

Chapter 2

Ageism: The Strange Case of Prejudice Against the Older You

Todd D. Nelson

In a field that has only been in existence for about 36 years,¹ research on age prejudice has revealed many robust findings, a few counterintuitive results, and it has left open a number of unanswered questions. Today I would like to highlight the major findings in ageism research, the unexpected discoveries, and to point future researchers to issues that still require investigation. The field is growing, as more and more researchers are sensing the theoretical and practical need for empirical attention devoted to a problem that affects millions of older adults. As we begin to shed light on the causes and consequences of age prejudice, we can start to devise ways to reduce age stereotyping, thereby enhancing the quality of life for all older adults. My remarks today will explore the state of the literature on ageism and address the following questions: How does ageism manifest itself, who is most likely to be ageist, and how can we reduce ageism?

Mountains or Molehills?

Is there really such a thing as “ageism?” Isn’t most of what we think about older people true? For example, they’re slower at pretty much everything, they don’t change their ways, they are grumpy, and they can’t or don’t want to learn new things. Where is the stereotype or prejudice in stating those “truths” about the elderly? While those characteristics may be true for a number of older people, it is also true they don’t apply to many older adults. Anytime one assumes that a group shares a common behavioral or personality characteristic, they are engaging in stereotyping. All stereotypes are incorrect by their very nature, because they erroneously assume

T.D. Nelson (✉)

Department of Psychology, California State University – Stanislaus Turlock, Turlock, CA 95382, USA

e-mail: tnelson@csustan.edu

Portions of this talk are taken from Nelson (2007).

¹I mark the beginning of research on ageism with the coining of the term “age-ism” by Butler (1969).

a homogeneity that simply does not exist. So, the seemingly innocuous statement “old people don’t like change” is and always will be incorrect because there will always be many of older adults for whom that isn’t true. Coming back now to the more basic question: Is there such a thing as ageism? Do those simple stereotypes translate into negative feelings (prejudice) against older persons?

The answer is that, ever since researchers have asked people about their attitudes toward elders, back in the 1950s, and continuing today, whether you get a response that sounds rife with prejudice depends on how you ask the question (Tuckman & Lorge, 1953). If you ask someone, “Do you have negative feelings about your grandmother, or your older boss, or the elderly woman who works at the flower store?” They would likely reply, “Of course not! Those people are dear, dear people in my life. I have nothing but affection for them.” If that same person is asked “Do you think all old people are poor drivers, or that, generally, older people are grumpy?” you are more likely to get answers that endorse the aging stereotypes you just expressed. When people are asked about their attitudes toward “older people,” the image that is evoked is a negative stereotype about an older person. However, when one is asked to evaluate a specific older person (co-worker, boss, friend, for example), fewer examples of old-age related stereotypes come to mind, and the attitude is much more likely to be positive (Crockett & Hummert, 1987). Ageism does indeed exist, and later I will talk about (1) why it is so hard to identify, and (2) how it translates into discrimination against the elderly. Before we do that, let’s discuss for a moment where ageist attitudes come from.

Planting the Seed of Ageism

History

Younger people didn’t use to have prejudice toward older people. In fact, being old was regarded as a privilege, and older persons were often the most powerful, most respected persons in a village/community/group, due to their more extensive knowledge base and greater memory for the history of the group. In biblical times, older people were regarded as given a long life by God to fulfill a divine purpose (Branco & Williamson, 1982). However, two events led to the downturn in how older people were viewed. The advent of the printing press took away the elders’ unique status as the sole repository of information. The other event, the industrial revolution, required families to be more mobile, and able to adapt to changes in the market quickly, and older persons living in an extended family structure were often ejected by the younger relatives in favor of increasing the mobility of the family.

Cultural Views

Anyone who has been exposed to US culture, even peripherally, quickly learns that the USA has a cultural bias in favor of youth. Movies, television, magazines, and advertisers who support those media all cater to the youngest demographic in our

population. Why this focus on youth? Largely, I will argue, it stems from our fear of aging. In the USA, we have a tremendous anxiety about the aging process and death (Nelson, 2002). Old age is stereotypically perceived as a negative time, whereupon the older person suffers declines in physical attributes, mental acuity, loss of identity (retirement from job), loss of respect from society, and increasing dependence on others (Kite & Wagner, 2002). Americans enjoy their individuality and feelings of control over what happens with their own bodies. Aging and death are seen as out of our control and that produces feelings of fear and anxiety. Along with no perceived control over the aging process (and eventual death), many Americans also view death as the end of their self. The belief that one's self has a fixed ending is also quite anxiety-provoking. Contrast that with those who believe that they have a spirit that lives on (either in Heaven, Nirvana, or some other spiritual place, or via reincarnation), and these individuals tend to have a different view on their life. Life is just one phase of an eternal journey that they have been on. They believe that they will continue this journey indefinitely. These individuals view aging in much the same way as those in traditional Eastern cultures. In Eastern cultures, the self, life, and death are all interconnected within the person. Death, in this view, is not something that is feared. Rather, it is seen as a welcome relief from life's travails. Death is seen as a passage to a different spiritual existence, where one can join his/her elders (Butler, Lewis, & Sunderland, 1991). Traditional Eastern cultures, as a result, have had little or no anxiety about death and aging (Levy & Langer, 1994). In fact, they viewed older adults with much reverence. Older persons were given special status and power in their society.

Times are changing in Eastern cultures, however, and so are attitudes toward older persons. As these cultures become more modernized, and feel the influence of Western cultures, capitalism, and individualistic values, they begin to feel less obligated to maintain traditions of filial piety (motivation, emotion, and intergenerational reciprocity in support of one's elderly parents) (Ng, 2002; Williams et al., 1997). Ng (2002) suggests that it is an exaggeration to say that Eastern cultures revere their elders, while Western cultures abandon them. Rather, research indicates that there is quite a degree of variability in Eastern attitudes toward older adults (Williams et al., 1997). Williams et al. (1997) found that Koreans had the most positive attitudes toward their elders, while Chinese persons surveyed expressed a much more negative attitude toward older persons. Japanese people appear to be experts at masking their derision for older persons. Naito and Gielen (1992) found a big distinction between "tatemae" (how one ought to behave and feel) and "honne" (how one actually behaves and feels). On the surface, for many Japanese, is a mask of respecting and honoring elders, while just below the mask lies a dismissal of elders as silly.

The Root of Ageism Is Fear of Death

Terror Management Theory

An interesting theory that parsimoniously explains one way that ageism can arise is "terror management theory" (TMT; Greenberg, Pyszczynski, & Solomon, 1986;

Pyszczynski, Greenberg, Solomon, Arndt, & Shimel, 2004; Solomon, Greenberg, & Pyszczynski, 1991). According to TMT, culture and religion are creations that give order and meaning to our existence, and this protects us from frightening thoughts of one's own mortality and the seeming random nature of life. Self-esteem is derived from believing that one has a place and purpose in the world. Thus, according to TMT, self-esteem serves as a buffer against anxiety associated with thoughts of one's mortality.

According to TMT, because older people are a reminder of our impending mortality, people in the USA tend to associate negative feelings with (and ascribe negative qualities to) older adults. The anxiety and fear that are associated with death lead young people to blame older people for their plight – getting older. In so doing, they can deny the thought that they too will grow old (and die). By blaming the older person, stereotyping him/her, and treating elders with pity, anger, irritation, or patronizing speech, younger people are able to trick themselves into believing that they will not eventually die. This derogation of older people only serves to create a perpetual cycle of ever-increasing prejudice against older persons. The more negatively younger people treat older persons, the weaker and more negatively older people are perceived, and the increasingly negative way older people appear, in turn only increases the anxiety young people have about death, and this amplifies their tendency to act in ageist ways toward older people (Martens, Goldenberg, & Greenberg, 2005). Much empirical (Martens et al., 2005; Martens, Greenberg, Schimel, & Landau, 2004) and theoretical (Greenberg, Schimel, & Mertens, 2002) evidence supports the utility of this theory as it is applied toward our understanding of the origins of ageism.

Ageism Is Institutionalized

The main reason why most people in the USA never think of ageism in the same way they think of sexism or racism (that is, one of the “major” types of prejudice, and as such, one to be aware of and avoid) is that it is quite institutionalized in America (Nelson, 2002, 2006). If you think about it, there is no other group like the elderly about which we feel free to openly express stereotypes and even subtle hostility. This is because most of us, as I mentioned at the outset of my remarks today, believe that we aren't really expressing negative stereotypes or prejudice, but merely expressing true statements about older people when we utter our stereotypes. We also take our cues from society as to the acceptability and benign nature of our “truths” about aging. Television shows depict older persons along stereotypic lines (Bell, 1992), children's books depict classic fairy tales in which the villain is usually an older person (Ansello, 1978), and even greeting cards perpetuate ageism. Greeting cards? Yes. Think about it for a moment. In any greeting card store, particularly the “birthday” greeting cards section, one common message is communicated, no matter which card you pick up: sorry to hear you are another year older. Birthdays are seen as a slide downward, toward failing health, failing mental acumen, and death, and they certainly are not occasions to celebrate. As an interesting, yet stark

contrast to illustrate how incredibly open yet pernicious this ageism is in birthday cards, think about the outrage that would ensue if there was a section of cards that communicated the message “sorry to hear you’re Black” or “ha ha ha too bad you’re Jewish” – yeah, it wouldn’t go over so well. So why does society allow, and even condone the same message directed against older persons?

A popular line of birthday “gag” gifts has a theme of “over the hill” attached to various items, from black balloons, to a plastic gravestone (!). The message is clear: aging is bad, and we make fun of people who are getting older. Let’s stop to think about that for a moment. You have a store peddling items which are not-so subtly telling you “here is how society views aging, and YOU as an older person” – and it isn’t very pretty. How would that make you feel if you were an older adult? We’ll explore that a bit further in a few minutes. For younger persons, this is just one more message from society saying “society at large condones the open expression of negative views of aging and older people” and as such, the younger person may feel more comfortable openly expressing such prejudice against older adults, feeling perfectly fine about doing so, because he/she likely wouldn’t recognize it as a “bad” type of prejudice, condemned by society.

Another indicator of how entrenched ageism is in US culture can be found in the drive to hide physical signs of aging. A recent survey by the National Consumer’s League (2004) found that 90 million Americans each year (and that is likely a conservative estimate) purchase products or undergo medical procedures to hide the physical indicators of their age. People buy creams or makeup to hide age spots, to eliminate wrinkles in their skin, and hair dye to change their hair color from grey to a more “youthful-looking” color (anything but grey). Plastic surgery is increasingly popular, as a way to attempt to stay looking younger. As men age, a very common physical sign of aging is the loss of hair on their head. Men, it appears are just as afraid of looking older as women are, as evidenced by the popularity of toupees, wigs, plugs, implants, and even the illusion of a fuller head of hair via a spray-on substance (!). Why are people willing to spend so much money, and undergo unnecessary risky medical procedures to hide physical signs of aging? Society tells us that aging is bad. And people believe it rather unquestioningly.

Younger People Speak Differently to Elderly Persons

Interesting research has found that even people with very positive attitudes toward the elderly often seem to speak to older adults in very different ways from how they communicate with their peers. One type of speech, called “overaccommodation,” entails the younger person becoming overly polite, speaking louder and slower, exaggerating their intonation, and talking in simple sentences (Giles, Fox, Harwood, & Williams, 1994). This also manifests itself in the downplaying of serious thoughts or concerns, or shielding elders from “confusing” or “upsetting” information (Grainger, Atkinson, & Coupland, 1990). Kemper (1994) found overaccommodation quite rampant in his study of nursing home workers. Another type of speech is called “baby talk (Caporael & Culbertson, 1986).” Those using this

type of speech tend to speak with a high pitch, exaggerated intonation, much like the overaccommodation style, but this type of speech is distinguished in how it is virtually identical to the style used when speaking to babies. In fact, when Caporael (1981) filtered out the content of the speech of one speaking to an elderly with baby talk, and another person speaking to a baby, she found that the two speech styles were virtually identical. These speech styles derive from our stereotypes about older persons as almost child-like in their level of cognitive functioning and dependency on younger adults.

One interesting thing about this is that not all older people dislike being spoken to in this fashion. Research shows that those who are in worse physical or mental health find such speech styles (baby talk and overaccommodation) *comforting* because it communicates to the older adult that the younger person is aware of the dependency relationship there, and that they will be taken care of by the younger adult (Caporael, Lukaszewski, & Culbertson, 1983).

Some more light may be shed on these interesting findings with data I obtained (Nelson, 2004). I sent surveys to over 3, 300 older adults in California, which asked them whether they had ever experienced age prejudice or discrimination, and how they reacted to it. Data from the 852 returned surveys indicated a major difference in the way older adults responded to the survey, depending on their age. Neugarten (1974) said that those adults from 55 to 74 really view themselves differently, as younger, than those 75 and older. Neugarten found that many of these “young-old” adults still had older parents living, and they tended to view “old age” (and stereotypes, and health and mental failings associated with age) as something associated with their parent’s generation. Those older than 75 (who Neugarten called the “old-old”) were less likely to have this perspective (because no one was older than them, so the term “old people” *must* therefore be in reference to them). My data indicated that the old-old individuals did not perceive any age discrimination or prejudice in their daily lives. They also reported that if they were victim of ageist behavior, it would not bother them. However, the “young-old” reported that they *had* experienced ageism, and that when it occurs, it makes them *very upset*. These results may reflect a desire of the old-old to protect their self-esteem by denying that they are part of a stigmatized group. The reaction of the young-old to ageism (of being upset) also may suggest that the young-old want to delay as much as possible their entry into the old-old group, because they fear how they’ll be treated (as stigmatized persons).

But . . . Our Brains Can’t Help Being Ageist

Ageist attitudes are activated automatically in social perception, much like any other stereotype about other stigmatized groups. For example, Perdue and Gurtman (1990) found that when younger persons are primed with the word “old” they are faster to subsequently recognize negative trait words, and slower to recognize positive trait words. Conversely, when they are primed with the word “young”, they are faster to later recognize positive trait words, and slower to recognize negative trait words.

In another study, Nosek, Banaji, and Greenwald (2002) reported data collected from the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998) on what can be referred to as “implicit ageism.” The IAT measures implicit attitudes (like ageist beliefs, or stereotypical associations between category and characteristics). Implicit attitudes are “introspectively unidentified (or inaccurately identified) traces of past experience that mediate favorable or un-favorable feeling, thought, or action toward social objects” (Greenwald & Banaji, 1995, p. 5).

Nosek and his colleagues found that regardless of the age of the respondent, all respondents had significantly negative implicit attitudes toward older persons. These data, coupled with the priming study by Perdue and Gurtman (1990), provide support for the notion that people have strong negative beliefs associated with older persons, and these attitudes operate without conscious awareness to influence our conscious thought, behavior, and feelings toward older people.

Does that mean that we are doomed to be prejudiced toward older people, because ageism seems to be automatic? No. As Devine showed in her famous 1989 paper, seeing or thinking about a stereotyped group does indeed automatically activate stereotype concepts and information related to that stigmatized group, in both people who believe in the truth of those negative attitudes (high-prejudiced persons) and those who do not believe in those negative attitudes (low-prejudiced persons). But, low-prejudiced persons, because they are so motivated, are able to override the influence of the automatic activation of the stereotypes and instead think of the stigmatized person on their own merits as an individual (for more on the malleability of implicit attitudes, see Dasgupta, 2009). High-prejudiced persons are not motivated to change their stereotype about the group, and therefore don’t override the automatically activated negative attitude. So, while the activation of the ageist stereotypes may be automatic, the influence of those is certainly environmental in that the learning history, the kind of person the perceiver is (e.g. value system about equality, civil rights, etc.), and their motivation to override that automatic activation (Monteith, Zuwerink, & Devine, 1994).

Helper, Heal Thy Self

It is an unfortunate truth that ageism even persists among those whose job it is to help older persons (Troll & Schlossberg, 1971). Research has found that some physicians and other health care professionals tend to regard older patients through age stereotypes, such that the older patient is more likely to be viewed as “depressing, senile, untreatable, or rigid” (Reyes-Ortiz, 1997, p. 831). Working with older patients is not typically viewed as desirable, for some medical students, because older patients present with health concerns that are believed to be less amenable to treatment, though there is often little basis for that assumption other than a stereotype about aging and health issues (Madey & Gomez, 2003).

Mental health professionals are just as likely to harbor ageist beliefs as their physician counterparts (Atchley, 1982; Garfinkel, 1975). Kastenbaum (1964) refers to the “reluctant therapist” in addressing this issue. These therapists tend to shun

older clients because they believe that older people often don't have any serious psychological issues that merit therapy, and that they are just lonely and want to exploit the therapist as a captive listening ear. Siegel (2004) affirms that psychiatrists also have an age bias when it comes to diagnosing problems for which older persons seek professional help. Siegel argues that psychiatrists need to take a new view of old age, appreciating the tremendous learning and personal growth that older adults have achieved. Psychiatrists should also be aware that older adults have many different losses that younger people do not face, and they are also confronted with the oppressive youth-focused society, which ubiquitously presents negative views of older persons.

Conclusion

Research on ageism has a short history, relative to the general field of prejudice research. However, the available data allow us to make several conclusions with a degree of confidence. First, age prejudice exists, and it is multi-faceted. People have multiple, often contradictory attitudes toward older individuals (Cuddy & Fiske, 2002; Cuddy, Norton, & Fiske, 2005; Fiske, Cuddy, Glick, & Xu, 2002). Second, ageism is tied in part to that culture's views of (or fears about) death. Ageism is also tied to the emphasis that a culture places on change, mobility, and speed in the workforce. The greater the emphasis on these things, the more likely society will perceive the older worker as not competitive, but rather he/she may be regarded as a burden on the resources of society.

Third, ageism is institutionalized in the USA. The focus on youth, mobility, change, coupled with the intense fear of death in American culture leads to derogation of older people, and anything associated with aging. Jokes about getting older, with the implicit message that it is bad or sad to get older, are regarded as benign humor. Americans believe that implicit message, however. Americans spend billions of dollars on products and surgeries designed to hide signs that they are growing older. Fourth, ageism is so pervasive that it is found even among those whose job is to help older persons. This of course has tremendous implications for the physical and mental health of the older patient, as age stereotypes can bias the treatment recommendations that the therapist or physician has for the older patient.

Finally, ageist behavior is only perceived as offensive by those older persons who are high functioning (physically and mentally). Older people who have physical and/or mental deficiencies tend to believe that ageist behavior actually communicates a helping relationship between the younger person and the older individual, and that communication (though it is ageist) is comforting to them.

There is much we have yet to understand about ageism, however. While we have a pretty good handle on how age prejudice starts, and what maintains it (same social-cognitive and motivational processes that maintain most other prejudices), most of what we don't yet know concerns how best to reduce or eliminate ageism. We need to further explore the nature of the fear of death in American society. If we can begin to understand the source of this fear, we may be able to design educational

programs that can, from an early age, teach people to not fear death. Once this fear is abated (or eliminated), a great motivation to create stereotypes about the elderly (as predicted by Terror Management Theory) would be eliminated.

Efforts should be directed toward increasing the status of older adults in society. One way to do this is to create more opportunities for older adults to continue to have ties to the workforce, so that they may continue to contribute their wisdom and experience to society and to teach their younger co-workers the skills and information they have learned. This will have a tremendous positive effect on the mental and physical well-being of older adults, because research has shown that a major loss of one's identity occurs when one retires from work, and this is often a very traumatic adjustment for the older person (Nelson, 2002).

Finally, age stereotypes can begin to be eliminated with a concerted, comprehensive educational effort starting in preschool, and continuing throughout the school years, and beyond into other media, which communicates the fact that aging is nothing to fear, or be embarrassed about. Rather it is a normal part of life, and that being older is a positive thing. Wisdom, experience, and life perspective often accompany the aging process. Younger people should be taught that they can learn much from older persons. Elders should be respected, not pitied. Our efforts should be directed toward these and other methods of reducing or eliminating age stereotypes, and enhancing the status of elders in American society. Admittedly, reversing an institutionalized, entrenched ageism will take time. But age prejudice researchers can, through these efforts, enhance the current quality of life for millions of older Americans, and for future generations of older persons.

References

- Anselmo, E. F. (1978). Age-ism: The subtle stereotype. *Childhood Education*, 54(3), 118–122.
- Atchley, R. (1982). The aging self. *Psychotherapy: Theory, Research, and Practice*, 19(4), 388–396.
- Bell, J. (1992). In search of a discourse on aging: The elderly on television. *The Gerontologist*, 32, 305–311.
- Branco, K. J., & Williamson, J. B. (1982). Stereotyping and the life cycle: Views of aging and the aged. In A. G. Miller (Ed.), *In the eye of the beholder: Contemporary issues in stereotyping* (pp. 364–410). New York: Praeger.
- Butler, R. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, 9, 243–246.
- Butler, R., Lewis, M., & Sunderland, T. (1991). *Aging and mental health: Positive psychosocial and biomedical approaches*. New York: Macmillan.
- Caporael, L. (1981). The paralanguage of caregiving: Baby talk to the institutionalized aged. *Journal of Personality and Social Psychology*, 40, 876–884.
- Caporael, L., & Culbertson, G. (1986). Verbal response modes of baby talk and other speech at institutions for the aged. *Language and Communication*, 6, 99–112.
- Caporael, L., Lukaszewski, M., & Culbertson, G. (1983). Secondary baby talk: Judgments by institutionalized elderly and their caregivers. *Journal of Personality and Social Psychology*, 44, 746–754.
- Crockett, W. H., & Hummert, M. L. (1987). Perceptions of aging and the elderly. In K. Schaie & C. Eisdorfer (Eds.), *Annual review of gerontology and geriatrics* (Vol. 7, pp. 217–241). New York: Springer.

- Cuddy, A. J. C., & Fiske, S. T. (2002). Doddering but dear: Process, content, and function in stereotyping of older persons. In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 3–26). Cambridge, MA: MIT Press.
- Cuddy, A. J. C., Norton, M. I., & Fiske, S. T. (2005). This old stereotype: The pervasiveness and persistence of the elderly stereotype. *Journal of Social Issues*, 61(2), 267–286.
- Dasgupta, N. (2009). Mechanisms underlying the malleability of implicit prejudice and stereotypes: The role of automaticity and cognitive control. In T. D. Nelson (Ed.), *The handbook of prejudice, stereotyping, and discrimination* (pp. 267–284). New York: Psychology Press.
- Fiske, S. T., Cuddy, A. J. C., Glick, P. S., & Xu, J. (2002). A model of (often mixed) stereotype content: Competence and warmth respectively follow from perceived status and competition. *Journal of Personality and Social Psychology*, 82, 878–902.
- Garfinkel, R. (1975). The reluctant therapist: 1975. *The Gerontologist*, 15, 136–137.
- Giles, H., Fox, S., Harwood, J., & Williams, A. (1994). Talking age and aging talk: Communicating through the life span. In M. Hummert, J. Weimann, & J. Nussbaum (Eds.), *Interpersonal communication in older adulthood: Interdisciplinary theory and research* (pp. 130–161). Thousand Oaks, CA: Sage.
- Grainger, K., Atkinson, K., & Coupland, N. (1990). Responding to the elderly: Troubles-talk in the caring context. In H. Giles, N. Coupland, & J. Weimann (Eds.), *Communication health and the elderly* (pp. 192–212). Manchester, UK: Manchester University Press.
- Greenwald, A. G., & Banaji, M. R. (1995). Implicit social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Review*, 102, 4027.
- Greenberg, J., Pyszczynski, T., & Solomon, S. (1986). The causes and consequences of a need for self-esteem: A terror management theory. In R. F. Baumeister (Ed.), *Public self and private self* (pp. 188–212). New York: Springer.
- Greenberg, J., Schimel, J., & Martens, A. (2002). Ageism: Denying the face of the future. In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 27–48). Cambridge, MA: MIT Press.
- Greenwald, A. G., McGhee, D. E., & Schwartz, J. L. K. (1998). Measuring individual differences in implicit cognition: The implicit association test. *Journal of Personality and Social Psychology*, 74, 1464–1480.
- Kastenbaum, R. (1964). The reluctant therapist. In R. Kastenbaum (Ed.), *New thoughts on old age* (pp. 139–145). New York: Springer.
- Kemper, S. (1994). Elderspeak: Speech accommodations to older adults. *Aging and Cognition*, 1, 17–28.
- Kite, M. E., & Wagner, L. S. (2002). Attitudes toward older adults. In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 129–161). Cambridge, MA: MIT Press.
- Levy, B., & Langer, E. (1994). Aging free from negative stereotypes: Successful memory in China and among the American deaf. *Journal of Personality and Social Psychology*, 66(6), 989–997.
- Madey, S. F., & Gomez, R. (2003). Reduced optimism for perceived age-related medical conditions. *Basic and Applied Social Psychology*, 25(3), 213–219.
- Martens, A., Goldenberg, J. L., & Greenberg, J. (2005). A terror management perspective on ageism. *Journal of Social Issues*, 61(2), 223–239.
- Martens, A., Greenberg, J., Schimel, J., & Landau, M. J. (2004). Ageism and death: Effects of mortality salience and perceived similarity to elders on reactions to elderly people. *Personality and Social Psychology Bulletin*, 30(12), 1524–1536.
- Monteith, M. J., Zuwerink, J. R., & Devine, P. G. (1994). Prejudice and prejudice reduction: Classic challenges, contemporary approaches. In P. G. Devine, D. L. Hamilton, & T. M. Ostrom (Eds.), *Social cognition: Impact on social psychology* (pp. 323–346). New York: Academic Press.
- Naito, T., & Gielen, U. P. (1992). Tatemaie and hone: A study of moral relativism in Japanese culture. In U. P. Gielen, L. L. Adler, & N. A. Milgram (Eds.), *Psychology in international perspective: 50 years of the International Council of Psychologists* (pp. 161–172). Lisse: Swets & Zeitlinger.

- National Consumer's League. (2004). New survey reveals consumers confused about, but overwhelmingly use, anti-aging products and procedures. Retrieved from <http://www.nclnet.org/pressroom/antiaging.htm>.
- Nelson, T. D. (Ed.) (2002). *Ageism: Stereotyping and prejudice against older persons*. Cambridge, MA: MIT Press.
- Nelson, T. D. (2004, August). *Experiencing and expressing ageism*. Paper presented at the Annual meeting of the American Psychological Association, Honolulu.
- Nelson, T. D. (2006). *The psychology of prejudice*. (2nd ed.). New York: Allyn & Bacon.
- Nelson, T. D. (2007). The young science of prejudice against older people: Established answers and open questions about ageism. In E. Borgida & S. Fiske (Eds.), *Beyond common sense: Psychological science in the courtroom*. New York: Blackwell.
- Neugarten, B. (1974, September). Age groups in American society and the rise of the young old. *The Annals of the American Academy of Political and Social Science*, 187–198.
- Ng, S. H. (2002). Will families support their elders? Answers from across cultures. In T. D. Nelson (Ed.), *Ageism: Stereotyping and Prejudice Against Older Persons*, (pp. 295–309). Cambridge, Mass: MIT Press.
- Nosek, B. A., Banaji, M. R., & Greenwald, A. G. (2002). Harvesting implicit group attitudes and beliefs from a demonstration web site. *Group Dynamics: Theory, Research, and Practice*, 6, 101–115.
- Perdue, C. W., & Gurtman, M. B. (1990). Evidence for the automaticity of ageism. *Journal of Experimental Social Psychology*, 26, 199–216.
- Pyszczynski, T., Greenberg, J., Solomon, S., Arndt, J., & Schimel, J. (2004). Why do people need self esteem? A theoretical and empirical review. *Psychological Bulletin*, 130(3), 435–468.
- Reyes-Ortiz, C. (1997). Physicians must confront ageism. *Academic Medicine*, 72(10), 831.
- Siegel, R. J. (2004). Ageism in psychiatric diagnosis. In P. J. Caplan & L. Cosgrove (Eds.), *Bias in psychiatric diagnosis* (pp. 89–97). Lanham, MD: Jason Aronson, Inc.
- Solomon, S., Greenberg, J., & Pyszczynski, T. (1991). A terror management theory of social behavior: The psychological functions of self-esteem and world-views. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 24, pp. 91–159). New York: Academic Press.
- Troll, L., & Schlossberg, N. (1971). How age-biased are college counselors?. *Industrial Gerontology*, 10, 14–20.
- Tuckman, J., & Lorge, I. (1953). Attitudes toward old people. *Journal of Social Psychology*, 37, 249–260.
- Williams, A., Ota, H., Giles, H., Pierson, H., Gallois, C., Ng, S., Lim, T., Ryan, E., Somera, L., Maher, J., Cai, D., & Harwood, J. (1997). Young people's beliefs about intergenerational communication: An initial cross-cultural comparison. *Communication Research*, 24(4), 370–393.

Disability and Aging Discrimination
Perspectives in Law and Psychology

Wiener, R.L.; Willborn, S.L. (Eds.)

2011, X, 270 p., Hardcover

ISBN: 978-1-4419-6292-8