

Ageism

This handout accompanies the [online module](#) from the E4 Center on this topic



Older adults may experience and talk about mental health concerns differently than younger adults. Older adults also are at increased risk for death by suicide. Building your understanding about older adult mental health can help you more effectively support older adults (and possibly their caregivers) during a crisis. Be attentive to common life transitions, grief, medical conditions, medications, substance use, cognitive function, and social support, as these can all affect older adult mental health. Check your own beliefs and attitudes about aging and older adults to help ensure that they get the proper support and referrals that they may need. Consult with your supervisor if you are concerned about issues that may need immediate attention or emergency services.

Key Facts

- Ageism is one of the most widespread and socially acceptable forms of discrimination in the US and in many other places.
- Many people are not aware of their thoughts and feelings (stereotypes and prejudices) and that can lead to ageist actions (discrimination).
- Ageism hurts everyone, including the people who have ageist beliefs and those who are discriminated against due to those beliefs, thoughts, and actions.
- Ageism negatively impacts mental and physical health.
- Ageist beliefs can lead to poor care, such as minimizing health complaints, missing reasons for suicide, and misjudging the level of suicide risk.
- Elderspeak, which is using “baby talk” when speaking with an older adult, is one common form of ageist behavior that can be damaging – and can be changed.
- Positive perceptions of aging can add 7.5 years to an individual’s life.



Practical Strategies

- **Understand the older adult’s attitudes about their own aging and other adults their age.** This information can be used to help counteract damage resulting from ageism and negative beliefs related to aging.
- **Be aware of intergenerational cultural experiences that may affect interactions with the older adult.** If you sense that there may be a generational gap between you and them, be aware of how that may affect your interactions. Acknowledge any barriers that may be affecting your communication with nonjudgmental curiosity and care. Convey to the person that you want to learn more about their perspective.

- **Use a “teach-back” or “close the loop” approach.**

If you are not sure they understand what you are saying, ask them to repeat back to you their understanding of what you just communicated in their own words. This technique can help them remember what was discussed and help you identify any misunderstandings that should be clarified, see below for more about this.

- **Stay present and engaged in the conversation.**

Your conversation may be among the most important interactions they have experienced recently. Listen carefully, demonstrate that you hear what they are feeling, and convey understanding so that they understand that you are concerned. Practice rephrasing and reflecting what the person is saying and feeling to demonstrate that you are listening and to invite more discussion- *“I am hearing that you have been struggling to get a doctor to take your pain seriously. That must be so frustrating! How have you been managing your pain?”*

- **Check in with yourself about your own attitudes on aging.** It is important to understand your beliefs and feelings related to aging.

The five item Attitudes Toward Own Aging (ATOA) subscale of the Philadelphia Geriatric Morale Scale can be used to do a quick check. Answer **YES** or **NO** to each question below.

1. Things keep getting worse as I get older. YES/**NO**
2. I have as much pep as I did last year. **YES**/NO
3. As you get older, you are less useful. YES/**NO**
4. As I get older, things are better than I thought they'd be. **YES**/NO
5. I am as happy now as when I was younger. **YES**/NO

Score 1 point for each **bolded** answer. The total score ranges from 0 (most negative ATOA) to 5 (most positive ATOA).

Suggestions for What to Ask and Say

Teach-back. To learn if the person understands what you are telling them, ask them to repeat back to you their understanding of what was just communicated to them. This is called a “teach-back” or “closing the loop” approach. It can be particularly helpful with older adults who may have taken time to process what you said and need more information.

EXAMPLE: *I want to make sure that I explained things clearly. Can you tell me, in your own words, what you heard me say?*

EXAMPLE: *We talked about a lot of things today. I want to make sure I was clear during our discussion. Could you tell me how you would describe _____ to a friend or family member? [then later – just ask one question at a time.] Can you tell me what you will do after our meeting today?*

Empathy about aging. If the older adult describes the difficulties they are experiencing, it is important to listen actively, be curious and nonjudgmental, and convey empathy.

EXAMPLE: *You described feeling that you are a burden to your family and are worried that you might “burn them out.” I can hear that you are really concerned about that. I am wondering if you have talked with your family about how you feel?*

[Note that providing assistance is a way that some families show they care. Many people do not consider acts of caring as burdensome. After the person responds, you might talk about this.]

EXAMPLE: *I heard you say you feel it is terrible being old. I imagine that lots of people feel that way sometimes. Can you tell me what makes you feel that way right now?*

Learn More:

This link to the [Philadelphia Geriatric Morale Scale](#) is the larger measure that the 5-item Attitudes Toward Own Aging (ATOA) subscale above is a part of.

This quiz from [EveryAGE Counts](#), an advocacy campaign aimed at tackling ageism against older Australians, covers many important points about ageism.

Harvard University has created a [series of tests to assess our implicit bias against a variety of groups](#), including older adults. Test your own implicit bias.

The E4 Center’s Anti-Elderspeak Language Guide provides guidance on what to say and not to say when talking with or about an older adult. Please see the [E4 Center’s Anti-Elderspeak guide](#) for more information.

Additional Citations:

Shaw, C. A., & Gordon, J. K. (2021). Understanding Elderspeak: An Evolutionary Concept Analysis. *Innovation in aging*, 5(3), igab023. <https://doi.org/10.1093/geroni/igab023>

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Levy, B. R., Zonderman, A. B., Slade, M. D., & Ferrucci, L. (2009). Age stereotypes held earlier in life predict cardiovascular events in later life. *Psychological science*, 20(3), 296–298. <https://doi.org/10.1111/j.1467-9280.2009.02298.x>

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