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Laurence C. Nolan

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Dimensions of Aging and Belonging for the Older Person and the Effects of Ageism

*Laurence C. Nolan**

All humans need to belong—to belong, that is, in the sense that you are not alone, but part of the group. You are not isolated from others. You matter to others rather than only to yourself. Others do not perceive you as an outsider. You feel connected to others including as a citizen to your state and country. You do not perceive yourself as an outsider. You belong in the sense that you and others are interdependent with one another.

Aging in the United States raises challenges in terms of belonging, especially for older people. The interrelationship between aging and a sense of belonging is complicated because the aging process itself is influenced by many factors, including biological, sociological, psychological, economical, and attitudinal factors.¹ Each of these factors has a unique impact on aging and a sense of belonging. Exacerbating these factors are society's negative stereotypes, negative myths, discrimination, biases, prejudices, and negative attitudes toward the older people, which are cumulatively identified as ageism for the purposes of this essay.²

Thinking about the dimensions of aging and belonging for older people gives rise to a number of questions. For example, what are our cultural attitudes and traditions towards aging and belonging? How do these attitudes and traditions inform our private thoughts and public policies towards aging and belonging, including gender and sexual differences? From a private point of view, should only the individual and his or her family be responsible for the older person's sense of

* Professor of Law, Howard University School of Law; J.D., University of Michigan School of Law; B.S. Howard University. This essay was developed from a paper presented at a Symposium on Belonging, The Family, and Family Law at the Brigham Young University J. Reuben Clark School of Law, Provo, UT, January 28, 2011. The author wishes to thank Professor Lynn D. Wardle for the invitation to speak at the Symposium. The author also wishes to thank for their research assistance Kristen Dobbs, her research assistant, and Felicia Ayanbiola and Charlene Cain, law librarians at Howard University School of Law.

1. *See generally*, Tor Christoffersen, *Gerontology: Towards a General Theory and a Research Strategy*, 17 ACTA SOCIOLOGICA 393 (1974); Marie R. Haug & Steven J. Folmar, *Longevity, Gender and Life Quality*, 27 J. HEALTH & SOC. BEHAV. 332 (1986).

2. *See infra* Part III.

belonging?³

This essay will focus on two dimensions of aging and belonging that affect older people. First, this essay will explore dimensions of aging and belonging from the perspective that belonging is crucial to aging well.⁴ Second, this essay will explore these issues primarily in the context of health care practice. The quality of health care is an important issue for all Americans. Health care improvements have been vital in increasing lifespan in the United States, and they remain critical today in preventing early deaths and in helping older people age well. When ageism interferes with the proper delivery of health care to older people, they cannot age well and are made to feel as outsiders.

This essay will argue that a sense of belonging is crucial to aging well and that the effects of ageism lead to a sense of not belonging and being an outsider, resulting not only in a personal affront to older people, but also in discrimination against them. Ageism may be more problematic when it becomes a basis for formulating public and private policies, whether it is overt or unconscious. Part I of the essay explores the dimensions of aging and why a sense of belonging is a crucial part of aging well. Part II discusses the evolution of ageism in our society. Part III analyzes the effects of ageism from the perspective of health care and discusses strategies for eliminating ageism and its effects.

3. Other important questions that this essay raises but does not specifically resolve include: Should the individual be most responsible for his or her sense of belonging and plan for aging, with the family playing an important (but not the major) role? Should belonging and aging be a public policy concern or remain a private concern, involving only private institutions? If aging and belonging are public policy concerns, what is the nature and source of that concern? Finally, what, if any, are the private and public responses to the need to create a sense of belonging for aging individuals, and how successful have they been?

4. "Aging well" in this essay refers to a person who is successfully adjusting to the aging process, especially socially, emotionally, and psychologically, thereby adding to the quality of his or her life. *See also*, PROMOTING SUCCESSFUL AND PRODUCTIVE AGING (Lynne A. Bond et al. eds., 1995).

I. THE DIMENSION OF AGING WELL AS AN OLDER PERSON AND A SENSE OF BELONGING

A. *Sense of Belonging*

Even without the social, psychological, and gerontological⁵ studies confirming the principle, it is intuitive that people of all ages need to belong and be connected as part of a group. There is a need to be linked with others and a need for social interdependence, and the social, psychological, and gerontological sciences confirm that a sense of belonging is a basic need of humans of all ages.⁶ One study listed belonging as the third most important human need,⁷ and this need does not diminish as we age.

Some sciences classify belonging as a relational need, along with self-esteem, shared understanding, and trust.⁸ Although a sense of belonging is amorphous as a concept,⁹ in this essay having a sense of belonging means that the older person is connected with others and accepted, whether that acceptance comes from herself, her family, or society as a whole, and it means she is part of that group, her surroundings, and her environment.¹⁰ She is an insider, not an outsider.¹¹ A sense of belonging includes feeling secure, being able to participate, being recognized and valued by others, and fitting in with one's environment.¹²

5. Gerontology is "the comprehensive study of aging and the problems of the aged." MERRIAM-WEBSTER DICTIONARY, available at <http://www.merriam-webster.com/dictionary/gerontology> (last visited Mar. 28, 2010).

6. See e.g., Abraham H. Maslow, *A Theory of Human Motivation*, 50 PSYCHOL. REV. 370, 380 (1943).

7. *Id.* at 380–81. ("If both the physiological and the safety needs are fairly well gratified, then there will emerge the love and affection and belongingness needs, and the whole cycle already described will repeat itself with this new center. Now the person will feel keenly, as never before, the absence of friends, or a sweetheart, or a wife, or children. He will hunger for affectionate relations with people in general, namely, for a place in his group, and he will strive with great intensity to achieve this goal. He will want to attain such a place more than anything else in the world.")

8. Kipling D. Williams, *Ostracism*, 58 ANN. REV. OF PSYCHOL. 425 (2007), available at <http://ssrn.com/abstract=1077375>.

9. Zenaida R. Ravanera & Rajulton Fernando, *Integration at Late Life: Inclusion, Participation, and Belonging Among the Elderly*, 15 PSC DISCUSSION PAPER SERIES 1, 3, available at <http://www.ssc.uwo.ca/sociology/popstudies/dp/dp01-16.pdf>.

10. Duncan S. Barron, Stephen Davies & Richard D. Wiggings, *Social Integration, a Sense of Belonging and the Cenotaph Service: Old Soldiers Reminisce About Remembrance*, 12 AGING & MENTAL HEALTH 509, 509 (2008).

11. Kenneth L. Karst, *Paths to Belonging: The Constitution and Cultural Identity*, 64 N.C. L. REV. 303 (1986) (using the term "outsider" to express "not belonging;" this essay uses the term "outsider" similarly); see also, KENNETH L. KARST, *BELONGING TO AMERICA* (1989).

12. Bonnie M. K. Hagerty et al., *Sense of Belonging: A Vital Mental Health Concept*, 6

Moreover, a sense of belonging is important to social identity¹³ because belongingness is a relational need. Thus, it is important to be fully integrated in society by staying connected to family, friends, and the community.¹⁴ Family relationships continue to be an important factor in the well-being of the older generation despite the decline of multigenerational household living.¹⁵ Family interdependence strengthens feelings of belonging among generations.¹⁶ Some multigenerational households form as a result of the cultural traditions of various ethnic groups,¹⁷ while other such households form because the older person becomes physically or financially dependent, or because the younger generation is dependent on the older.¹⁸ Whether grandparents live alone or with grandchildren, they have traditionally contributed to their grandchildren's wellbeing by supplying childcare, emotional support, and often financial support.¹⁹

Today, many grandparents have become the full-time caregivers of grandchildren whose parents are unavailable²⁰ or dead.²¹ Similarly, many adult children have become full-time caregivers for their aging parents by either living with them or providing for their care while simultaneously caring for their own children and spouses.²² Such

ARCHIVES PSYCHIATRIC NURSING 172, 173 (1992) (defining some of the attributes of belonging) [hereinafter Hagerty, *Vital*].

13. One study defined the sense of belonging as a "sense of personal involvement in a social system so that people feel themselves to be an indispensable and integral part of the system." S. S. Anant, *The Need to Belong*, 14 CAN. MENTAL HEALTH 21, 21 (1966).

14. Ravanera & Fernando, *supra* note 9 (discussing the various theories of aging and integration); John Lozier & Ronald Althouse, *Social Enforcement of Behavior Toward Elders in an Appalachian Mountain Settlement*, 14 GERONTOLOGIST 69 (1974) (discussing how successful aging requires that older people fit into the social framework of their society).

15. Ethel Shanas, *The Family as a Social Support System in Old Age*, 19 GERONTOLOGIST 169, 169 (1979) (noting that whether older people and their grown children live together or not, they regularly visit, help when sick, and exchange what services are needed).

16. Richard G. Rogers, *The Effects of Family Composition, Health, and Social Support Linkages on Mortality*, 37 J. HEALTH & SOC. BEHAV., 326, 327 (1996); *see also* Carol E. Woehrer, *Cultural Pluralism in American Families: The Influence of Ethnicity on Social Aspects of Aging*, 27 FAM. COORD. 329 (1978) (discussing the influence of ethnic family variations on the social well being of older people).

17. Woehrer, *supra* note 16.

18. Rogers, *supra* note 16.

19. *Id.*; Woehrer, *supra* note 16.

20. State Fact Sheets for Grandparents and Other Relatives Raising Children, AARP FOUNDATION, Oct. 2007, *available at* http://www.grandfactsheets.org/state_fact_sheets.cfm (showing that in 2007, approximately 2.4 million grandparents were taking on primary responsibility for their grandchildren's needs).

21. *See, e.g., Moore v. City of E. Cleveland*, 431 U.S. 494, 496-97 (1977) (discussing a grandmother caring for a deceased child's daughter with her son and his son also living with her).

22. Charles R. Pierret, *The 'Sandwich Generation': Women Caring for Parents and Children*, 129 MONTHLY LAB. REV. 3 (2006) (the term used in America referring to adult

interdependence is the long-established and time-honored way of thinking about intergenerational belonging.

If, on the other hand, older people are seen as a problem because of their pecuniary, social, or other needs,²³ or if families provide care or economic help only because they feel socially and reciprocally obligated, then older people are seen as outsiders, not belonging.²⁴ Likewise, if the motivation to help arises out of the American cultural values that emphasize helping the weak, or out of one's obligations of conscience in respect to a vulnerable person, then the older person is again an outsider,²⁵ and a sense of belonging is lacking.

B. Sense of Belonging and Aging Well

A number of social science studies demonstrate the important connection between a sense of belonging and aging well. One study indicated that a sense of belonging is closely related to indicators of both social and psychological functioning.²⁶ Another study found that a minority of people aged 65 and older found old age to be a period of rejection, loneliness, and despair.²⁷ Their sense of belonging was very low, and some saw no way out except suicide.²⁸ Other studies have examined the relationship between the sense of belonging, social support, conflict, and loneliness, and their effects on depression.²⁹ Mental health researchers now recognize that there is a connection between depression and a sense of belonging.³⁰ They have found that many people who suffer from depression may have a deficit in their

children caring for aging parents or in-laws and their own children and most of them are women); see also Douglas C. Kimmel, *Ageism, Psychology, and Public Policy*, 43 AM. PSYCHOLOGIST 175, 175, 177 (1988) (noting that most of these care givers are women in Japan and America).

23. Kwong-Leung Tan & Jik-Joen Lee, *Global Social Justice for Older People: The Case for an International Convention on the Rights of Older*, 36 BRIT. J. SOC. WORK 1135, 1136-37 (2006).

24. Lozier & Althouse, *supra* note 14, at 70.

25. Christoffersen, *supra* note 1, at 399.

26. Bonnie M. Hagerty, et al., *Sense of Belonging and Indicators of Social and Psychological Functioning*, 10 ARCHIVES PSYCHIATRIC NURSING 235 (1996) (showing that deficiencies in sense of belonging are tied to problems in psychological and social functioning).

27. E. Wilbur Bock, *Aging and Suicide: The Significance of Marital, Kinship, and Alternative Relations*, 21 FAM. COORD. 71, 71 (1972).

28. *Id.*

29. Hagerty, *Vital*, *supra* note 12, at 172; Roy F. Baumeister & Mark R. Leary, *The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation*, 117 PSYCHOL. BULL. 497 (1995); Bonnie M. Hagerty & A. Reg Williams, *The Effects of Sense of Belonging, Social Support, Conflict and Loneliness on Depression*, 48 NURSING RESEARCH 215 (1999) [hereinafter Hagerty & Williams].

30. *Id.*

sense of belonging.³¹ In the past researchers mistook this deficit for loneliness, anxiety or a similar psychological mental health concept, and they did not associate it with the sense of belonging or recognize belongingness as a mental health concept in its own right.³² With this recognition of the connection between depression and a sense of belonging, mental health professionals are better able to diagnose and treat depression properly.³³ Moreover, a sense of belonging seems to be a factor more germane to a person's depression than social support.³⁴ A later study found that a low sense of belonging is a strong predictor of depression.³⁵

Depression, whether manifested as a depressive illness or as depressive symptoms,³⁶ negatively affects the ability to age well. It may cause, for example, fatigue, sleeplessness, irritability, aggression, social withdrawal, outbursts of aggression, or suicidal thoughts.³⁷ Depression adversely affects five areas of functioning, and these areas "tend to exacerbate one another."³⁸ They are the "emotional, motivational, behavioral, cognitive, and physical aspects of an individual's life."³⁹

Social science literature also shows a connection between belonging and aging well with the incidence of suicide in older people. One study supported the theory that family, friendships, and community involvement could contribute significantly to the reduction

31. Hagerty, *Vital*, *supra* note 12, at 176; *Id.* at 174 (defining the attributes of belonging as "(1) the person experiences being valued, needed, or important with respect to other people, groups, objects, organizations, environments, or spiritual dimensions; and (2) the person experiences a fit or congruence with other people, groups, objects, organizations, environments, or spiritual dimensions through shared or complementary characteristics."); *See also*, Hagerty & Williams, *supra* note 29 at 215 (noting deficits in belonging and psychotherapy).

32. Hagerty, *Vital*, *supra* note 12, at 172 (noting that expressions such as, "I don't fit in anywhere," "I feel so unimportant to anyone," and "I'm not a part of anything," from persons who were psychotic, depressed, anxious, or suicidal, were "attributed to other psychological concepts, such as loneliness, alienation, or hopelessness").

33. *Id.* at 176 (noting that treatment might take the form of "helping the client identify the deficit in the sense of belonging and generating actions that address the experience of being valued or the experience of fit").

34. Hagerty & Williams, *supra* note 29, at 217.

35. Judy Sargent et al., *Sense of Belonging as a Buffer Against Depressive Symptoms*, 8 J. AM. PSYCHIATRIC NURSES ASS'N 120 (2002) (finding the sense of belonging to correspond to psychosocial health).

36. Mary Benek-Higgins, Connie McReynolds, Ebony Hogen & Suzanne Savickas, *Depression and the Elder Person: The Enigma of Misconceptions, Stigma, and Treatment*, 30 J. MENTAL HEALTH COUNSELING 283, 284 (2008) (citing a 2001 study estimating that 2 million older people have a depressive illness, and another 5 million older people "may have symptoms not fully meeting the diagnostic criteria for depressive disorder").

37. *Id.* at 284-85.

38. *Id.* at 285.

39. *Id.* at 285-86.

of suicide in older people, particularly older men.⁴⁰ The study found that a high incidence of suicide in older people was due primarily to greater isolation caused by retirement, widowhood, poor health, and the loss of close kin, friends, and community organizations.⁴¹ The feeling of isolation or loneliness is the opposite of the feeling of belonging. A study suggested that it was important for health care providers (in this study, psychiatric nurses) to discern whether, when their patients display attributes of belonging, the patients really are not just going through the motions of displaying a sense of belonging.⁴²

Even living with family does not guarantee that older people will not feel isolated and unwanted. Thus, it is important to stay connected with friends and participate in community activities.⁴³ Many of the studies show that church, temple, or other religious affiliations provide meaningful social interaction.⁴⁴ Such institutions may “encourage social interaction, communication, and friendship.”⁴⁵ Strong bonds with friends may instill a feeling of belonging just as meaningfully as with family bonds. Similarly, ethnic membership “may provide a sense of personal continuity and community-belonging.”⁴⁶

Social science literature suggests that the older person who ages well and sustains her sense of belonging is one who stays involved with life⁴⁷ and perceives aging as a process that lasts for life.⁴⁸ Several suggested reasons to stay involved were “to offset monotony and boredom; for social interaction and a sense of belonging; for physical activity; for personal enjoyment and satisfaction; to be creative, express feelings and talents; and to have a reason to live.”⁴⁹ These are also important reasons for staying involved at any age. An older

40. Bock, *supra* note 27, at 71.

41. *Id.*

42. Hagerty, *Vital*, *supra* note 12, at 175.

43. Rogers, *supra* note 16, at 327.

44. *Id.*

45. *Id.* at 328.

46. Linda E. Cool, *Ethnic Identity: A Source of Community Esteem for the Elderly*, 54 ANTHROPOLOGICAL Q. 179, 179 (1982) (discussing the importance of ethnic identity for some older people in nurturing belonging in community and in family); *see also* Woehrer, *supra* note 16 (discussing the influence of ethnic family variations on the social well being of older people).

47. *Elders: Staying Involved*, UNIV. OF ME. COOP. EXT'NS PUBL'NS, available at <http://umaine.edu/publications/4208e/printpage> (last visited Feb. 18, 2011); Nina Chen, *The Meaning of Aging*, 39 J. EXTENSION (2001), available at <http://joe.org/joe/2001december/iw2.php>; Michelle C. Carlson et al., *Evidence for Neurocognitive Plasticity in At-Risk Older Adults: The Experience Corps Program*, 64 J. GERONTOLOGY BIOL. MED. SCI. 1275 (2009).

48. *See, e.g.*, Robert Crosnoe & Glen H. Elder, Jr., *Successful Adaptation in the Later Years: A Life Course Approach to Aging*, 65 SOC. PSYCHOL. Q. 309 (2002); Haug & Folmar, *supra* note 1, at 332.

49. *Elders: Staying Involved*, *supra* note 47.

person may, however, have a more difficult time staying involved than a younger person for many reasons—some serious (like declining health) and some practical (like transportation needs). Nevertheless, in order to age well, it is vital for older people to stay involved, stay connected, and to belong. Community activities often provide convenient ways to interact with others. Older people may have more time to be involved with political activities,⁵⁰ and volunteering is often a very satisfying way to stay active and be involved, especially in the community.⁵¹ Moreover, social science studies suggest that “a high sense of belonging includes psychological, social, spiritual, or physical involvement.”⁵²

Staying involved also decreases feelings of loneliness.⁵³ One study found that loneliness increased with aging.⁵⁴ Aging by itself, however, was not the reason for the loneliness.⁵⁵ Instead, the increase was due to increasing disability suffered by the aging person and weakening of the aging person’s social integration.⁵⁶

Isolation may also be the cause of loneliness and noninvolvement. It has been suggested that pets are very effective at reducing isolation and providing companionship and connection.⁵⁷ This feeling of connection and well being that pets produce in older people is the

50. James E. Trela, *Age Structure of Voluntary Associations and Political Self-Interest Among the Aged*, 13 SOC. Q. 244, 246 (1972) (showing older people exclusively involved with peer groups were significantly more likely than those in mixed generational groups to “have strong feelings of activist self-interest based on their age status” as well as showing a “high receptivity for organized political activity”).

51. There are even organizations established to encourage volunteers. See, e.g., Experience Corps, available at <http://www.experiencecorps.org> (last visited Feb. 18, 2011). Experience Corps was established nationally to engage people 55 years and older to tutor and mentor students, aid classroom teachers, and other such work. Experience Corps, FAQ, available at http://www.experiencecorps.org/about_us/faq.cfm (last visited Mar. 18, 2011). Experience Corps was also created to “yield broad health improvements for elderly volunteers by providing them with a rigorous, structured and engaging intergenerational experience that simultaneously increases their physical, social and cognitive activity.” *Experience Corps Bay Area Earns Excellence in Nonprofit Volunteer Management Award*, EXPERIENCE CORPS, available at http://www.experiencecorps.org/news/pdf/2010_04_30_BayArea_Excellence_in_Nonprofit_Volunteer_Management.pdf.

52. Hagerty & Williams, *supra* note 29, at 217; Hagerty, *Vital*, *supra* note 12.

53. One study described loneliness as follows: “Loneliness is not a mechanical consequence of the absence of other people; rather loneliness is, or derives from, an awareness of the existence of human community and other people, and it is this awareness that makes loneliness such a painful experience.” Marja Jylha, *Old Age and Loneliness: Cross-sectional and Longitudinal Analyses in the Tampere Longitudinal Study on Aging*, 23 CAN. J. AGING 157, 158 (2004)).

54. *Id.*

55. *Id.*

56. *Id.*

57. Barbara Worthington, *The Power of Pets: Creating a Connection*, AGING WELL, available at http://agingwellmag.com/news/exclusive_06.shtml (last visited Feb. 18, 2011).

raison d'être of animal-assisted therapy.⁵⁸ Animal-assisted therapy is important in nursing and assisted living facilities as well as for the homebound.⁵⁹ This interaction with animals creates a connection beyond the older person's own self and stimulates feelings of belonging and hope that may inspire older people to reconnect with others.⁶⁰

The feeling of belonging and being an insider is sustained not only by being healthy physically and psychologically,⁶¹ but also through cognitive exercise. An interesting study found improvement⁶² of the cognitive execution function of older people who volunteered at elementary schools for fifteen hours a week for a period of six months as members of the organization Experience Corps.⁶³ These volunteers (whose average age was sixty-seven) were vulnerable to cognitive decline in the loss of executive function.⁶⁴ Cognitive executive function is the ability to focus and make sound decisions about day-to-day living so that one can live independently and not be forced to live in institutions.⁶⁵ The volunteers assisted classroom teachers and librarians in their work with students.⁶⁶ The study indicates that volunteering requires not only social engagement, but also varied and demanding tasks that "confer great cognitive benefits for older adults."⁶⁷

58. Katie M. Cole, Anna Gawlinski, Jenny Kotlermanis & Neil Steers, *Animal-Assisted Therapy in Patients Hospitalized With Heart Failure*, 16 AM. J. CRIT. CARE 575 (2007) (concluding that animal-assisted therapy using a therapy dog improves cardiopulmonary pressures, neurohormone levels, and anxiety in patients hospitalized with heart failure); Sandra B. Barker & Kathryn S. Dawson, *The Effects of Animal-Assisted Therapy on Anxiety Ratings of Hospitalized Psychiatric Patients*, 49 PSYCHIATRIC SERVICES 797 (1998) (concluding animal-assisted therapy was associated with reduced anxiety levels for hospitalized patients with various psychiatric diagnoses)

59. *Id.*

60. *Id.*

61. See generally, Carol D. Ryff, *Psychological Well-Being in Adult Life*, 4 CURRENT DIRECTIONS PSYCHOL. SCI. 99 (1995).

62. Carlson, *supra* note 47.

63. See Experience Corps, *supra* note 47.

64. Carlson, *supra* note 47.

65. Erik Willcutt, Alys E. Doyle, Joel T. Nigg, Stephen V. Faraone & Bruce F. Pennington, *Validity of the Executive Function Theory of Attention-Deficit/Hyperactivity Disorder: A Meta-Analytic Review*, 57 BIOL. PSYCHIATRY 1336, 1336 (2005) ("Executive functions (EFs) are neurocognitive processes that maintain an appropriate problem solving set to attain a future goal. In a simplified model, EFs represent 'top down' cognitive inputs that facilitate decision making by maintaining information about possible choices in working memory and integrating this knowledge with information about the current context to identify the optimal action for the situation").

66. *Id.* at 1275, 1276.

67. *Id.* at 1280.

C. The Effect of Certain Life Transitions on Belonging and Aging Well

Certain life transitions heighten questions of belonging and membership. Widowhood is a major life event and an equally major source of stress.⁶⁸ Widowhood is one of those negative life changes that make people vulnerable “to *social isolation*, where the problem is a lack of social contact, and to *emotional isolation*, meaning the loss of an important other person,”⁶⁹ which is often a precursor to loneliness⁷⁰ and death.⁷¹ Marriage has been shown to be a protection against death, especially if the spouses are living together,⁷² and mortality rates are higher among previously married people who are living alone.⁷³ Moreover, suicide rates increase during widowhood, especially for men.⁷⁴ For some, the loss of the emotional and social connection to a spouse is not replaced by other social connections, and that lack of connection exacerbates the need to belong.⁷⁵ It is, therefore, important for the widowed to form other bonds with family, friends, and organizations.⁷⁶

Transition from paid work to retirement is usually a major life transition point, and it may also have significant effects on aging well and the sense of belonging. Some studies suggest that retirement may even be a more significant major life event than widowhood.⁷⁷ Retirement may remove important sources of older peoples’ identities

68. Carolyn Balkwell, *An Attitudinal Correlate of the Timing of a Major Life Event: The Case of Morale in Widowhood*, 34 FAM. REL. 577 (1985).

69. Jylha, *supra* note 53, at 158.

70. *Id.*

71. Felix Elwert & Nicholas A. Christakis, *The Effect of Widowhood on Mortality by the Causes of Death of Both Spouses*, 98 AM. J. PUB. HEALTH 2092, 2092 (2008) (observing that “[t]he increased likelihood for a recently widowed person to die - often called the ‘widowhood effect’ - is one of the best documented examples of the effect of social relations on health.”); S.V. Subramanian, Felix Elwert, & Nicholas Christakis, *Widowhood and Mortality Among the Elderly: The Modifying Role of Neighborhood Concentration of Widowed Individuals*, 66 SOC. SCI. & MED. 873 (2008) (the study’s findings suggest that the neighborhood structural contexts that provide opportunities for interacting with others and new social engagements can be modifiers of the widowhood effects).

72. Rogers, *supra* note 16, at 330–33.

73. *Id.*

74. Bock, *supra* note 27, at 72–74.

75. Studies on the relationship between widowhood and suicide should inform public policy about the need to provide suicide prevention programs among those who are widowed and vulnerable. *Id.* at 77.

76. Kenneth F. Ferraro, Elizabeth Mutran & Charles M. Barresi, *Widowhood, Health, and Friendship Support in Later Life*, 25 J. HEALTH & SOC. BEHAV. 246, 247 (1984) (examining the role of friendship in confronting widowhood “in providing intimacy, a sense of belonging, and personal aid”).

77. Bock, *supra* note 27, at 73.

and sense of belonging, including things like their social network, job prestige, and daily connection and interaction with others. Retirement may also change their economic status.⁷⁸

If retirees do maintain their economic status, they often feel a stronger sense of belonging because they remain economically integrated in their communities.⁷⁹ Moreover, if their prior employment contributed to their sense of belonging by helping them feel productive, then informal activities after retirement—things like socializing, helping family and friends, and engaging in leisure activities—could be conducive to recreating that sense of productivity and fostering a sense of belonging.⁸⁰ Alternatively, volunteer work may also accomplish this purpose, and it can be just as productive and satisfying as paid work.⁸¹

For those whose transition to retirement results in financial dependency on family, and in particular when it means dependency on adult children, certain government policies can help create a greater sense of autonomy, authority, and ability for self-determination—they can allow older people to avoid having to depend solely on family. Government programs of this type evolved in modern times when families who could no longer take sole responsibility for their older members were forced to share some of this responsibility with others.⁸² In Western countries, the one who shares the responsibility is often the government.⁸³ Older peoples' feelings of belonging are affected when they are forced to rely on the government instead of providing for their own basic economic needs. Such government programs show the interdependency of belongingness between older people and the community by fostering a sense of belonging.⁸⁴

The Older Americans Act⁸⁵ is not well known, but it is an example of a government policy that has been effective in helping

78. *Id.* at 74.

79. Ravanera & Fernando, *supra* note 9, at 4–5.

80. *Id.* at 7.

81. *Id.* at 6–9; *See* Experience Corp., *supra* note 47.

82. *See generally*, Shanas, *supra* note 15.

83. Tan & Lee, *supra* note 23, at 1136–37 (explaining how western countries, especially after World War II, began to provide more social welfare for older people, and examining the current arguments against such policies).

84. Limited personal resources make it difficult to age well and feel a sense of belonging, but government programs are also susceptible when public funds are limited. *See*, Frank Eich, *Fiscal Challenges Posed by Aging Populations*, 25 SAIS REV. 93 (2004) (discussing how the United States and European countries recognize the fiscal challenges posed by aging, and examining how European countries might be able to address them).

85. Older Americans Act of 1965, Pub.L. No. 89-73, 79 Stat. 218 (codified as amended at 42 U.S.C. §§ 3001–3058ff (2006)).

some older people (sixty years and older) to stay in their communities. The United States Congress enacted this legislation in the 1960s, and it provides a structure to guide both federal and state governments as partners in this endeavor.⁸⁶ Being able to stay in their communities bolsters older people's sense of belonging.⁸⁷

In Part I the focus has been on how crucial the sense of belonging is to aging well. In light of the ever-increasing population of older citizens, and the individual, family, and societal costs incurred as a result of aging poorly, it is imperative for those who interact with older people to be aware of how important it is to foster a sense of belonging and demonstrate sensitivity to this basic human need. Parts II and III are concerned with the impact of the social phenomenon of ageism on aging well and the sense of belonging.

II. THE EVOLUTION OF AGEISM

Over the past 150 years, life expectancy has been increasing rapidly as more people are living to reach their sixties, seventies, eighties, nineties, and beyond. In 1870, the population of Americans over the age of 65 was only roughly 3.2 percent of the overall population.⁸⁸ It had increased to roughly 3.4 percent of the overall population by 1880,⁸⁹ and it increased significantly from 4.1 percent of the population in 1900 to 12.4 percent in 2000.⁹⁰ The United States Census Bureau has projected that this trend will continue until the population of Americans over age 65 reaches 20.2 percent by 2050.⁹¹

86. Federal funds are channeled through the states to a variety of programs without cost to persons sixty and over. These fund a variety of in-home and community-based services which are freely available to people over age sixty who have great economic and social needs and who meet other program service guidelines. *Id.*

87. See LAWRENCE A. FROLIK & ALSION MCCHRYSTAL BARNES, *ELDER LAW: CASES AND MATERIALS* 389–99 (4th ed. 2007) (discussing the importance of aging in place for many older people).

88. U.S. CENSUS BUREAU, DEP'T OF THE INTERIOR, *NINTH CENSUS: THE VITAL STATISTICS OF THE POPULATION OF THE UNITED STATES (1872)*, available at <http://www2.census.gov/prod2/decennial/documents/1870b-01.pdf>.

89. U.S. CENSUS BUREAU, DEP'T OF THE INTERIOR, *COMPENDIUM OF THE TENTH CENSUS (1882)*, available at http://www2.census.gov/prod2/decennial/documents/1880b_p1-01.pdf.

90. Projected Future Growth of the Older Population, ADMINISTRATION ON AGING, available at http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx#age (last modified June 23, 2010).

91. The population of individuals 65 and older is projected to increase from 12.4 percent of the overall population in 2000 to 20.2 percent of the population in 2050. In particular, the Non-Hispanic White People population aged 65 and older will increase from 29.4 million in 2000 to 51.7 million in 2050. Non-Hispanic Black People aged 65 and older will increase from 2.8 million in 2000 to 9.9 million in 2050, and Hispanic People 65 and older will increase from 1.7 million in 2000 to 17.5 million in 2050. Men of all races over 65 will rise from 41.2 percent

Given the increasing numbers of older Americans, it is important that all age groups interact with one another respectfully, and that none of the groups perceive the older group as being different or outsiders.

With older people becoming a much larger proportion of the population, there will be greater contact and interaction among the age groups. It is imperative to dispel notions and stereotypes about older (and younger) people because opinions based on erroneous beliefs will be detrimental to a well functioning society. If society looks at aging as a natural process, then older people will be seen as part of life's continuum, belonging to and participating in the process.⁹² Many younger people, however, see older people as a homogeneous group that is different from their own,⁹³ meaning that the older people do not belong. They overtly, but perhaps subconsciously, cease to identify with older people.⁹⁴ As a result, in many circumstances, instead of feeling like they belong, many older people are made to feel like outsiders; and ironically, many older people, like their younger counterparts, share the opinion that older people are different and outsiders.⁹⁵ How did this negative attitude about older people and aging—now identified as ageism—evolve?⁹⁶

Prior to the mid-to-late nineteenth century, society's view of old age was "neutral or predominately positive."⁹⁷ By the turn of the twentieth century, there was a clear attitudinal change to an increasingly negative view of old age.⁹⁸ Societal changes, coupled with society's behaviors, beliefs, and attitudes about age, led to more segregation by age and fear of old people.⁹⁹ Certainly, the changes resulting from the industrial revolution influenced these feelings—movement from an agrarian to an urban society significantly changed

of the population in 2000 to 45.1 percent in 2050, and women of all races over 65 will decrease from 58.8 percent in 2000 to 54.9 percent in 2050. *Id.*

92. Margo I. Sorgman & Marilou Sorensen, *Ageism: A Course of Study*, 23 *THEORY PRAC.* 117, 117 (1984) (stating that students must see "aging as a time-span in one's life cycle"); Crosnoe & Elder, *supra* note 48.

93. *See generally*, Faye Lomax Cook, *Editorial. Ageism: Rhetoric and Reality*, 32 *GERONTOLOGIST* 292 (1992); Jacob Tuckman & Irving Lorge, *Attitudes Toward Old People*, 37 *J. SOC. PSYCHOL.* 249 (1953).

94. *See, e.g.*, Sandra L. McGuire, Diane A. Klein & Shu-Li Chen, *Ageism Revisited: A Study Measuring Ageism in East Tennessee, USA*, 10 *NURSING & HEALTH SCI.* 11, 11 (2008).

95. *Id.* ("People are socialized into believing these labels and they begin to think about their own aging as if the labels were true.")

96. Much of this history of ageism comes from Professor Linda Whitton's article, *Ageism, Paternalism and Prejudice*, 46 *DEPAUL L. REV.* 453 (1997).

97. *Id.* at 462.

98. *Id.*

99. *Id.* at 458-71.

family dynamics.¹⁰⁰ At the same time, society's obsession with youth emerged, accompanied by the cultural belief that youth embodied the qualities necessary to advance society into this new progressive era.¹⁰¹ This obsession is well-entrenched in twenty-first century society.¹⁰²

Old age became synonymous with disease and natural degeneration, and thus an older person's sickness was assumed to be untreatable.¹⁰³ Ironically, even as health care improved and more people survived to old age, old age became closely associated with death. Looking back, modern health care may also have added to society's negative attitudes in another way¹⁰⁴—as more people lived to old age, their larger numbers may have made them lose their sense of “uniqueness” in society, in contrast to small numbers of people who reached old age prior to mid-nineteenth century.¹⁰⁵ Research also indicates a “growing importance of peer associations and a decreasing significance of intergenerational relationships.”¹⁰⁶

By the middle of the twentieth century, it was clear that old age was no longer admired or “accepted as a natural process,”¹⁰⁷ and misconceptions and stereotypes about old people were substantially accepted by society.¹⁰⁸ Dr. Robert N. Butler, a physician and gerontologist, coined the term ageism in 1969, and while he first categorized it as just another form of bigotry, he later expanded its meaning.¹⁰⁹ In 1969, he defined age discrimination or ageism as “prejudice of one age group toward the other age groups”¹¹⁰ and compared it to racism and classism, but he noted that, unlike racism or classism, ageism was overlooked by society.¹¹¹ He also noted that

100. *Id.* at 462; Monique M. Williams, *Invisible, Unequal, and Forgotten: Health Disparities in the Elderly*, 21 NOTRE DAME J. L. ETHICS & PUB. POL'Y 441, 443 (2007).

101. Whitton, *supra* note 96, at 463.

102. Liz Schwaiger, *To Be Forever Young: Towards Reframing Corporeal Subjectivity in Maturity*, 1 INT'L J. AGEING & LATER LIFE 11 (2006).

103. *Id.* at 12.

104. Douglas C. Kimmel, *Ageism, Psychology, and Public Policy*, 43 AM. PSYCHOL. 175, 175 (1988).

105. *Id.* at 176.

106. Whitton, *supra* note 96, at 461.

107. Schwaiger, *supra* note 102, at 12.

108. Tuckman & Lorge, *supra* note 93; In 1937, while upholding the constitutionality of the Social Security Act (Old-Age, Survivors, Disability Insurance Act), the Supreme Court observed the existence of discrimination based on age in the workforce and noted that it was difficult for people “at so low an age as 40” to be reemployed. *Helvering v. Davis*, 301 U.S. 619, 642 (1937).

109. Jacob Tuckman and Irving Lorge appear to be the first social scientists to have observed and studied such ageist attitudes. Tuckman & Lorge, *supra* note 93.

110. Robert N. Butler, *Age-Is: Another Form of Bigotry*, 9 GERONTOLOGIST 243, 243 (1969).

111. *Id.*

“age-ism” (his spelling of the term in his 1969 article) against the old “reflects a deep seated uneasiness on the part of the young and middle-aged—a personal revulsion to and distaste for growing old, disease, disability, and fear of powerlessness, ‘uselessness,’ and death.”¹¹²

In later writings he modified the definition, focusing only on the old:

Ageism can be seen as a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplished this for color and gender Ageism allows the younger to see older people as different from themselves, thus they subtly cease to identify their elders as human beings.¹¹³

In 1980, he noted three distinguishable and interrelated aspects of ageism that perpetuate stereotypes harmful to older people: prejudicial attitudes, discriminatory practices, and institutional practices and policies, often without malice.¹¹⁴ In 2008, he wrote that ageism takes the form of stereotypes, myths, disdain, sarcasm, scorn, subtle avoidance, and discriminatory practices.¹¹⁵ Ageism, for the purposes of this essay, is defined as “prejudice toward, stereotyping of, and/or discrimination against any person or persons directly and solely as a function of having attained a chronological age which the social group defines as *old*.”¹¹⁶

112. *Id.*

113. ROBERT N. BUTLER, WHY SURVIVE? BEING OLD IN AMERICA 12 (Harper & Rowe 1975).

114. Robert N. Butler, *Ageism: A Foreword*, 36 J. SOC. ISSUES 8, 8 (1980) (“There are three distinguishable yet interrelated aspects to the problem of ageism: 1) Prejudicial attitudes toward the aged, toward old age, and toward the aging process, including attitudes held by the elderly themselves; 2) discriminatory practices against the elderly, particularly in employment, but in other social roles as well; and 3) institutional practices and policies which, often without malice, perpetuate stereotypic beliefs about the elderly, reduce their opportunities for satisfactory life and undermine their personal dignity. The attitudes and beliefs, the discriminatory behaviors, and the institutional norms and policies are related and mutually reinforcing to one another. All three have contributed to the transformation of aging from a natural process into a social problem in which the elderly individual bears the detrimental consequences.”).

115. ROBERT N. BUTLER, THE LONGEVITY REVOLUTION: THE BENEFITS AND CHALLENGES OF LIVING A LONG LIFE 40–41 (2008).

116. Chelsea L. Simkins, *Ageism’s Influence on Health Care Delivery and Nursing Practice*, 1 J. NURSING STUDENT RES. 24, 24 (2007) (quoting R.T. Penson, K. J. Daniels & T. J. Lynch, Jr., *Schwartz Center Rounds: Too Old to Care?*, 9 ONCOLOGIST 343 (2004)). Dr. Butler initially defined ageism as applying to any age group, but noted the negative effects toward old people. Butler, *supra* note 110; Others have noted positive ageism and positive stereotypes. See e.g., Thomas Nicolai Iversen, Lars Larsen & Per Erik Solem, *A Conceptual Analysis of Ageism*, 61 NORDIC PSYCHOL. 4, 7 (2009); Amy J. C. Cuddy, Michael J. Norton & Susan T. Fiske, *This Old Stereotype: The Pervasiveness and Persistence of the Elderly*

III. THE DIMENSION OF AGING AND THE EFFECTS OF AGEISM ON AGING WELL AND ON THE SENSE OF BELONGING

Society's obsession with youth continues to inform many of the biases, prejudices, myths, and stereotypes of advancing age. Some of the typical negative assumptions that have been reported on and studied include the ideas that the old are old-fashioned, incompetent, depressed, unproductive, disengaged, slow thinking, inflexible, unattractive, and sexless.¹¹⁷ These assumptions are unfortunate because they are not completely true—research supports a growing consensus that “the degree and rate of aging varies among individuals without regard to chronological age,”¹¹⁸ that “psychological and cognitive changes tend to occur at different rates within the same individual,”¹¹⁹ and that “[t]he elderly, when defined as a group chronologically, are more heterogeneous than homogeneous.”¹²⁰ This last fact leads some social scientists to reclassify older people as “young old,” “old old,” and “oldest old” to indicate this diversity.¹²¹

If older people experience negative ageism, Part III demonstrates that they will be treated as outsiders—often as being invisible—and will feel like outsiders, that their sense of belonging will be diminished and damaged, and that they will not age well. Unfortunately, social science studies and the law confirm that ageism exists in the United States in many different fields and forms.¹²²

Surprisingly, much of the research reveals that ageism is particularly prevalent in health care practice,¹²³ and that it is common

Stereotype, 61 J. SOC. ISSUES 267, 278 (2005) (discussing the components of ageism: cognitive, emotional, and behavioral).

117. See, e.g., Williams, *supra* note 100, at 444; BUTLER, *supra* note 115, at 12 (listing stereotypes in a definition of ageism); Isadore Rubin, *The “Sexless Older Years”—A Socially Harmful Stereotype*, 376 ANNS.AM. ACAD. POL. & SOC. SCI. 86 (1968); Tuckman & Lorge, *supra* note 93.

118. Whitton, *supra* note 96, at 467; accord, K. Warner Schaie, *Ageism in Psychological Research*, 43 AM. PSYCHOLOGIST 179, 181 (1988); Christoffersen, *supra* note 1, at 393.

119. Whitton, *supra* note 96, at 467.

120. *Id.*; accord Haug & Folmar, *supra* note 1, at 335–41 (cohort tables showing differences); Peter G. Coleman, *Aging and the Satisfaction of Psychological Needs*, 11 PSYCHOL. INQUIRY 291, 291–92 (2000) (noting that social scientists resist studying advanced old age).

121. Cook, *supra* note 93 at 292.

122. See, e.g., McGuire, Klein & Chen, *supra* note 94; Simkins, *supra* note 116; Erdman Palmore, *The Ageism Survey: First Findings*, 41 GERONTOLOGIST 572 (2001); Age Discrimination Act of 1975, Pub. L. 94-135, 89 Stat. 728 (codified as amended at 42 U.S.C. §§ 6101–07 (2006)) (prohibiting any program or activity receiving federal financial assistance from discriminating on the basis of age).

123. Williams, *supra* note 100, at 444 (A physician concludes: “The impact of age discrimination is evident across all aspects of health care delivery. Health care policies and

both in the United States and other Western countries.¹²⁴ A number of studies of physicians and nurses indicate that they often prefer younger people over older people because they believe that younger people are more productive¹²⁵ and have “a greater potential to live longer and healthier lives.”¹²⁶ Another study showed that this preference and the reasoning behind it were broadly favored by the public in the United Kingdom.¹²⁷ Studies also show that nurses prefer patients who are mentally alert in a way that many older people are not.¹²⁸

Some health workers are influenced by the stereotype that old age involves disability and decline.¹²⁹ This stereotype might be one of the reasons that geriatric medicine and nursing are not particularly popular practice areas. Similarly, compared to other practice areas, geriatricians are paid less,¹³⁰ which may be another reason why residencies in geriatrics are not always filled in the United States.¹³¹ Studies show that health care professionals in other countries have a similar bias against careers in geriatrics. In general, health professionals seem to feel that age causes the ills of older people, and that working with older people is “low-status” work.¹³² These factors make many professionals uninterested in geriatrics as a career, even when they recognize the need.¹³³ Not surprisingly, most of the negative feelings reported by health professionals were shown to have been influenced by negative attitudes about old people.¹³⁴

practices, the health delivery system, and health care professionals manifest ageism.”).

124. See, e.g., Phoebe Weaver Williams, *Age Discrimination in the Delivery of Health Care Services to Our Elders*, 2009 MARQUETTE ELDER'S ADVISOR 1 (2009) (discussing ageism in health care in Canada and the United Kingdom); Alison Parsons, *Attitudes to the Elderly*, available at <http://www.ciap.health.nsw.gov.au/hospolic/stvincents/1993/a06.html> (discussing ageism in health care in Australia and other Western countries).

125. See Parsons, *supra* note 124.

126. Simkins, *supra* note 116, at 24 (citing studies).

127. Aki Tsuchiya, Paul Dolan & Rebecca Shaw, *Measuring People's Preferences Regarding Ageism in Health: Some Methodological Issues and Some Fresh Evidence*, 57 SOC. SCI. & MED. 687 (2003).

128. Simkins, *supra* note 116, at 24 (citing studies); Sarah A. Cooper & Peter G. Coleman, *Caring for the Older Person: An Exploration of Perceptions Using Personal Construct Theory*, 30 AGE & AGING 399 (2001).

129. Jan Reed & Charlotte L. Clarke, *Nursing Older People: Constructing Need and Care*, 6 NURSING INQUIRY 208, 210 (1999); see Whitton, *supra* note 96, at 472 (discussing how the medical profession created the decline and failure model of aging).

130. Robert L. Kane & Rosalie A. Kane, *Ageism in Healthcare and Long-Term Care*, GENERATIONS, Fall 2005, at 49, 51 (noting that studies show geriatric physicians complain about their long hours with patients and that reimbursement from Medicare is inadequate).

131. Whitton, *supra* note 96, at 472.

132. Alison Parsons, *Attitudes to the Elderly*, ST. VINCENT'S NURSING MONOGRAPH (1993) 51, available at <http://www.ciap.health.nsw.gov.au/hospolic/stvincents/1993/a06.html>.

133. *Id.* at 1.

134. Reed & Cark, *supra* note 129, at 208 (noting that providing nursing care to older

Even when a health professional chooses to treat older patients, ageism may contribute to lower standards of care. For instance, studies support the theory that physicians use chronological age as a bench mark for health care.¹³⁵ As such, physicians may attribute patient complaints to aging rather than health related problems.¹³⁶ They may see the problems as normal signs of aging rather than treating the problems as signs of illness, as they would with younger patients.¹³⁷ For example, delay in the diagnosis and treatment of certain mental illnesses is based on the misconception that the symptoms are a normal part of aging.¹³⁸ As a result of not treating complaints as signs of illness, older people are frequently under-treated.¹³⁹ Health professionals may take a longer time to listen to and ask questions of younger patients—and consequently make better diagnoses—than they do for older patients.¹⁴⁰ Furthermore, health professionals may not offer the same medical treatment protocols to older patients.¹⁴¹ These trends are disturbing, and health professionals should be cautioned about giving in to ageism. Age is only appropriate in health treatment as a secondary factor in making medical decisions, and it should not be used as a stand-alone factor.¹⁴²

Under-treatment may also result because of the stereotype that older people do not want certain medical treatments. This is especially true regarding the treatment of cancer.¹⁴³ Studies have shown that there are other reasons than lack of desire for an older person not choosing a certain treatment, and often the reason is that the person was not presented a choice or that the person followed their

people is referred to as a “Cinderella service’ because of its unpopularity with nurses and its lack of status and resources”); Alison Parsons, *Attitudes to the Elderly*, available at <http://www.ciap.health.nsw.gov.au/hospolic/stvincents/1993/a06.html> (discussing ageism in health care in Australia).

135. Kane & Kane, *supra* note 130, at 49 (noting that there may be disparities in treatment, but it is only ageism if age is the only reason for the difference); Williams, *supra* note 124, at 3–4.

136. Schaie, *supra* note 118, at 181 (discussing the importance of “distinguishing between normal age change and disease”); Kane & Kane, *supra* note 130, at 49.

137. Palmore, *supra* note 122, at 573.

138. Williams, *supra* note 100, at 444.

139. See Williams, *supra* note 100, at n. 22 (citing other examples of under-treatment).

140. Kane & Kane, *supra* note 130, at 49.

141. Williams, *supra* note 100, at 445.

142. Kane & Kane, *supra* note 130, at 50.

143. See *e.g.*, Kane & Kane, *supra* note 130, at 50 (describing how physicians advised against following through with treatments for certain cancers); Whitton, *supra* note 96, at 475 (describing a study that compared the interactions between social workers and older oncology patients and those between social workers and younger oncology patients).

physician's advice.¹⁴⁴ Another researcher opines that Americans tend to defer to their physicians for treatment advice, and physicians often fail to suggest aggressive treatments to older patients, even if they would have done so with younger patients in similar situations.¹⁴⁵ Other researchers have also found that older patients (in their eighties, for this study) do want active treatment and are willing to suffer discomfort.¹⁴⁶

A number of studies also raise the issue of older people being systematically excluded from clinical drug trials.¹⁴⁷ This exclusion is particularly troublesome because some of the drug trials are testing medication specifically targeted for the older age group.¹⁴⁸ Drug trials are directly related to clinical care, and they help physicians analyze evidence and extrapolate how various age groups will tolerate the medication.¹⁴⁹ In order to ensure accurate evaluations, all age groups should be part of the trial unless there are non-ageist reasons for the exclusion.¹⁵⁰

Physically manifested ailments are not the only types of complaints that go undiagnosed or untreated in older patients. Depression is often seen as part of the aging process and sometimes goes untreated.¹⁵¹ Studies report that depression is the "most frequent psychiatric diagnosis in the older population"¹⁵² and that many older patients do not seek medical treatment on their own.¹⁵³ Recently, the Centers for Disease Control reported this same finding.¹⁵⁴ Reports also show that seniors from some ethnic groups receive less mental health care than others.¹⁵⁵ Two possible reasons for this may be (1) that older

144. Williams, *supra* note 124, at 18.

145. Simkins, *supra* note 116, at 26 (citing Hyman B. Muse, *Paris and New York: More in Common than You Think!*, 21 J. CLINICAL ONCOLOGY 1389-90 (2003)).

146. Kane & Kane, *supra* note 130, at 53.

147. See Kane & Kane, *supra* note 130, at 51; Williams, *supra* note 124, at 447-48.

148. Kane & Kane, *supra* note 130, at 51.

149. Williams, *supra* note 100, at 447-48.

150. See *e.g.*, Kane & Kane, *supra* note 130, at 51 (explaining that older people may be excluded because they have multiple diseases. If it is scientifically shown that persons with multiple diseases complicate the analysis of the trial, then that would be an example of a non-ageist reason for exclusion because age would not be a stand-alone factor).

151. Mary Benek-Higgins, Connie J. McReynolds, Ebony Hogen & Suzanne Savickas, *Depression and the Elder Person: The Enigma of Misconceptions, Stigma, and Treatment*, 30 J. MENTAL HEALTH COUNSELING 283, 288 (2008).

152. *Id.* at 284.

153. *Id.*

154. Paul Kleyman, *Ethnic Seniors Grapple with Depression—Alone*, NEW AMERICAN MEDIA Feb. 18, 2010 <http://newamericamedia.org/2010/02/ethnic-seniors-grapple-with-depression—alone.php>.

155. *Id.*

ethnic groups are often lumped together which makes it difficult to perceive the cultural differences among the groups, and (2) that some ethnic groups feel a cultural stigma against seeking mental health care.¹⁵⁶ Finally, some physicians believe that older people cannot benefit from psychotherapy, but some studies contradict this notion and indicated that older people actually respond very well.¹⁵⁷ There is, however, a shortage of clinicians who work primarily with older people.¹⁵⁸

Similarly, many physicians, like so many others in society, hold onto the myth that older people are not sexually active.¹⁵⁹ Unfortunately, this misconception can be dangerous to their health and can lead to their deaths.¹⁶⁰ Physicians do not routinely test older people for sexually transmitted diseases, including AIDS (Acquired Immune Deficiency Syndrome) and HIV (Human Immunodeficiency Virus), or counsel them about safe sex practices.¹⁶¹ In fact, the World Health Organization registered concern that older people are rarely included in Demographic Health Surveys.¹⁶² From 2004 to 2009, only thirteen of thirty surveys included older males, and none included older females.¹⁶³ The Centers for Disease Control also recognized the need to respond to HIV risk in older patients and recently recommended that routine HIV testing be extended from age 50 up to age 64, and that those over age 64 ought to be given counseling if they have risk factors for HIV infection.¹⁶⁴ Though recent research

156. *Id.*

157. Benek-Higgins, McReynolds, Hogen & Savickas, *supra* note 151, at 291.

158. *Id.* at 284.

159. Rubin, *supra* note 117, at 86–87 (observing in 1968 that society did not generally recognize that sex continues in old age, and when it was recognized, sexual interest by older people was described as deviant behavior by lechers); Eva Reimers, Book Review, 1 *Int'l J. Ageing & Later Life* 119 (2006) (reviewing MERRYNN GOTT, *SEXUALITY, SEXUAL HEALTH AND AGEING* (2005)) (observing in 2005 how dominant these two myths are: “asexual old age” and “sexy oldie”).

160. Rubin, *supra* note 117, at 86–87 (observing in 1968 that society has not given recognition that sex continues in old age, except describing such sexual interest as deviant behavior and such older person as a lecher); Reimers, *supra* note 159 (observing in 2005 how dominant these two myths are: “asexual old age” and “sexy oldie”).

161. Anthony S. Fauci, Richard J. Hodes & Jack Whitecarver, *NIH Statement on National HIV/AIDS and Aging Awareness Day* NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (Sept. 18, 2010) <http://www.niaid.nih.gov/news/newsreleases/2010/Pages/HIVAgeingday10.aspx>; *HIV/AIDS Among People 50 and Older*, CTRS. FOR DISEASE CONTROL & PREVENTION (Feb. 2008), <http://www.cdc.gov/hiv/topics/over50/resources/factsheets/pdf/over50.pdf>.

162. George P. Schmid et al., *The Unexplored Story of HIV and Ageing*, 87 *BULL. WORLD HEALTH ORG.* 162, available at <http://www.who.int/bulletin/volumes/87/3/09-064030/en/index.html>.

163. *Id.*

164. *Id.*

shows older people respond well to antiretroviral treatment,¹⁶⁵ a recent study found that older women had poor knowledge of the transmission of HIV, and that because of the physiology of the female body, women may be more vulnerable to its transmission.¹⁶⁶

The impact of ageism can extend well beyond the doctor's examination room. Studies have also examined ageism expressed as bigotry, derogatory labels for patients, demeaning terms and jokes, patronizing language, invisibility in the media and in day-to-day life, and discrimination in areas like housing and employment.¹⁶⁷ Ageism also can be implicit, that is, unintentional or unconscious.¹⁶⁸ Such ageism exists throughout society and is not limited to the health care system. Even with positive ageism, where older people may be stereotyped as sweet and nice, these stereotypes often lead to the older person being patronized and not taken seriously.¹⁶⁹ These studies show that ageism is prevalently woven into all aspects of our society.¹⁷⁰

For older people ageism interacts directly and negatively with aging well and a sense of belonging. Obviously, a major concern is how to eliminate ageism and thereby eliminate its effects because there are usually no social sanctions against ageism.¹⁷¹ A theme in all the studies mentioned above is the need to educate people about what ageism is and how damaging its effects can be. Though ageism may manifest itself overtly, it is a much more troublesome societal issue when it is unconscious because it is harder for people to recognize it.¹⁷²

165. *Fact Sheet No. 616: Older People and HIV*, AIDS INFONET, http://www.aidsinfonet.org/fact_sheets/view/616 (last revised May 29, 2010).

166. Susan J. Henderson et al., *Older Women and HIV: How Much Do They Know and Where Are They Getting Their Information*, 52 J. AM. GERIATRICS SOC. 1549 (2004).

167. See, e.g., Palmore, *supra* note 122; McGuire, Klein & Chen, *supra* note 94.

168. Becca R. Levy, *Eradication of Ageism Requires Addressing the Enemy Within*, 21GERONTOLOGIST 578, 578 (1984) (defining implicit ageism as "the thoughts, feelings, and behaviors toward elderly people that exist and operate without conscious awareness or control, with the assumption that it forms the basis of most interactions with older individuals").

169. Alison Parsons, *Attitudes to the Elderly*, available at <http://www.ciap.health.nsw.gov.au/hospolic/stvincents/1993/a06.html>.

170. McGuire, Klein & Chen, *supra* note 94, at 11 (citing studies).

171. The law may be effective in protecting older people from some aspects of ageism. As to age discrimination in employment, the U.S. Congress enacted the Age Discrimination in Employment Act of 1967 (ADEA), protecting individuals 40 years and older in companies with 20 and more employees, excluding employees of the various states (by United States Supreme Court decision). Pub. L. 90-202, 81 Stat. 602, (codified as amended at 29 U.S.C. §§ 621-634 (2006)). This statute and its amendments have had mixed results. (Decisions by the United States Supreme Court have limited its interpretation. A 2009 decision, *Gross v. FBL Financial Services, Inc.*, 129 S. Ct. 2343 (2009), made it more difficult for the plaintiff to prove an age discrimination case.) Guardianship laws in almost all states have been reformed and do not make old age, alone, a ground for pursuing a guardianship over an older person.

172. Levy, *supra* note 168, at 578 (discussing how in order to eradicate ageism people

Because ageism has become so prevalent, there is an urgent need for early education to combat it. Studies show that once children reach the ages of twelve and thirteen, it becomes hard to change their ageist attitudes.¹⁷³ Some researchers argue that a course on aging and ageism should be part of the school curriculum as a strategy to expose children early on to aging and the negative effects of ageism.¹⁷⁴ Age segregation, begun in the nineteenth century, may be one of the reasons for ageism in children¹⁷⁵—age groups are independent and may interact infrequently. Studies also demonstrate that when intergenerational integration begins early and is sustained children will manifest fewer ageist attitudes.¹⁷⁶ Grandparent-grandchild interaction is the traditional process of this intergenerational integration.¹⁷⁷ The organization Generations United was started to provide some intergenerational contact and tackle ageism by focusing and collaborating on improving intergenerational understanding and relationships.¹⁷⁸ Studies also recommend educating health professionals about ageism in their work, including the very real possibility that they have unconscious ageist attitudes of their own.¹⁷⁹

IV. CONCLUSION

As numerous studies suggest, a sense of belonging is a vital part of aging well, and ageism interferes with that sense. Ageism is particularly ironic because both the young and the old have the same

must recognize when their behavior is triggered by ageism and not attribute such behavior “to another factor that better fits their preferred self-images as reasonable and fair individuals”).

173. McGuire, Klein & Chen, *supra* note 94, at 11 (citing studies).

174. Sorgman & Sorenson, *supra* note 92, at 117.

175. *See generally*, Whitton, *supra* note 96.

176. Avshalom Caspi, *Contact Hypothesis and Inter-Age Attitudes: A Field Study of Cross-Age Contact*, 47 SOC. PSYCHOL. Q. 74 (1984); Dominic Abrams, Anja Eller & Jacqueline Bryant, *An Age Apart: The Effects of Intergenerational Contact and Stereotype Threat Performance and Intergroup Bias*, 2 PSYCHOL. & AGING 691 (2006).

177. Peter A. Zablotsky, *To Grandmother's House We Go: Grandparent Visitation After Adoption*, 32 WAYNE ST.L. REV. 1, 46 (1985) (noting that some sociologists believe the “interaction between grandparents and grandchildren mitigates ageism in children because older people love them . . . and eliminates fear of old age because grandparents serve as ancestor role models.”).

178. Generations United, *Our Mission*, <http://www.gu.org/ABOUTUS/OurMission.aspx> (last visited Feb. 18, 2011).

179. Simkins, *supra* note 116, at 24 (citing studies); Ann Danielle M. Buttner, A Dissertation: Changes in Students' Attitudes Toward Aging After a Gerontological Nursing Course (Nov. 2008) (unpublished dissertation, University of Nebraska) (on file with author) (concluding gerontological nursing education promotes more positive attitudes toward older people among the students, but this education neither lessened their own anxiety about personal aging nor increased their interest in pursuing geriatric nursing).

basic human needs, including a sense of belonging. Ageism destroys that sense of belonging for older people because they are treated as outsiders. It is important for our society to be educated regarding our propensity toward ageism. Perhaps education can reduce the societal prevalence of ageism, but the law is not an effective tool when ageism is expressed in forms that the law cannot address or when the remedy that the law provides is hard to enforce. Certainly, education is not the only way to eradicate ageism, but it continues to raise society's awareness about how ageism makes it difficult for older people to age well and have a sense of belonging.¹⁸⁰

Finally, an additional aspect of belonging and aging well is a sense of belonging to one's own self. Studies have shown that some older people may internalize ageism and accept the prevalent stereotypes and the myths that older people are outsiders.¹⁸¹ If people see older generations as being part of the "other," then it becomes harder for them to have a sense of belonging to themselves as they age. A scholar in aging studies cautions those who "suggest revising the aging process to mean staying active: traveling, going back to school, becoming involved in communities," and so forth.¹⁸² This advice "values *doing* over *being*," she warns.¹⁸³ This advice, "act young, be young,"¹⁸⁴ is a variation on America's obsession-with-youth theme—where young is better¹⁸⁵—and it is an antecedent of ageism.¹⁸⁶ The concept of 'old' is renumbered from 65 to 85, which does little to challenge the negative valuations of advanced aging.¹⁸⁷ Perhaps the Baby Boomer generation, which is said to have changed society as it aged,¹⁸⁸ may help to change society's attitudes about chronological age. Age does not solely define a person, but sadly, it often hinders a person from feeling a sense of belonging and from being fully integrated into society.

180. See also Valerie Braithwaite, *Reducing Ageism*, in AGEISM: STEREOTYPING AND PREJUDICE AGAINST OLDER PERSONS, 331 (Todd D. Nelson, Ed. 2004) (suggesting a ten-point plan for ageism reduction).

181. Kane & Kane, *supra* note 130, at 51.

182. Leni Marshall, *Aging: A Feminist Issue*, 18 FEMINIST FORMATIONS vii (2006).

183. *Id.* at ix.

184. *Id.*

185. Whitton, *supra* note 96, at 463.

186. Marshall, *supra* note 182, at ix.

187. *Id.*

188. Ravanera & Fernando, *supra* note 9, at 5–6 (noting that studies on the early and mid-life courses of Baby Boomers show that they have deviated from those life courses of earlier generations).

