy (Bandura, 1997). Hence lowered self-efficacy could result in a lowered cognitive performance. Indeed, West and colleagues (West, Bagwell & Dark-Freudeman, 2008) used an intervention programme intended to increase self-efficacy and subsequently, memory performance. As predicted, the older adult participants who completed the programme, performed better along a multitude of memory tasks including name recall and story recall, than did participants in the control group. From these results, the importance of maintaining high self-efficacy in preserving memory is apparent. Therefore, with this knowledge, stereotypes regarding memory decline with age should be treated with the same hostility that sexist and racist stereotypes are, in order to protect memory self-efficacy and subsequently, memory performance.

Research shows that damage to self-efficacy and performance extends to other cognitive functions; evidence also exists demonstrating the link between motor self-efficacy and performance in action inhibition tasks (Potter, Grealy & O'Conner, 2009). In this study, self-confidence was inversely related with minor errors in an action inhibition task for older adults aged between 60 and 80 years old. This dynamic was also observed in a task involving inhibiting a previously learned action for a novel one. Within this task, participants with higher levels of perceived motor self-efficacy took significantly less time to inhibit the previously learned action than those with lower motor self-efficacy. Hence self-efficacy and cognitive performance is not only limited to memory, but also to other important tasks such as those involving motor control. This further strengthens the argument that self-efficacy should, at all costs, be protected in older adults. The reductionism of older adults' cognitive abilities to provide comedy in television programmes reinforces ageist stereotypes, and may be applied in reality, with damaging consequences for older adults' cognitive functioning. There is also a danger that older adults could act in the way they are portrayed in television programmes; this self-fulfilling prophecy assimilates with societal expectations, a type of social pressure fuelled by the media. Self-beliefs regarding ageing also impact various aspects of our health. There is growing evidence demonstrating the relationship between holding positive self-perceptions of ageing and better health outcomes. Crucially, older adults who possess a higher number of positive self-beliefs of ageing were found to live, on average, 7.6 years longer than their age counterparts who possessed fewer positive self-beliefs (Levy *et al.*, 2002b). The strength of beliefs and attitudes in determining life expectancy is overwhelming. Perhaps as the links between health and negative attitudes become more apparent within society, ageism will be recognised as a public health issue. If older adults are exposed to negative messages about their age group in the media, positive self-perceptions are likely to be challenged and possibly changed to negative self-perceptions. The portrayal of ageing in the cosmetic domain is certainly of a negative nature; the ageing process is an unnatural force to be delayed or even stopped. In the face of such unrealistic messages, positive self-perceptions are easily compromised, and life expectancy could indeed suffer as a result.

Further evidence supporting this crucial link between negative beliefs and how we age is evident considering issues regarding stereotypes and health. The following

evidence will address the overwhelming affect psychological factors can have on an individual's susceptibility to illness. Indeed, Levy and Myers (2005) provided the first investigation into beliefs and cause-specific mortality. Participants' positive and negative self-perceptions of ageing were measured at baseline, before a 23 year follow up. Those with more positive self-perceptions of ageing at baseline were significantly less likely to die from respiratory related ailments than those identified with more negative self-perceptions within the 23 year period. This striking finding is apparent even when controlling for other contributory factors such as age, functional health, gender, loneliness, marital status, self-rated health, and socio-economic status; further strengthening the powerful influence of self-perceptions of ageing. Furthermore, negative self-perceptions of ageing are thought to cause both over-*and* under-activity of the immune system. In cases of over-activity, psychological stress can cause an inflammatory response, which, if prolonged, can lead to inflammation diseases or indeed, hypertension, one of the most common forms of cardiovascular disease in older adults. Conversely, suppression of the immune system can leave the individual susceptible to a host of infections. Of particular concern is the evidence which demonstrates older adults' stress response to negative age stereotypes. Levy and colleagues (Levy *et al.*, 2000) demonstrated negative age self-stereotypes exacerbated older adults' cardiovascular response to stress. Positive age self-stereotypes on the other hand surprisingly served as a buffer to stress, and hence cardiovascular activity was lower in these cases. A similar finding was observed in relation to African American older adults' cardiovascular response to stress and age stereotypes. Older adults who were exposed to negative age stereotypes showed a significantly higher cardiovascular response to stress than did participants exposed to positive stereotypes (Levy *et al.*, 2008). These findings demonstrate the powerful, consistent detrimental effects of negative age stereotyping and health. This is particularly disturbing as older adults may be exposed to negative stereotypes on a daily basis, causing increased cardiovascular activity, leading to serious health implications. Considering that older adults watch more hours of television than any other age group ("Television's positive and negative influences on society", 1992), we may assume they are highly exposed to the negative portrayal of older characters in programmes. Hence the media's portrayal of older characters may have very serious health implications for older adults, as suggested by the evidence discussed.

After reviewing how attitudes may indirectly affect older adults, let us move the focus on to the *direct* outcomes of negative stereotyping in an applied sense (that is, discrimination towards an individual based on ageism). Mueller-Johnson *et al.*, (2007) investigated the perceived creditability of older adults as witnesses in relation to ageism. It was proposed the connotations surrounding what it takes to be a good eyewitness (e.g. reliable memory recall, expressed in a coherent, well structured manner) could potentially be compromised as a result of stereotypes held by the jury regarding the witness. Hence, it was thought those who held more negative age stereotypes would rate the witness less favourably than those who held more positive attitudes regarding age. Participants were asked to read a fictional statement said to be provided by a 79-year-old witness and to rate characteristics specific to the witness, namely the convincingness and accuracy of the statement in addition to the quality of the witness's memory and observation. The overall level of perceived witness cognitive functioning was also measured. Participants' scores on a number of ageism measures were correlated with the witness ratings; indeed,

those whom demonstrated a more negative attitude towards ageing also rated these characteristics less favourably in the witness. It was suggested by the authors that the credibility of the witness was compromised as a result of the negative ageing attitudes held by the participants. This study offers a snapshot of ageism in action; rather worryingly, participant's own attitudes towards ageing translated into discriminative judgements about the witness. The type of situation used in this study discussed is of course highly typical in reality and the findings demonstrate a very real concern for researchers and more generally, society alike.

Taken together, the evidence compiled in this section explicitly highlights the alarming influence both self-beliefs and the beliefs of others have on health, cognitive functioning and subsequently how negative ageist attitudes may operate in an applied sense. Other arguments for why the anti-ageing media has negative effects on healthy aging shall be discussed in the following section which relates to developmental challenges faced in older adulthood.

Developmental Challenges Faced in Adulthood and the Media's Role in Determining These Outcomes

After reviewing the substantial evidence demonstrating how negative beliefs and stereotypes impact cognitive performance and health, a compelling argument is developing which highlights the media as a public health issue. To strengthen this argument, another major branch of theories regarding developmental challenges in older adulthood can be looked upon. Stage models of adult development depict a number of challenges that individuals face over the course of a life span. Despite their lack of objective substance by means of empirical evidence, stage models do provide a useful theoretical framework for the discussion of healthy ageing. The current section therefore will look upon three models of adult development and how the media presents potential barriers for successful completion of challenges faced in older adulthood.

Development of personality is not simply confined to the early period of life (from infancy to early adulthood), but continues into older adulthood. Erikson (1982) conceptualised the life cycle as a series of eight stages; put forth in his theory of psychosocial development. Each stage is characterised by a central conflict between two opposing drives and resolved either positively or negatively. Resolution of each challenge is possible through inner psychological and external social influences. In context, the media may constitute a type of social influence; by shaping negative attitudes and perpetrating ageist stereotypes, which in turn, affect inner psychological processes, as demonstrated in the sections above. Successful (positive) resolution at each stage contributes to our positive image of 'self' and expands our social world; however failure (negative resolution) to resolve the stage conflict impairs ego development, and subsequently personality development. Relevant to the discussion of ageing are the final two stages of Erikson's stage model; 'Adulthood' (40-65 years) and 'Old Age' (65 years and older). Within 'Adulthood', conflict occurs between *generativity* and *stagnation*. Successful progression through this stage is achieved by providing for the next generation, by means of teaching or parenthood, and feeling a sense of accomplishment as a result. Failure on the other hand would result in a sense of worthlessness and cause the final stage to be resolved negatively (i.e. not resolved). Indeed, within the final

stage, 'Old Age', resolution between *ego integrity* and *despair* is central to the conflict facing the older adult. Evaluation and reflection of one's life is key in determining whether this conflict is resolved positively or negatively. Reminiscing with others and confirming life achievements, establishing a sense of purpose, results in ego integrity. Those who achieve ego integrity approach older adulthood more optimistically and therefore more healthily than those who experience despair.

What really stands out in Erikson's psychosocial theory is the issue of achieving ego integrity in older adulthood. Robert Peck (1968) offers three 'Necessary Adjustments' older adults need to make in order to realize ego integrity. First, one must re-evaluate their self-worth out-with the work place, termed *ego differentiation versus work-role preoccupation*. In order to feel a sense of worth outside of a work role, one may adopt roles within the community; indeed, McAdams *et al.* (1993) found older adults were just as concerned with generativity as their younger counterparts within the middle-age category. Therefore, continuing to provide for or care for younger generations is still an important aspect of life for older adults. Despite this instinctive intention to provide for younger generations, older adults may withdraw from society as a result of taking cues from societal expectations. If we consider negative messages portrayed in the media, i.e. older adult's incompetence in television programmes, it is possible that older adults' confidence in upholding a community role is damaged. Secondly, with natural ageing some physical declines (as well as growth) are inevitable; hence *body transcendence versus body preoccupation*. Along with some aches and pains that older adults may experience, they can expect their appearance to change, such as additional wrinkles. Therefore, in order to maintain positivity older adults must learn not to place importance on reduced physical capabilities or aesthetic aspects of physical appearance and find new ways to enjoy life. In light of the commercial side of the media, ageing is heavily associated with physical appearance. As discussed, a great deal of importance is placed on looking younger; pressuring older adults to 'stop' the signs of ageing. Two opposing forces exist; the will to learn to place less importance on aesthetics in order to maintain positivity in older adulthood, versus the continual portrayal of looking younger by altering one's physical appearance by the media. It is proposed on this basis that the media's focus on age concealment through anti-ageing measures could prevent older adults from achieving a positive image of 'self'. The final adjustment defined by Peck is termed *ego transcendence versus ego preoccupation*, which, principally, runs in parallel with the evaluative aspects of Erikson's *ego integrity* and *despair* conflict discussed earlier.

Using aspects of the stage models discussed, it is possible to understand that older adults continue to face challenges in the latter years of life which can determine the development of their concept of 'self' and happiness, and as a result, how healthily they age. Along with inner psychological influences, social influences such as the media can prevent older adults from thinking positively about ageing and subsequently inhibit them from getting involved within the community, providing for the next generation. In this light, stage models allow us to apply what we *do* know about negative attitudes in the media and the healthy ageing process to how challenges faced in older adulthood may be harder to overcome or resolve. This notion adds to the argument developed throughout this essay that the media's negative portrayal of ageing can detrimentally influence the healthy ageing process.

Conclusions

This essay has put together an argument which demonstrates that the negative anti-ageing messages we receive from the media can have surprising but serious detrimental effects on the process of healthy ageing. Evidence suggests stereotypes and negative attitudes can negatively impact cognitive functioning and health directly and as a result, compromise one's quality of life. The media are guilty of including ageist themes in both the commercial sense and the leisure broadcasting industry. By doing so, the media stand accused of creating an illusion out of the ageing process; older adults are led to believe that natural declines can be stopped or even reversed using miracle creams and other magical solutions. Similarly, ageist discrimination in television sends a damaging message to older adults about their worth in society. Worryingly, ageism seems to stand alone as the acceptable prejudice within society; left out of the political correctness revolution which turned sexism and racism into intolerable discrimination.

As ageist attitudes are so common and often transient, they regularly go unnoticed, by both the ageist themselves and the target. Therefore, in order to combat ageism, awareness of negative attitudes needs to be increased. This proposal is in line with the education intervention process demonstrated by Palmore, as discussed earlier; participants' scores on the 'facts about ageing' quiz increased after being subject to an education intervention programme. On this basis, by increasing awareness of negative attitudes that do exist and replacing them with accurate facts about the older population, ageism may well follow sexism and racism in becoming unacceptable in society.

Indeed, the Scottish Government have shown some initiative in turning this issue around. In 2007, a publication was released termed "All Our Futures: Planning for a Scotland with an Ageing Population" outlining a long-term strategy for preparing for the increase of older adults within Scotland. Included in the proposal are six key "We will..." promises the Government will undertake ranging from improving the health and quality of life of older people to forging better links between the generations. Despite the positive direction the Scottish Government have taken in establishing these goals, it would seem the issue of attitudes is severely underestimated by their proposed plans. For instance, the promise to improve health and the quality of life of older people may be founded on improving areas of the NHS. While this is obviously welcome, the NHS is a reactive service; a more worthwhile investment may be targeting a possible cause of poor health. As we know, negative attitudes can cause health problems for older adults; hence changing attitudes may be an important means of minimising or even preventing ill health in older adulthood.

The Scottish Government have though at least made some attempts to change attitudes. A recent "See the person, not the age" campaign intended on changing the misguided ageist attitudes of the nation ran from July to November in 2008. In reality however, culture takes generations to change, not months. We know this from our experience of sexism and racism; what may have been acceptable thirty to forty years ago is now intolerable in society. In order to initiate change, ageism must be tackled in two ways. First, the Government has a role to play. Ageism and its dangerous consequences to health need to be acknowledged and shared with

society. Campaigns intended to promote positive attitudes about ageing need to run for longer periods of time, with the view of educating generations to come. Second, the huge imbalance of there being many negative ageing advertisements (promoting ageist attitudes), yet few positive ageing advertisements, demands attention. The Government need to make advertisers aware that they are in a powerful position to change culture through the messages they promote, and that currently they are only contributing to the problem of ageism. By setting guidelines about the content of anti-ageing adverts, the Government can then reduce the level of ageism so apparent in commercialism. Advertisers themselves must take responsibility for the messages they promote of course. 'Dove' is a great example of a company which have done so. Dove has recently launched a campaign to raise awareness of the importance of self-esteem and body image called 'Campaign for Real Beauty'. Under this campaign, the women used as models in adverts are more representative of the typical female form; opposed to the over-airbrushed, unrealistic standard used within the rest of the commercial world. Changing the concept of anti-ageing was also Dove's ambition, using the term 'Pro-Age' for their line of products aimed at older adults. This line of products is simplified (6 products) and promotes enhancing natural beauty, rather than striving to look younger; a much more positive outlook on the ageing process, which we know has positive implications for health (i.e. acting as a buffer to stress). It is the hope that other advertisers take note of Dove's attempts to protect self-esteem and redefine their own marketing strategies.

In sum, ageist attitudes certainly exist within Western culture, which can be detrimental to the process of healthy ageing. In light of the evidence presented and discussed, it is clear that both the Government and advertisers alike share a civic duty in changing the misinformed, damaging perception of the ageing process predominately held by society, in order to protect the functioning of older adults. The media can be seen as playing a pivotal role in changing attitudes by reversing the unforgiving anti-ageing trend of product promotion so apparent in advertising; instead adopting a positive body image approach, endorsing the concept of natural beauty and ageing. Similarly, broadcasters and producers must make an effort in re-balancing the representation of both older presenters and characters in programming, including an image overhaul of the incompetence and helplessness currently projected of older adults. It is clear from the evidence reviewed in this essay that these interventions are vital if we are ever going to change the ageist attitudes of our nation, and as a result improve the health and quality of life of our increasingly ageing society.

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