Why Preventing Ageist Attitudes Is Not Enough during COVID-19 Pandemic
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The public discourse surrounding the novel coronavirus 2019 (COVID-19) has misrepresented and devalued older adults (Fraser et al., 2020). Blatantly ageist attitudes have perpetrated social media as evidenced by trending hashtags, such as “#BoomerRemover” and “#OkBoomer,” which frequently have been accompanied by disparaging and devaluing memes (Sparks, 2020). Ageism is nothing new in Western culture (Butler, 1995); yet in a time of increased susceptibility to a potentially fatal virus and chronic loneliness, the cost of institutional and individual ageism may be far greater than previously thought. Negative stereotypes of older individuals permeate facets of society including, but not limited to, health care, mental health care, and social media, the effects of which have been heightened during the COVID-19 pandemic. Empirical research suggests that reframing the negative stereotypes held about older adults into positive ideals heeds potential clinical benefit to older adults’ self-esteem, physical health, and overall well-being (Levy, Ashman, & Dror, 2000). In this column, we seek to provide background on the dangers and prevalence of ageism in the era of COVID-19. Furthermore, we suggest potential ways in which each of us can disseminate knowledge on the positive aspects of growing older to further improve the lives of older adults.

WHAT IS AGEISM, AND HOW DOES IT AFFECT OLDER ADULTS?
Ageism is defined as “a process of systematic stereotyping and discrimination against people because they are old” (Butler, 1995, pp. 38–39). Ageism does not discriminate who it affects, given that, as we age, we all are potential victims of its effects.

This understanding is of vital importance because ageism has profound effects on human life: Ageist attitudes have been shown to negatively affect cognition (Levy & Banaji, 2002; Meisner, 2012), physical health (Cohen, Janicki-Deverts, & Miller, 2007; Levy, Slade, & Gill, 2006; Rozanski, Blumenthal, Davidson, Saab, & Kubzansky, 2005), and longevity (Levy, 2009, Levy & Banaji, 2002) as well as have a large economic effect through a higher prevalence of health conditions (Levy, Slade, Chang, Kannoth, & Wang, 2020). Critically, ageism is linked to an increased cardiovascular response and increased cardiovascular disease in older adults (North & Sinclair, 2012), which may leave older adults more susceptible to COVID-19.

EFFECTS OF AGEISM QUANTIFIED
In a recent study, Levy et al. (2020) modeled the effects of age discrimination, negative age stereotypes, and negative self-perceptions of aging on economic costs related to health care expenses. Their pre-COVID model, which likely would be dwarfed by present-day conditions, revealed an alarming finding: The one-year cost of ageism in the United States was $63 billion, which is roughly one-seventh of the annual amount spent on health care. Negative self-perceptions of aging ($33.7 billion) had a larger economic toll than did age discrimination ($11.1 billion) or negative age stereotypes ($28.5 billion).

This finding is congruent with previous literature in which positive aging stereotypes have been linked to better functional health, an average of 7.5 years of increased longevity, increased preventative health behaviors, improved memory, more controllable handwriting, a stronger will to live, and less cardiovascular stress when compared to older individuals randomly assigned to a negative ageist stereotype group (Levy, 1996; Levy, Ashman, & Dror, 2000; Levy, Hausdorff, Hencke, & Wei, doi: 10.1093/hsw/hlab008 © 2021 National Association of Social Workers
WHAT MAKES AGEISM DIFFERENT FROM OTHER TYPES OF BIAS?
Age-based bias may be the only form of bias in which individuals consistently switch from the in-group to the out-group during their lifetime. As a result, out-group bias develops, and as time progresses, this bias manifests as internalized ageism, whereby individuals may develop ageist attitudes across the life span that they internalize as they become older adults.

Stereotype embodiment theory proposes a social construct component of ageism and the aging process (Levy, 2009). This theory puts forth that observations of the way older individuals are treated and of how age beliefs are expressed in the culture are assimilated at a young age and, therefore, are subconsciously reinforced over time. Stereotype embodiment theory posits four components of the stereotypes: They (1) become internalized across the life span, (2) operate unconsciously, (3) gain salience from self-relevance, and (4) use multiple pathways (Levy, 2009).

Longitudinal and experimental studies performed on the stereotype embodiment theory with older adults have suggested that the aging process can have both positive and negative cognitive and physical outcomes based on the valence of the stereotypes (Levy, 2009). These studies are supported by four meta-analyses and provide strong evidence for the directionality of ageism’s effects on the health of older individuals (Horton, Baker, Pearce, & Deakin, 2008; Lamont, Swift, & Abrams, 2015; Meisner, 2012; Westerhof et al., 2014). Given stereotype embodiment theory, it is plausible that the self-esteem, physical, and cognitive functioning of elderly people is malleable to some degree based on the valence of the stereotypes that they internalize and embody throughout a lifetime. This idea is of particular importance, because it appears that positive stereotypes may have the ability to at least partially mitigate the effects of negative stereotypes.

FOCUS ON POSITIVITY IN AGING: REWRITING A FALSE NARRATIVE
In Western societies, current views and beliefs of the aging process are overwhelmingly negative; however, some previous studies have highlighted positive attitudes toward older adults: that older individuals are seen as “warm” and “wise” (Cuddy, Norton, & Fiske, 2005). Although it is encouraging that society ascribes some positive attributes to older adults, it is striking that more are not ascribed to older adults in the face of established and emerging research in the fields of human memory, emotional regulation, mental health, and affective neuroscience. We propose that dissemination of positive attributes is vitally important because we believe that older adults would face less discrimination if additional benefits of the aging process were more widely known. We suggest that positive aging stereotypes be extended to also include “knowledgeable” and “emotionally savvy.” World knowledge and the recollection of facts (that is, semantic memory) appear to remain stable—if not improved—across the life span (Nyberg et al., 2003; Schaeie, 1990). For instance, older adults frequently outperform younger adults on vocabulary measures (Verhaeghen, 2003). Perhaps general knowledge and experience may help explain the positive relationship between age and wisdom (Smith & Baltes, 1990).

Older adults show evidence of being emotionally savvy across a variety of measures, from processes such as coping (Folkman, Lazarus, Pimley, & Novacek, 1987; Gross, 1999) to outcomes such as lower prevalence of major depression and anxiety (see reviews by Blazer, 2003; Piazza & Charles, 2006). Furthermore, older adults have reported less interpersonal conflict (Birditt & Fingerman, 2005) and the ability to arrive at better solutions of interpersonal dilemmas than younger adults (Blanchard-Fields, 1999). These age-related benefits have been suggested to occur because of the preservation of neural circuitry involved in emotional regulation (Mather, 2012) and a shift in goals resulting from a limited future-time perspective to favor emotion-focused goals (Carstensen, Fung, & Charles, 2003).

HOW TO BE A PRO-AGING AMBASSADOR
It is simply not enough to rid society of negative ageist stereotypes; we must move toward replacing negative stereotypes with the truthful empirically based findings of older adults. This effort could begin by replacing the common idea that life gets worse with increased age. In reality, a long list of
improvements is observed— including emotional well-being (Charles, 2010) and emotional regulation —with increased age, because older adults are more efficiently regulate negative emotions than younger adults (Diehl & Hay, 2011). In addition, older adults possess increased levels of wisdom, which is linked to higher reported self-esteem and life satisfaction (Cheung & Chow, 2019).

When addressing ageism in regard to shifting in-group bias, interventions fortunately have been shown to be an effective tool in reducing ageism for college students (Chonody, 2015). Ames and Diepstra (2006) paired social work students with older adults in an effort to provide real-life application of course material. By having exposure to older adults, younger adults showed a decrease in ageist attitudes. Furthermore, 85 percent of students reported they learned that older adults embody “strength, resilience, and wisdom,” all of which are qualities that we propose would reduce in-group bias and ageist attitudes (Ames & Diepstra, 2006). It appears that mere exposure in training is enough to decrease ageist attitudes and promote healthy aging stereotypes.

It is important to note that interventions have shown efficacy in reducing ageism in older adults (Levy, 2009; Levy, Pilver, & Pietrzak, 2014). Specifically, when older military veterans fully resist negative age stereotypes, they project significantly lower suicidal ideation (5.0 percent), anxiety (3.6 percent), and posttraumatic stress disorder (2.0 percent), compared with older military veterans who fully accept negative stereotypes (30.1 percent, 34.9 percent, and 18.5 percent, respectively; Levy et al., 2014). The study by Levy et al. (2014) also posited that the associations formed followed a graded linear pattern and were prevalent regardless of age, combat experience, personality, or physical health. These findings suggest that the development of interventions within the field of social work that aid in the building of resistance to negative stereotypes among older adults has the potential to aid in the maintenance and flourishing of mental health.

**CONCLUSION**

Disseminating truthful research on the aging process and the positive attributes associated with it is of upmost importance to older adults’ mental and physical health. Self-perceptions of aging have been shown to have the largest effect on physical health; namely, cardiovascular health (Levy et al., 2020). During the COVID-19 pandemic that features a virus with significant cardiovascular repercussions, it is vital to consider ways to decrease cardiovascular stress on older adults. Ageism may increase susceptibility to COVID-19 because individuals who encounter ageist stereotypes have shown increased cardiovascular stress (North & Sinclair, 2012). Critically, positive aging stereotypes have shown increased cardiovascular stress in older adults by reducing anxiety and improving self-esteem (Levy, Hausdorff, et al., 2000).

Even though older adults are both emotionally strong and resilient (MacLeod, Musich, Hawkins, Alsgaard, & Wicker, 2016), we stress the increased need for understanding and compassion for older adults at this difficult time. Accessibility to mental health services, namely, within the social work profession, is of utmost importance during the current COVID-19 pandemic. Some anti-ageism practices to consider may be to increase intergenerational contact and look to activate positive stereotypes and self-affirmation (Schroyen, Adam, Jerusalem, & Missotten, 2015). These interventions have been shown to not only improve the opinion of others (that is, health care professionals) about older adults, but also be helpful to the older adults themselves. When ageism is effectively reduced within both of these parties, the mental health and physical health of older adults are improved (Schroyen et al., 2015). Ultimately, the dissemination of positive aging information will benefit both the older adults of today and those of tomorrow.

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