The Center for Health and Aging Innovation
Working Paper Series

Ageism in the Family

Authors

Stacey Gordon, DSW, New York University, Work Life
Ernest Gonzales, Associate Professor, New York University, Silver School of Social Work

Suggested Citation

Gordon, S., & Gonzales, E. (2022). Ageism in the Family. The Center for Health and Aging Innovation Working Paper Series, No. 20222. http://hdl.handle.net/2451/63896.

Abstract

Ageism and age discrimination negatively affects older people's access to employment and healthcare. Ageism also manifests within families and has not yet been well studied, despite significant implications for the wellbeing of older adults and families. This paper takes the position that the problem of ageism in the family can be understood through the lens of larger social structural factors that shape intrapersonal and interpersonal relations in families.

Introduction

As Robert Butler (1969) noted, ageism consists of both stereotyping and discriminating against people because they are old. The consequences of ageism in the workplace, healthcare, and at the individual level have been well documented. Despite the fact that older adults contribute economically and socially through paid work, caregiving responsibilities and civic engagement, ageism prevents opportunities to age productively (Ayalon, 2017; Gendron; 2022; Gonzales, et. al, 2015; Levy, 2020). The problem of ageism as it occurs in the family has not yet been well documented (Gordon, 2020).

Internalized ageist beliefs held by older adults and their families may interact in complex ways to limit choices and opportunities for older adults to age well, and for families to optimize healthy and strong social bonds. That is, internalized ageism held by older adults combined with the family's biased stereotypes about aging, can likely result in microaggressions, diminished health, and corrosive family relations. The family is often idealized as the most intimate, supportive, and safe setting for a person throughout the lifespan, with family members providing critical caregiving support (Schulz & Eden, 2016). Normative expectations about family members emphasize the importance of each other, and the help and support families provide to one another (Anderson & White, 2018). The centrality of family relationships for older adults is reinforced through persistent contact and closeness, especially as connections with same-age peers diminish due to relocation, reprioritization of social relations, and death. Relationships with same-age siblings and younger family members are often the most important source of continued contact to the world for older adults (Hareven, 2019).

However, ageist attitudes about older people held by family members often go unchallenged (Calasanti, 2005; Levy, 2022; Gendron, 2022), resulting in age discrimination in

the family. In this article, we argue that despite intergenerational bonds between family members, ageism and age discrimination within the family exists, is significant, and requires study. We argue that ageism within the family is an overlooked socio-ecological domain when considering structural ageism: intrapersonal, interpersonal, and institutional factors. We begin with an overview of structural ageism in the United States. Next, we present the tripartite model of ageism and how it operates in conjunction with implicit ageism and stereotype embodiment within older adults and families. Finally, we provide examples of ageism in the family from clinical social work settings and conclude with implications for research and practice in the helping professions.

Structural Ageism

Ageism, like other 'isms,' can often be traced to structural forces that can influence and reproduce ageist thoughts, feelings and behaviors at the micro-level (Allport, 1969; Levy, 2022: Gendron, 2022, Gordon, 2020; Gonzales, et al., 2021). Age discrimination has been well documented in medicine, mental health care (Ben-Harush, et al., 2016; Bodner et al., 2018; Wyman et al., 2018), governmental systems (Calasanti, 2020), education (Gallo, 2019), employment (Dennis & Thomas, 2007; Gonzales, Lee, & Marchiondo, 2021; Marchiondo, et al., 2016; National Academies of Sciences, Engineering, and Medicine, 2022), popular culture (Smith, et al., 2018), the advertising industry (Robinson & Umphrey, 2006), media (Loos & Ivan, 2018; Meisner, 2021) technology (Cutler, 2005), and science (Polizzi & Millikin 2002). Structural ageism permeates every aspect of society (Chang, et al., 2020). The pervasive and inescapable effects of ageism are widely viewed as a threat to older individuals' well-being (Ayalon, 2019; Levy, 2019; North & Fiske, 2012) with wide-ranging cognitive, physical,

psychological, and economic consequences (Levy, et al., 2018; Nelson, 2016; Polizzi & Millikin, 2002; Swift et al., 2017).

Cognitive, Affective and Behavioral Components of Ageism in the Family

Cognitive Component. Older parents may experience ageism in their daily lives through interpersonal interactions, exposing them to false beliefs, assumptions, and stereotypes. Age stereotypes are often accepted as fact, and influence the cognitive component of ageism. These stereotypes held by adult children and grandchildren form the basis of interactions and communications with and about their aging parents (Cuddy & Fiske, 2002; Eagly & Chaiken, 1993; Gordon, 2020; Iversen et al., 2009; Levy, 2001; Levy & Banjali, 2002).

Stereotypes can be both positive and negative; however, either can encourage paternalism and support ageist behaviors (Chonody, 2016). In the family, stereotypes about aging parents are not only based on cultural references derived from, for example, mass media, but can also be based on historical family traditions and norms "shaped by the family's shared expectations of how family roles are to be performed within various contexts" (Byng-Hall, 1998, p. 4). Embedded within these family norms are expectations about ways of relating to an aging parent or grandparent. They can be particularly salient around caregiving, living arrangements, and health status, and offer a normative framework for emotional and physical proximity between family members, as well as the frequency and intensity of interactions between family members.

While there are indeed favorable stereotypes about older people, there are abundant negative stereotypes that may be communicated explicitly or implicitly toward an older parent, or communicated between family members while excluding the aging parent from conversation. Common stereotypes by young and old alike can include a belief that older family members are dependent, physically and cognitively impaired, lonely, deaf, lacking vitality or interest, asexual

and helpless. Familial norms can be based on overgeneralized views of aging, and can inflict unintended damage on older family members by their own internalizing of such views.

Levy (2022) describes the internal mental process whereby an older adult has incorporated cognitive beliefs and attitudes that overgeneralize negative stereotypes about aging and older adults. Such stereotypes are relied upon to guide thoughts, feelings and behaviors about self and others, and can lead to an array of negative life consequences for the older adult, ranging from poorer mental health, cognitive functioning and physical health (*see also* Cuddy & Fiske, 2002; Bennet & Gaines, 2010; Kotter-Grühn & Hess, 2012). This work is informed by stereotype embodiment theory (Levy, 2009) and stereotype threat theory (Steele, 2010), which posits that when an individual encounters a stereotype about their own group, (as may happen in the family), that individual is more prone to exhibiting the behavior that confirms the negative attribute. The individual will consequently underperform on stereotype relevant tasks (Steele, 2010).

This cognitive aspect to ageism within the family can occur when family members express concern for older adults, or take overly extreme precautions in their interactions with them in an attempt to protect them, inaccurately assuming that the aging parent is no longer able to protect themselves because of their advanced age. During COVID-19, we suspect ageism in the families significantly increased (Morrow-Howell & Gonzales, 2020). Barth, et al. (2021, p. 3) found:

> "Under the guise of 'protection,' there is an inverted role of authority. Older adults described feeling infantilized by their loved ones, but excused their adult children's behaviors quite readily... One respondent stated '[Our] children wrap us in bubble wrap […] but they worry too much, we

> do it [follow their restriction] to reassure them.' Older adult participants thought from the perspectives of adult children to justify their protective behaviors, remembering when they had done the same thing for their aging parents, reflecting an element of ageism within family dynamics."

Positive ageism can also be described as an over-accommodation in intergenerational communications. Based on and fueled by negative stereotypes of older people as needy, weak, or slow, "young people over accommodate to older people" (Giles, et al., 2003, p. 4), for example by behaving in overly polite, grammatically or ideationally simple ways. This type of positive ageism can occur regardless of the older person's level of functioning and autonomy and is often judged by the younger person as 'kind' or 'polite.' Holding a door open for an older person, even when they are capable of opening it on their own, or grabbing an older person's arm as they cross the street without asking if they would like or need help, assuming they cannot cross independently, are examples of positive and benevolent ageism. Cherry and Palmore (2008) suggest that these behaviors are fundamentally ageist in that "they reflect underlying assumptions based on a restricted and stereotypic view of later adulthood" (p. 857).

Positive ageism in the family includes a simplification of the needs and desires of the older family member, rather than seeing the full aging parent with a scope of complexity inherent in one who has lived a long life. These behaviors can be detrimental as they cause older adults to question their own capabilities and strengths and can lower self-esteem (Kemper et al., 1995; Gendron et al., 2016). In the family, a milestone birthday might trigger a hyper vigilant reaction by concerned family members, expressing an inappropriate or unneeded desire to be involved in directing their parent's care. The goal of the adult child is to keep their parent healthy, safe and well-cared for, but the parent might interpret these behaviors as unnecessary, patronizing or

bothersome (Caporeal & Culbertson, 1986; Ryan & Cole, 1990), or internalize them and begin to question their own capabilities (Levy, 2022).

Affective Component. The affective component of ageism consists of feelings and attitudes, such as contempt for older adults or fears about the vulnerability inherent in the later years of life (Butler, 2010). A sense of loathing that adult children may feel toward aging parents can be another manifestation of the affective component, and may serve to dehumanize their parents and deny them their rights to resources and participation in civil society (Estes & DiCarlo, 2019). Ageist attitudes may not seem discriminatory on the surface, but can produce negative effects.

Negative memories of caregiving experiences of parents and other relatives may linger, and family members may harbor fear and negative feelings about how they will handle caregiving tasks. Younger family members might feel a sense of responsibility to care for their parent but may also resent them for needing their help. Underlying the sense of responsibility to give care is the feeling that the parent is usurping family time that could be otherwise better spent with younger family members. The tasks related to the older family member, for example, may be seen as less important, less urgent and a weight on family members who may also experience conflict about who will take on the role of caregiver.

Behavioral Component. The behavioral component of ageism consists of age-based discrimination (Posthuma et al., 2012; Marchiondo et al., 2016). Discrimination serves to prohibit or disallow certain people or groups from participating fully in society (Butler, 1975). Microaggressions are a particularly useful construct to explicate the behavioral component of ageism within the family. Microaggressions refer to a common verbal or non-verbal slight or an insult directed at a target person who is a member of an oppressed group (Sue, 2010; 2004; Sue

et al., 2018). Microaggressions may serve to separate a person from their group, demean someone personally, or communicate their lower status, suggesting that they do not belong to the majority group. Microaggressions fall into three different categories: microassaults, microinsults, and microinvalidations (Sue, 2010). Examples of the different types of ageist microaggressions in the family are shown in Table 1.

Table 1. Type of Microaggressions in the Family

	Definition	**Example**
Microassaults	A conscious and explicitly derogatory verbal or non-verbal attack with the intention of causing harm to a person. This form of microaggression most closely resembles traditional types of discrimination.	*Mom, you're way too old for that job. Give it up already! You'll never get hired anyway. Someone half your age could do the job way better than you.*
Microinsult	Comments or gestures which convey rudeness and insensitivity toward a person because of their social identity.	*Dad, c'mon, you don't need to look in the mirror anymore. No one is interested in how an old man looks anyway.*
Microinvalidation	A negative comment made without awareness of its impact, that causes a person to question their own thoughts, feelings or experiences.	*Said to a sibling in the presence of an older Mother: Hey, can you believe mom called me AGAIN to figure out how to turn off her cell phone ringer? No one over 75 should have an iPhone. Old people are completely incompetent around technology.*

Microaggressions offer a framing of the behavioral aspects of ageism within the family, in which ageism is expressed overtly or covertly, through interactions between family members consisting of subtle microinsults, microinvalidations, and microassaults. A microaggression toward an older family member might question their opinion or indicate that they have lost their

ability to participate in a conversation, or imply that they lack competence or capacity in performing certain tasks due to their age.

Implicit Ageism

Microaggressions about age are rooted in implicit age stereotypes, which operate unconsciously, and without intent to harm, yet when activated in a family context, they may contribute to the older person's questioning their decision-making power, their cognitive and mental status and their physical capacities (Levy & Banaji, 2002). Implicit age stereotypes influence both younger people's beliefs, feelings and behaviors about older adults', and older adults' beliefs, feelings and behaviors of themselves and other older adults. Gendron et al. (2016) posits that implicit ageism is often communicated using biased language. However, the person communicating may be unaware of the negative quality of their language, and the receiver of the communication may also be unaware of the bias involved. For example, older adults might communicate self-doubt about their capability (such as memory functioning) to a family member, which in turn reinforces the family member's implicit negative hunch about memory function and age. What began with self-doubt or questioning of memory function can perpetuate a downward cycle and lead to an older adult's deterioration in actual memory functioning (Levy & Banaji, 2002). An example of implicit ageist behavior from a younger person directed to an older person might occur when an older family member's driving is called into question, when the older adult is not cognitively impaired. The family might automatically suspect or assume that a car accident involving their older family member was the fault of the older person, without getting the full range of facts about the accident. In other situations, family members might avoid raising concern directly with the older person about their driving ability and instead talk to one

another about what "they should do" about the older adult's driving; "should we take away dad's keys", for example, is a common question.

Implications for Research and Practice

Family interactions are based on intimate life-long connections, often involving physical or emotional proximity between family members. As an older family member experiences health-based changes, family power dynamics shift, providing fertile ground for ageism and ageist attitudes to emerge. Given the scant scholarly attention to ageism in the family, it is important for research to develop psychometric tools to accurately measure it, identify its prevalence across diverse family settings, and to conduct longitudinal studies that discern the causal effects on health and functioning of the family.

Drawing from the literature on ageism within the workplace (Cortina, 2008), we posit that there is likely an interaction between intra- and inter-personal ageism in the family (Figure 1 below). Assuming an older parent can hold positive to negative internalized ageism, and when family members are aware of ageism in the family it either prohibits or promotes such behavior, there are four different types of family contexts that emerge. We hypothesize that overt discrimination will most likely emerge when a parent has negative internalized age-related beliefs and when families also endorse false assumptions on aging and health. This family context will likely be characterized with loss of autonomy and restricted opportunities for activities by the aging parent. Adult children may assume the parent needs to be placed in assisted living or cannot drive. Another hypothesized family type is one in which age discrimination is covert. We posit that this occurs when family members hold negative age stereotypes but the parent does not hold internalized negative stereotypes on aging. Here, there is conflict between a self-aware parent who wants to remain at home, continue to work, or engage

in certain activities but the family continues to communicate dismay and disappointment in those choices because of age stereotypes. An incongruence between ageist beliefs also exist when an aged parent embodies negative age stereotypes yet family members embody positive stereotypes. The parent may be anxious, stressed, and request unnecessary attention and care, which could cause early caregiving burnout and fatigue among family members. Finally, we posit that a healthy family context is one in which both the parent and family members are cognizant of ageism and age discrimination and strive to promote care on the health, economic, and social conditions of the adult parent and the environmental conditions in which they are embedded. This context is perhaps the most optimal in that the parent(s) and family rely on data, rather than stereotypes, to inform decisions around living, working, leisure, and autonomy and/or care.

Figure 1. Ageism in the Family Context

		Internalized Ageism by Aging Parent(s)	
		Pro-Aging Beliefs	**Negative Aging Beliefs**
Family Context	**Prohibits Ageism**	Little or no discrimination	Covert discrimination
	Permits Ageism	Covert discrimination	Overt discrimination

Implications from these different family contexts of ageism suggests families in therapeutic relationships should be educated about ageism, how it manifests within families and within society and its negative effects on the entire family. The Social Work Code of Ethics offers a model for clinicians to follow when working with clients; and a key component of this Code is that clinicians should strive to promote the dignity and worth of each individual. It is important that clinicians include age in their expression of social justice and strive to create a

culturally competent practice informed by evidence about age and aging. As ageism is often communicated through microaggressions, it is important to educate families about the finer details and complexities of communicating with older family members, to notice microaggressive comments and how to reframe communications when speaking directly with older people.

Clinicians should be encouraged to examine their own internalized ageism and the ways they relate to their older clients. It is important for clinicians to examine the systems of care in which they work and to whom they provide referrals. If ageism and age discrimination are present in long-term care settings that they are referring clients to (in advertising for facilities, when speaking with employees of the facility, and within the facility itself), clinicians can offer psychoeducation to professionals working in these settings, reminding professionals of the negative consequences of ageism and encouraging direct care staff and managers to think more critically about how these attitudes and behaviors manifests in their system of care. It is also crucial for clinicians to elevate the unique voice and perspective of the older person within their own family, especially in situations where there is conflict about care decisions. Clinicians must pay special attention to and learn about families with multiple marginalized identities. It is important that they learn about and be aware of the implications of the intersection of these identities and ageism, and how ageism multiplies the discriminatory effect of and the need to understand culturally competent methods of practice.

Conclusion

Ageism in the family is understudied, yet is an important dimension to structural ageism. In this paper we offer several hypotheses, suggesting a need for more empirical data on the antecedents, manifestations, and outcomes of ageism in the family. Research needs to develop

valid and reliable measures to ascertain the prevalence and consequences of ageism in the family. There are likely four types of families that range in their awareness of pro- or anti-ageist belief systems that inform behavior. Conducting research within families is a necessary prerequisite to shift families from dynamics of discrimination to promoting choice and healthy aging. This is an important intervention for clinicians in geriatrics and gerontology.

References

Anderson, E.W. & White, K.M. (2018).“This Is What Family Does”: The Family Experience of Caring for Serious Illness. *American Journal of Hospice and Palliative Medicine®, 35*(2):348-354. doi:10.1177/1049909117709251.

Ayalon, L. & Tesch-Römer, C. (2017). Taking a closer look at ageism: self- and other-directed ageist attitudes and discrimination. *Eur J Ageing 14*, 1–4. https://doi.org/10.1007/s10433-016-0409-9.

Barth, N., Guyot J., Fraser, S.A., Lagacé, M., Adam, S., Gouttefarde, P., Goethals, L., Bechard, L., Bongue, B., Fundenberger, H., & Célarier, T. (2021). COVID-19 and Quarantine, a Catalyst for Ageism. *Frontiers in Public Health, 9*. DOI: 10.3389/fpubh.2021.589244.

Ben-Harush, A., Shiovitz-Ezra, S., Doron, I., Alon, S., Leibovitz, A., Golander, H., Haron, Y., & Ayalon, L. (2017). Ageism among physicians, nurses, and social workers: Findings from a qualitative study. *European Journal of Ageing, 14*, 39-48 https://doi.org/10.1007/s10433-016-0389-9.

Bennett, T., & Gaines, J. (2010). Believing what you hear: The impact of aging stereotypes upon the old. Educational Gerontology, 36(5), 435-445.

Bodner, E., Palgi, Y., & Wyman, M.F. (2018). Ageism in mental health assessment and treatment of older adults. In L. Ayalon & C. Tesch-Römer (Eds.), *Contemporary perspectives on ageism. International Perspectives on Aging, Vol 19,* (pp241-262). https://doi.org/10.1007/978-3-319-73820-8_15.

Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, 9, 243–246. https://doi.org/10.1093/geront/9.4_Part_1.243.

Butler, R. N. (1975). *Why survive?: Being old in America.* Harper and Row.

Butler, R. N. (2010). *The longevity prescription: The 8 proven keys to a long, healthy life*. Penguin.

Byng-Hall, J. (1998). *Rewriting family scripts: Improvisation and systems change*. Guilford Press.

Calasanti, T. (2005). Ageism, gravity, and gender: Experiences of aging bodies. Generations, 29(3), 8-12.

Calasanti, T. (2020). Brown slime, the silver tsunami, and apocalyptic demography: The importance of ageism and age relations. *Social Currents*, *7*(3), 195-211. https://doi.org/10.1177/2329496520912736.

Caporeal, L. R. & Culbertson, G. H. (1986). Verbal response modes of baby talk and other speech at institutions for the aged. *Language and Communication, 6*: 99–12.

Chang, E. S., Kannoth, S., Levy, S., Wang, S. Y., Lee, J. E., & Levy, B. R. (2020). Global reach of ageism on older persons' health: A systematic review. PloS one, 15(1), e0220857.Cherry, K. E., & Palmore, E. (2008). Relating to Older People Evaluation (ROPE): A measure of self-reported ageism. *Educational Gerontology*, *34*, 849–861. https://doi.org/10.1080/0360127080 2042099.

Chonody, J. M. (2016). Positive and negative ageism: The role of benevolent and hostile sexism. Aflia: *Journal of Women and Social Work*, *31*(2), 207–218. https://doi.org/10.1177/0886109915 595839.

Cortina, L. M. (2008). Unseen Injustice: Incivility as a Modern Form of Discrimination in Organizations. Academy of Management Review, 33, 55-75. http://dx.doi.org/10.5465/AMR.2008.27745097.

Cuddy, A. J., & Fiske, S. T. (2002). Doddering but dear: Process, content, and function in stereotyping of older persons. Ageism: Stereotyping and prejudice against older persons, 3(1), 26.

Cuddy, A. J., Norton, M. I., & Fiske, S. T. (2005). This old stereotype: The pervasiveness and persistence of the elderly stereotype. *Journal of Social Issues, 61*(2), 267–285. https://doi.org/10.111 1/j.1540-4560.2005.00405.

Cutler, S. (2005). Ageism and technology. *Generations*, *29*(3), 67-72.

Dennis, H., & Thomas, K. (2007). Ageism in the workplace. *Generations*, *31*(1), 84-89.

Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*. Harcourt Brace Jovanovich College Publishers.

Estes, C. L., & DiCarlo, N. B. (2019). *Aging A-Z: Concepts Toward Emancipatory Gerontology*. Routledge.

Gallo, V. (2019). Ageism in nursing education: A review of the literature. *Teaching and Learning in Nursing, 14*(3), 208-215. https://doi.org/10.1016/j.teln.2019.04.004

Gendron, T. L., Welleford, E. A., Inker, J., & White, J. T. (2016). The language of ageism: Why we need to use words carefully. *The Gerontologist*, *56*(6), 997–1006. https://doi.org/10.1093/geront/ gnv066.

Giles, H., Noels, K. A., Williams, A., Ota, H., Lim, T. S., Ng, S. H., ... & Somera, L. (2003). Intergenerational communication across cultures: Young people's perceptions of conversations with family elders, non-family elders and same-age peers. Journal of cross-cultural gerontology, 18(1), 1-32.

Gonzales, E., Gordon, S., Whetung, C., Connaught, G., Collazo, J., & Hilton, J. (2021). Acknowledging Systemic Discrimination in the Context of a Pandemic: Advancing an

Anti-Racist and Anti-Ageist Movement. *Journal of Gerontological Social Work.* DOI: 10.1080/01634372.2020.1870604.

Gonzales, E., Lee, Y. J., & Marchiondo, L. A. (2021). Exploring the Consequences of Major Lifetime Discrimination, Neighborhood Conditions, Chronic Work, and Everyday Discrimination on Health and Retirement. *Journal of Applied Gerontology*, 40(2), 121-131. https://doi.org/10.1177/0733464819892847.

Gonzales, E., Matz-Costa, C., & Morrow-Howell, N. (2015). Increasing opportunities for the productive engagement of older adults: A response to population aging. *The Gerontologist*, *55*(2), 252–261. https://doi.org/10.1093/geront/gnu176.

Gordon, S. (2020). Ageism and Age Discrimination in the Family: Applying an Intergenerational Critical Consciousness Approach. *Clinical Social Work Journal, 48*, 169–178 (2020). https://doi.org/10.1007/s10615-020-00753-0.

Hareven, T. K. (2019). The life course and aging in historical perspective. In Life course: Integrative theories and exemplary populations (pp. 9-25). Routledge.

Iversen, T. N., Larsen, L., & Solem, P. E. (2009). A conceptual analysis of ageism. *Nordic Psychology*, *61*(3), 4–22. https://doi. org/10.1027/1901-2276.61.3.4.

Kemper, S., Vandeputte, D., Rice, K., Cheung, H., & Gubarchuk, J. (1995). Speech adjustments to aging during referential communication task. *Journal of Language and Social Psychology, 14*, 40–59. https://doi.org/10.1177/0261927X95141003.

Kotter-Grühn, D., & Hess, T. M. (2012). The impact of age stereotypes on self-perceptions of aging across the adult lifespan. *The Journals of Gerontology. Series B, Psychological sciences and social sciences*, *67*(5), 563–571. https://doi.org/10.1093/geronb/gbr153.

Levy, B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current Directions in Psychological Science*, *18*(6), 332–336. https://doi.org/10.1111/j.1467-8721.2009.01662.x.

Levy, B. R. (2001). Eradication of ageism requires addressing the enemy within. *The Gerontologist*, *41*(5), 578–579. https://doi. org/10.1093/geront/41.5.578.

Levy, B. R. (2003). Mind matters: Cognitive and physical effects of aging self-stereotypes. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 58*(4), 203–211. https ://doi.org/10.1093/geronb/58.4. P203.

Levy, B. R. (2022). The role of structural ageism in age beliefs and health of older persons. JAMA Network Open, 5(2), e2147802-e2147802.

Levy, B. R., Slade, M. D., Chang, E., Kannoth, S., & Wang, S. Y. (2018). Ageism amplifies cost and prevalence of health Conditions. *The Gerontologist*, *20*, 1–8. https://doi.org/10.1093/geron t/gny131.

Levy, B. R., Zonderman, A. B., Slade, M. D., & Ferrucci, L. (2011). Memory shaped by age stereotypes over time. *Journals of Gerontology: Series B, 67*(4), 432–436. https://doi.org/10.1093/geron b/gbr120.

Levy, B., & Banaji, M. R. (2002). Implicit ageism. In T. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons,* (pp. 49–75). MIT Press.

Loos, E., & Ivan, L. (2018). Visual ageism in the media. In L. Ayalon & C. Tesch-Römer (Eds.), Contemporary perspectives on ageism. International Perspectives on Aging, vol 19, (pp 163-176). https://doi.org/10.1007/978-3-319-73820-8_15.

Marchiondo, L., Gonzales, E., & Ran, S. (2016). Development and validation of the workplace age discrimination scale. *Journal of Business and Psychology*, *31*, 493–513. https://doi.org/10.1007/ s10869-015-9425-6.

Meisner, B. (2021) Are You OK, Boomer? Intensification of Ageism and Intergenerational Tensions on Social Media Amid COVID-19, *Leisure Sciences*, *43,* 1-2, 56-61, DOI: 10.1080/01490400.2020.1773983.

Morrow-Howell, N. & Gonzales, E. (2020). Recovering from COVID-19: Resisting Ageism and Recommitting to a Productive Aging Perspective. *Public Policy & Aging Report*, *30*(4), 133-137. doi:10.1093/ppar/praa021.

National Academies of Sciences, Engineering, and Medicine (2022). Understanding the Aging Workforce: Defining a Research Agenda. Washington, DC: The National Academies Press. https://doi.org/10.17226/26173.

Nelson, T. D. (2016). The age of ageism. *Journal of social issues*, *72*(1), 191-198. https://doi.org/10.1111/josi.12162.

North, M. S., & Fiske, S. T. (2012). An inconvenienced youth? Ageism and its potential intergenerational roots. Psychological bulletin, 138(5), 982.

Nussbaum, J. F., Pitts, M. J., Huber, F. N., Krieger, J. L. R., & Ohs, J. E. (2005). Ageism and ageist language across the life span: Intimate relationships and Non-intimate interactions. *Journal of Social Issues*, *61*(2), 287-305. https://doi.org/10.1111/j.1540-4560.2005.00406.x.

Polizzi, K. G., & Millikin, R. J. (2002). Attitudes toward the elderly: Identifying problematic usage of ageist and overextended terminology in research instructions. *Educational Gerontology*, 28(5), 367–377. https://doi.org/10.1080/03601270290081344.

Posthuma, R. A., Wagstaf, M. F., & Campion, M. A. (2012). Age stereotypes and workplace age discrimination. In W. C. Borman & J. W. Hedge (Eds.), *The Oxford handbook of work and aging* (p. 298). Oxford University Press.

Robinson, T., & Umphrey, D. (2006). First-and third-person perceptions of images of older people in advertising: An inter-generational evaluation. *The International Journal of Aging and Human Development*, *62*(2), 159-173. https://doi.org/10.2190/2CXV-0LTM-2MJJ-NPEU.

Ryan, E. B. & Cole, R. (1990). Evaluative perceptions of interpersonal communication with elders. In H. Giles, N. Coupland & J. M. Wiemann (eds), *Communication, health, and the elderly* (pp. 172–190). Manchester University Press.

Schiamberg, L. B., & Gans, D. (1999). An ecological framework for contextual risk factors in elder abuse by adult children. *Journal of Elder Abuse & Neglect*, 11(1), 79–103. https://doi.org/10.1300/ J084v11n01_05.

Schulz, R., & Eden, J. (Eds.). (2016). Families caring for an aging America (p. 377). National Academies Press.

Smith, S. Pieper, K. & Chouti, M. (2018). Still rare, still ridiculed: Portrayals of senior characters on screen: Popular films from 2015 and 2016. USCAnnenberg School for Communication and Journalism.

Steele, C. M. (2010).Whistling Vivaldi: And other clues to how stereotypes affect us (Issues of our time). New York, NY: Norton.

Sue, D. W. (2004). Whiteness and ethnocentric monoculturalism: making the" invisible" visible. American Psychologist, 59(8), 761.

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation*. Wiley.

Sue, D. W., Capodilupo, C. M., Nadal, K. L., Rivera, D. P., & Torino, G. C. (2018). *Microaggression theory: Influence and implications*. Wiley.

Swift, H. J., Abrams, D., Lamont, R. A., & Drury, L. (2017). The risks of ageism model: How ageism and negative attitudes toward age can be a barrier to active aging. *Social Issues and Policy Review*, *11*(1), 195-231. https://doi.org/10.1111/sipr.12031

Wyman, M. F., Shiovitz-Ezra, S., & Bengel, J. (2018). Ageism in the health care system: Providers, patients, and systems. In L. Ayalon & C. Tesch-Römer (Eds.), Contemporary perspectives on ageism. International Perspectives on Aging, vol 19, (pp . 193-212). Springer, Cham.