Seventeen

Attitudes toward Aging and Their Effects in Behavior

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I. Introduction

Attitudes have historically been a central focus of social psychological research due to their assumed importance in directing behavior. At its most basic level, an attitude can be defined as an evaluation of a stimulus as reflected in our affective, cognitive, and behavioral responses to it (Fiske & Taylor, 1991). The evaluation of someone or something and our subsequent response may reflect a relatively conscious process as the individual considers information about the attitude object and then decides on a specific response. Alternatively, the linkage between evaluation and behavior may be relatively automatic in nature due to repeated experiences of particular responses being associated with specific attitude objects (Bargh, 1997). The basis of attitudes is also varied, with evaluation reflecting direct or indirect experiences as well as cognitive constructions that may have a basis in reality. Of importance for the present chapter is the fact that attitudes often have a social basis, reflecting one’s past experiences within specific social, cultural, and historical contexts.

A further factor of importance for our understanding of the relationship between attitudes and behavior relates to the fundamental nature of attitudes in the processing of information. Research has suggested that almost everything that we encounter has an evaluative component to it (e.g., Bargh et al., 1992). In addition, this evaluation occurs at a relatively early stage of processing with little demand on cognitive resources (e.g., Bargh et al., 1989). This primacy of evaluation and the fact that it may occur with little awareness on the part of the individual suggest a relatively powerful and potentially insidious influence on behavior.

In the field of gerontology, research has focused on the extent to which attitudes regarding the aging process can be used to understand the social basis of older adults’ functioning. A traditional approach in the field has been to focus on societal attitudes regarding the aging process, with studies examining affective reactions, beliefs and knowledge, and specific behavioral responses. A common perspective in such studies is that culturally based attitudes about aging
influence social structures and the treatment of older adults, which in turn affect the behavior of older adults, as well as perpetuate these attitudes. In other words, the focus is on understanding how the social environment affects the behavior of older adults. More recently, an emerging emphasis has been on how attitudes possessed by the individual might influence his or her own behavior. In both approaches, a primary assumption is that the social environment influences the behavior of older adults—and the aging process itself—through socially shared attitudes about aging.

An additional emphasis in research is on the distinction between explicit and implicit attitudes (i.e., evaluations available or unavailable to conscious experience). These two types of attitudes are not necessarily consistent with one another and they may operate in qualitatively different ways to influence behavior. For example, implicit attitudes may be contrary to those that are expressed explicitly (e.g., representing general, culturally shared knowledge), but may still exert an important influence on behavior without the individual’s awareness. This influence may be especially problematic when the attitudes are associated with negative stereotypes.

In this chapter, the goal is to review research relevant to understanding the impact of aging attitudes on behavior. As a starting point, research on the nature of attitudes about aging in adults of all ages is discussed, as well as moderators of these attitudes. The conditions governing their activation in others and the responses of older adults are then examined. The focus then switches to research examining the impact of one’s own attitudes about aging on behavior, including the mechanisms and moderators of such effects. Finally, conclusions regarding the influence of attitudes on the behavior of older adults and the aging process itself are presented.

II. Other’s Attitudes about Aging

As noted earlier, attitudes reflect one’s valenced evaluation of a stimulus, i.e., how positively or negatively predisposed one is toward a particular attitude object. There is general agreement in the field that these evaluations can have affective, cognitive, and behavioral components associated with them [Petty, Priester, & Wegener, 1994], with the influence being bidirectional. That is, attitudes can influence content in all three components (e.g., one acts in a manner consistent with evaluations of the attitude object) or content can influence attitudes (e.g., evaluation is based on one’s response to an attitude object). All three components have received attention in research on aging.

A. Indicators of Attitudes

1. Affective Components

The affective component of aging attitudes is perhaps less clearly delineated in research than are cognitive and behavioral components. An indication of affective responses can be seen, however, in research examining explicit, general attitudes toward younger and older adults. In a meta-analysis of such studies, Kite and Johnson [1988] found a clear bias toward judging older people more negatively than younger people in individuals of all ages. Although not all study effects supported this conclusion, 30 of 43 effect sizes were consistent with this bias and the overall effect size ($d = .39$) was moderate. The lack of consistency across studies is important, however, and is suggestive of contextual factors that may moderate attitudes.

This negative evaluation of older adults can also be found in specific contexts. For example, research in work settings has indicated that older workers are generally evaluated more negatively
than younger workers (see Finkelstein, Burke, & Raju, 1995). What is particularly interesting here is the fact that older workers in most industrial/organizational psychology studies include an age range [55 to 65] that most people would not consider to be old, highlighting the context specificity of many aging-related attitudes. An additional important point to be made here has to do with the fact that these age differences in performance evaluations are inconsistent with findings demonstrating little relationship between age and various aspects of worker performance (for reviews, see McCann & Giles, 2002; Warr, 1994).

Other studies have employed instruments designed to assess implicit attitudes that, by definition, are inaccessible to conscious examination. These investigations rely on associations between age and evaluative categories that are tapped in an indirect fashion through measures of memory and speed of classification. For example, Perdue and Gurtman (1990) found that young adults evaluated positive trait terms more quickly if preceded by the subliminal prime word “young,” whereas negative traits were evaluated more quickly if primed with the word “old.” Consistent with network theories of memory, the facilitating effect of the word old in making judgments about negative traits suggests a strong association between the two.

Chasteen, Schwarz, and Park (2002) noted that the negative words in this study were more reflective of stereotypes of the old, whereas the positive words were more reflective of views of youth, raising concerns that the results reflected stereotype-based associations rather than age-based evaluative differences. Using a lexical decision task in which stereotypicality and valence of the trait terms were disentangled, these researchers actually found relatively positive general attitudes toward older adults for both young and older participants. Importantly, however, stereotypical associations with negative traits were still in evidence.

Research using the implicit association test (IAT; Greenwald, McGhee, & Schwartz, 1998) has supported the general conclusions of Perdue and Gurtman (1990). This test intermixes two categorization tasks, one involving the contrast of interest (e.g., classifying a person as young vs old) and the other involving an evaluative judgment (e.g., classifying an object as pleasant or unpleasant). Implicit attitudes are then determined by examining the facilitating effect on performance when a particular response (e.g., pressing a computer key with the right hand) is associated with both a specific category and the evaluative judgment assumed to be congruent with that category (e.g., old and unpleasant, young and pleasant) versus when the response is associated with evaluations that are incongruent with the category (e.g., young and unpleasant). In line with research using explicit means of evaluation, studies employing the IAT have found consistent negative evaluations of older adults when compared with young adults (Hummert et al., 2002; Karpinski & Hilton, 2001; Nosek, Banaji, & Greenwald, 2002). As an indication of the strength of these effects, Nosek et al. (2002) noted that the negative implicit attitudes toward older adults obtained in their study were stronger than any of the others assessed, including those associated with race and gender. In addition, the strength of these attitudes does not wane with increasing age: older adults’ implicit attitudes are just as strong as those of younger adults. Finally, the strength of these negative implicit attitudes is reduced only slightly following the introduction of specific information designed to activate positive associations with old age.

One final observation about implicit attitudes is that they tend to be weakly
associated with explicit attitudes. For example, Hummert et al. (2002) found consistently negative implicit attitudes about older adults across three age groups (18–29, 55–74, 75–93), but explicit judgments revealed more positive evaluations of older adults in the youngest group when compared to the two older groups. Nosek et al. (2002) also demonstrated a dissociation between implicit and explicit attitudes, with negative explicit responses toward old being smaller than those observed with the implicit measure. In contrast to Hummert et al. (2002), however, these researchers found that negative explicit evaluations of older adults declined with increasing age.

2. Cognitive Components

A great deal of research that has focused primarily on the examination of beliefs, stereotypes, and perceptions about older adults and the aging process is relevant to understanding the cognitive component of attitudes. This is due to the fact that the content associated with these constructs is assumed to be evaluative in nature, and thus to reflect attitudes. Studies have been conducted within the context of several research traditions (see Heckhausen, Dixon, & Baltes, 1989). For example, from a sociological perspective, the interest has been in understanding beliefs about aging and their role in structuring the life course through societal institutions and structures guided by age norms. From a more psychological perspective, interest has focused more on examining the nature of aging-related beliefs and stereotypes with an eye toward understanding their role both in determining behaviors directed toward older adults and in guiding one’s own behavior through the course of development.

Research examining beliefs has proceeded from a relatively generic position in which the goal was to understand how people view aging to more focused studies in which the goal is to examine beliefs about specific aspects of behavior in order to understand the linkage between such beliefs and functioning. Good examples of the former are studies by Heckhausen and colleagues (Heckhausen & Baltes, 1991; Heckhausen et al., 1989) that investigated subjective conceptions of development as reflected in beliefs about the sensitivity of personal traits to change along with the timing and controllability of such change. Several interesting findings emerged from these investigations. First, adults of all ages expected behavioral losses to dominate over gains with increasing age. Second, the desirability of specific traits was correlated negatively with both the age of onset and the age of cessation of development, such that desirable traits were more likely to emerge and cease development earlier in adulthood than undesirable traits. Finally, desirability was correlated positively with perceived controllability. Although there were certain exceptions, general characterization of the aging process captured in these studies is rather negative in terms of the losses of desirable traits, the advent of undesirable ones, and the perceived inability to control the latter.

Other studies have looked at beliefs tied to specific domains. Traditionally, the most well-investigated domain has to do with cognition and, in particular, memory functioning. The results of these more focused studies are consistent with more general characterizations of aging. For example, Ryan (1992) and Ryan and Kwong See (1993) had a diverse group of participants with respect to age rate the memory ability of typical 25, 45, 65, and 85 year olds. They found that, regardless of type of memory examined, the expectation was that performance would decline in later adulthood, with a significant decline in some cases beginning...
during the period between 45 and 65. Interestingly, these same researchers found no significant variation in beliefs regarding control over memory across the same age range.

In another series of studies, Lineweaver and Hertzog [1998] and Hertzog, McGuire, and Lineweaver [1998] found strong agreement among young, middle-aged, and older adults concerning the course of memory decline, with all perceiving performance to be relatively stable up to age 30 or 40 and then decreasing thereafter. The type of memory task moderated this trend somewhat, with decline perceived to be less severe for memory for daily schedules and remote events. Importantly, however, belief in decline was pervasive across skills regardless of participant age. Similar results were obtained regarding beliefs about one’s control over memory, with control over current and future functioning expected to decline beginning around the fourth decade of life. Consistent findings have been observed in other realms of cognitive functioning (e.g., Camp & Pignatiello, 1988; Ryan et al., 1992).

Research has also demonstrated that not all beliefs regarding aging and cognition are negative, with differences in attributes being observed as a function of domain. Thus, for example, while old age might be associated with declining physical and cognitive skills, it is also thought to be associated with growth or maintenance of other aspects of functioning, such as those associated with expressive behavior or wisdom (e.g., Heckhausen et al., 1989; Slotterback & Saarnio, 1996).

Another approach to understanding attitudes about aging is through investigations of stereotypes about older adults, which can be thought of as organized knowledge structures that are used to categorize individuals on the basis of age. Similar to the functions of schemas and categories, stereotypes are used both to structure our perceptions of others and to make inferences about them (e.g., causal mechanisms underlying their behavior). Consistent with the foregoing discussion on affective responses, research on stereotypes has emphasized the relatively negative evaluations of older adults that exist in our culture.

Much of the initial work on aging stereotypes employed questionnaires that assessed agreement with statements describing stereotypic characteristics (e.g., Tuckman & Lorge, 1953) or that examined differences in responses associated with older adults versus those associated with people in general (Kogan, 1979). Another common manner of assessing aging stereotypes was—and still is—through the use of semantic differential instruments (e.g., Rosencranz & McNevin, 1969). Although these methodologies proved valuable in highlighting common perceptions about older adults, including the fact that they are not all negative, they are problematic in terms of a more functional approach to the study of stereotypes.

From a social cognitive perspective, stereotypes represent categories that play a critical role in the person perception process [Hummert, 1999]. Researchers adopting this perspective have attempted to describe the content of stereotypes as well as their hierarchical nature. These studies have revealed that the superordinate category of “older adult” does not do a good job of characterizing people’s cognitive representations, and thus instruments that focus simply on describing attributes of this category do not do justice to the complexity of people’s representations. Instead, stereotypes of aging are multifaceted, representing several subcategories that differentiate between subtypes of older adults. Brewer and colleagues (Brewer, Dull, & Lui, 1981; Brewer & Lui, 1984) were among the first to highlight the complex nature of aging stereotypes.
They found that both young and older adults possessed subtypes of older adults and that these subtypes represented both positive and negative views of aging.

This research was extended by others using more complex methods. For example, Schmidt and Boland (1986) and Hummert and colleagues (1990, 1994) employed cluster analyses on trait sortings and found evidence for multiple negative \( n=7-8 \) and positive \( n=3-5 \) stereotypes of older adults. Whereas these findings still highlight the generally negative attitudes toward older adults in our society, they also illustrate the facts that aging stereotypes are multifaceted and that the schemas used for categorizing older adults are not invariably negative.

A qualifying alternative view of this multifacetedness, however, comes from work by Fiske and co-workers (2002) on the nature of stereotypes. These researchers have argued that stereotypes of outgroups can be characterized in terms of their placement along two independent dimensions: competence and warmth. The in-group tends to be perceived as being high on both dimensions. In contrast, out-groups are perceived typically as being higher along one dimension than another, with the specific placement based on perceptions of status and competition relative to the in-group. According to research conducted by Fiske et al. (2002), the general stereotype of older adults is characterized as high in warmth — reflecting low competition — and low in competence — reflecting low perceptions of status. This appears to be consistent with earlier discussed findings relating to beliefs about older adults’ cognitive skills.

This same framework, however, suggests that most of the seemingly positive stereotypes identified in research on aging can also be characterized as negative along one of the two content dimensions (Cuddy & Fiske, 2002). For example, using the seven stereotypes that Hummert (1999) suggested were widely shared across age groups in our culture, only one — the golden ager — appears to be high on both warmth and competence. [Interestingly, Hummert notes that golden ager only emerges when middle-aged and older adults are included in the sample generating the stereotypes.] Others could be characterized as being low on at least one of the dimensions of competence (perfect grandparent, severely impaired, recluse) or warmth (John Wayne conservative, despondent, shrew/crumudgeon). Thus, whereas research on stereotypes does indicate that our conceptions of older adults are not all negative, this structural analysis of stereotype content in relationship to the aging stereotypes identified in the literature suggests an underlying negative component to most categories of older adults.

Another fruitful line of research examining cognitive components of attitudes has used a person-perception paradigm that focuses on observers’ reactions to the behavior of others. Attitudes are inferred from the different interpretations of and attributions for this behavior as a function of the age of the individual performing the behavior. Much of this work has focused on cognition, with a particular emphasis on memory functioning. In general, responses are consistent with expectations derived from the just-discussed work on beliefs and aging. For example, Erber (1989) found that an identical memory failure was judged as more serious in an older adult than in a younger adult, particularly by younger observers. This age-based double standard was evident in other studies as well, where memory failures were more likely to be attributed to internal stable causes (e.g., ability) in older adults, whereas attributions based in internal, unstable causes (e.g., effort) were more prevalent for younger adults’ failures.
[Erber, Szuchman, & Rothberg, 1990; Parr & Siegert, 1993]. Similarly, observers were more likely to recommend medical evaluations following memory failures in older adults than they were for the same failures in older adults [Erber & Rothberg, 1991].

Bieman-Copland and Ryan (1998) extended this research by examining responses to both memory successes and failures, with similar results. Specifically, successes were viewed as more typical in younger than in older adults, and failures were seen as more worrisome and diagnostic of mental difficulties in older than in younger adults. In addition, younger adults were perceived as having greater control in general over their memory functioning, and memory failures were more likely to be attributed to ability in older than in younger adults.

Similar findings have been obtained when other aspects of functioning have been examined. For example, Kwong See and Heller (2004) examined perceptions of different-aged adults who exhibited high and low levels of language performance and found that judgments reflected age-based stereotypic expectations (i.e., good performance in young adults, poor performance in older adults). Thus, poor-quality language performance in older adults was judged less negatively than it was in younger adults, whereas high-quality performance was judged relatively more positively. Such findings are consistent with the shifting standards model of stereotype-based judgments (Biernat, 2003).

Related attitudes are operative in specific contexts in which older adults function. For example, several investigations have examined perceptions of older workers, with results suggesting that aging-related biases are conveyed in judgments regarding capabilities. Relative to younger workers, older workers are perceived as less physically capable, less healthy, lower in productivity, inflexible, resistant to new ideas, and less capable of being trained. These attitudes are reflected in institutional behaviors that result in, for example, older workers being given fewer opportunities for training and learning of new skills [e.g., Capowski, 1996]. The disturbing aspect of such findings is that these attitudes typically fly in the face of reality. For example, as noted previously, there is little relationship between age and job productivity, and absenteeism is actually lower in older than in younger workers. What is equally disturbing is that these negative perceptions of older workers occur at an earlier age than commonly associated with more general aging attitudes, suggesting that the time frame typically associated with perceptions regarding the development of negative aging-related characteristics is compressed in the workplace.

Investigators have also examined perceptions in courtroom settings, revealing something of a mixed bag with respect to attitudes regarding older eyewitnesses. Relative to younger eyewitnesses, older adults are perceived as more honest, but less reliable [Kwong See, Hoffman, & Wood, 2001; Yarmey, 1984]. Interestingly, research has also demonstrated that witness age has little impact on perceptions of guilt [Brimacombe et al., 1997], suggesting perhaps that these two trends offset each other in jurors’ perceptions of witness credibility. A clever study by Kwong See et al. (2001) examined the impact of stereotypic beliefs in a more indirect fashion by testing whether participants would modify their own memory reports based on inaccurate information about the same event provided by either a young or older witness. Consistent with research examining more explicit attitudes, these researchers found that stereotypes were operative in that younger adults were more likely to adjust their memory to be consistent
with a young witness perceived to be high in competence than they were to an older witness of similar standing.

3. Behavioral

Attitudes are also reflected in behaviors toward older adults, which have been examined in a number of ways (for a review, see Pasupathi & Löckenhoff, 2002). For example, several investigations have examined the nature of communication with older adults. One finding from this research is that younger adults often use patronizing talk in their conversations with older individuals. Such talk is characterized by attributes such as simplification, superficiality of conversations, demeaning emotional tone, use of clarification strategies (e.g., careful articulation), and, in some cases, controlling or disapproving messages [Hummert & Ryan, 1996]. For example, younger adults have been shown to use simpler structures and a more patronizing tone when providing instructions to older adults than they do when communicating with same-aged peers (e.g., Rubin & Brown, 1976; Thimm, Rademacher, & Kruse, 1998). The adaptations to older adults were viewed by participants in these studies as accommodative, but they were also consistent with their stereotypes regarding the competencies of older adults. In its most extreme form, communication takes the form of baby talk by caregivers to institutionalized adults, and such talk has been associated with stereotypical beliefs regarding dependency in older adults (e.g., Caporeal, Lukaszewski, & Culbertson, 1983).

Aging-related attitudes also influence interactions with older adults in a variety of important social contexts. For example, research on doctor–patient interactions has suggested that physicians’ patterns of communication vary with the age of the patient. Greene and colleagues [1986] observed that doctors were more respectful, provided more specific information, and were more responsive to younger and middle-aged adults than they were to older adults. They also tend to spend less time with older adults (e.g., Radecki et al., 1988). In addition, physicians may also attribute older individuals’ treatable conditions to old age (e.g., Adelman et al., 1990), a situation with potentially grave consequences.

These findings clearly indicate that older adults are often responded to in a manner that is consistent with aging-related stereotypes. In extreme cases, these behaviors might be construed as ageist in nature in that they appear to be primarily in response to an individual’s age. In addition to being reflections of negative attitudes about older adults, such ageist behavior can have important consequences in terms of shaping and maintaining these views among members of a culture through such things as language, opportunities for older adults (e.g., receiving new training in the workplace), the creation of social structures (e.g., mandatory retirement ages), and even the design and reporting of psychological research (Schaie, 1988, 1993). These same factors can obviously have profound effects on older adults themselves through beliefs regarding the aging process conveyed in these behaviors and the constraints imposed by age-graded roles and social structures.

Note, however, that not all behavior reflective of negative attitudes about aging should be regarded as ageist. In certain situations, for example, use of elderspeak may actually reflect an adaptive accommodation on the part of the communicator to actual characteristics of the individual. As Pasupathi and Löckenhoff (2002) argued, it is important to consider the type of behavior, the cause of the behavior, and the characteristics of the target in making judgments about
whether specific actions toward an older adult are ageist or not.

D. Reactions of Older Adults

Negative attitudes are important to the extent that responses of those holding such attitudes affect older adults. Whereas such influence can occur within the context of everyday interpersonal interactions, it may also be evident at a more macrolevel in terms of institutional and social policies (e.g., age-related opportunities for training in the workplace). For present purposes, however, the focus is on the former type of influence with a specific emphasis on two areas in which there has been a fair amount of systematic research. The first area of investigation focuses on the effects of the previously discussed use of patronizing talk toward older adults, where the communication predicament of aging model (Ryan et al., 1986) has been developed to help understand such effects. This model posits that communications with older adults particularly those who are unknown to the speaker or who are in institutionalized settings are shaped by the speaker’s stereotypes of aging. This results in the use of patronizing talk as well as other forms of behavior (e.g., overhelping) that may reinforce stereotyped behaviors and negatively impact older adults in a number of ways, including loss of self-esteem (e.g., O’Connor & Rigby, 1996), lowered motivation and confidence in their ability (Avorn & Langer, 1982), reduced participation in activities, and loss of control (e.g., Rodin & Langer, 1980). These changes toward stereotype-consistent behavior may reinforce the speaker’s use of patronizing talk and other sorts of stereotype-based behaviors, conceivably resulting in even greater frequency of use. In support of such conjecture, patronizing speech has been found to have a negative impact on perceptions of the competence older adult targets of such speech (e.g., Harwood et al., 1997).

A second area of research has focused on behaviors reflecting dependence and independence. Investigations in this realm have suggested that stereotype-based behaviors can serve to foster dependency in older adults. Baltes and Wahl (1992, 1996) have found that older adults are more frequently reinforced—in terms of attention from social partners—for dependent than for independent behavior, and that such reinforcement generalizes across cultures, gender, health status, and settings. Independent behaviors on the part of older adults receive less frequent attention, particularly in institutionalized settings. The implication is that some stereotype-consistent behavior on the part of older adults is prompted by the social environment in order to promote social interaction. This dependence support script, as it is termed by Baltes and Wahl (1996), can be modified through interventions designed to reinforce independent behaviors (e.g., Baltes, Neuman, & Zank, 1994; Rodin & Langer, 1977). Whereas it is clear that aging attitudes shape dependence-related behaviors in older adults, it is also important to note that such behaviors may not always be reactions to the external environment. Instead, they may reflect selective processes designed to foster control and conserve resources (Baltes & Baltes, 1990).

E. Activators and Moderators of Attitudes

The foregoing discussion has painted a rather negative picture of societal perceptions of older adults and the impact on their behavior. Whereas the evidence does suggest a rather pervasive set of negative attitudes, even in those circumstances where more positive
attitudes are apparent (e.g., stereotypes), there is also research demonstrating that attitudes toward and treatment of older adults are moderated by particular factors. For example, stereotypes and beliefs regarding the negative aspects of aging are less strong in those who have high levels of knowledge about aging, frequent exposure and interactions with older adults, and are able to assume the perspective of older adults (e.g., Galinsky & Moskowitz, 2000; Hale, 1998; Luszcz & Fitzgerald, 1986). There is also some evidence that attitudes about aging are moderated by one’s culture (e.g., Ikels, 1990; Levy & Langer, 1994), although it should be noted that negative attitudes are commonplace in many cultures, including those depicted popularly as having more positive attitudes (for discussions of cross-cultural issues, see Ng, 2002).

Another moderator of attitudes relates to the nature of cues and the presence of counterstereotypic information in specific individuals. Research has demonstrated repeatedly that stereotypes about aging are most likely to influence perceptions of and interactions with older adults when age information and age-related cues are dominant and little individuating information is present. For example, the presence of aging-related physical cues associated with facial characteristics (Hummert, Garstka, & Shaner, 1997), gait (Montepare & Zebrowitz-McArthur, 1988), and verbal behavior (Bieman-Copland & Ryan, 2001) has been shown to increase the probability of stereotypic attributions and inferences.

Similarly, stereotypes are most likely to be activated and applied when specific information about an individual is lacking and age is the most dominant cue. When individuating information is available, especially when it is relevant to the social context in which the older adult is encountered, stereotypes are much less likely to be applied. For example, person-perception studies examining evaluations of memory skills have shown that variations in judgments about older and younger adults disappear when specific information is provided about the capabilities of the individual being judged (e.g., Erber, Etherett, & Szuchman, 1992; Erber et al., 1996). Similarly, perceptions of older workers are less biased when the salience of age is decreased and context-relevant information (e.g., worker’s qualification for their job) is presented (Finkelstein, Burke, & Raju, 1995). Such findings are consistent with models of stereotyping that assume their operation in the absence of more specific information about the individual (e.g., Fiske & Neuberg, 1990; Leyens, Yzerbyt, & Schadron, 1994).

Another factor that moderates the severity of aging-related attitudes is the age of the individual. Although the relatively negative attitudes about aging evident in young adulthood are shared by older individuals as well (e.g., Heckhausen et al., 1989; Hummert et al., 1994), there does appear to be a metamorphosis in the nature of these attitudes as a function of one’s experience of getting older and the gradual transformation of older adulthood from out-group to in-group status. Research on aging stereotypes has shown that middle-aged and older adults have more positive and more complex representations of old age than younger individuals (e.g., Brewer & Lui, 1981; Hummert et al., 1994; Linville, Fischer, & Salovey, 1989), perhaps reflecting an in-group bias that is commonly reflected in greater complexity of categories to which the perceiver belongs (e.g., Linville, Salovey, & Fischer, 1986). Consistent with this view, Brewer and Lui (1984) found that the differentiation and complexity of aging stereotypes were greatest for the subcategory to which older adults perceived themselves as belonging. This aging-related complexity...
is also manifested in findings that older adults view the subtypes of older age identified in stereotype research as being less typical than younger adults [Hummert et al., 1994], perhaps reflecting greater perceptions of variability by older adults of individuals within their age group due to greater familiarity [Linville et al., 1989]. Older adults also appear to have more complex characterizations of the nature and controllability of development [Heckhausen & Baltes, 1991; Heckhausen et al., 1989]. Contradictory evidence in this regard also exists. For example, Lineweaver and Hertzog [1998] found that general memory efficacy beliefs corresponded well with more personal beliefs, with few age differences in the degree of correspondence.

Interestingly, increasing age not only appears to be associated with more positive attitudes about older adults [e.g., Chasteen, 2000], but also with more positive and less prejudicial attitudes toward younger adults [e.g., Chasteen, 2005; Mathesen, Collins, & Kuehne, 2000]. This positive attitude toward an out-group by older adults is inconsistent with responses based on social identity theory [e.g., Tajfel, 1981] and may reflect the relatively unique status of age as a marker of group status. Specifically, the fact that older adults were once younger adults may result in greater familiarity with and empathy toward this out-group, which in turn has been shown to be associated with more favorable attitudes [e.g., Batson et al., 2002]. Older adults’ former status as younger adults might also be seen in the nature of self-referent beliefs. Mueller, Wonderlich, and Dugan [1986] found that older adults were just as likely to ascribe traits associated with young adulthood to themselves and similar-aged others as they were those associated with old age, whereas younger adults exhibited a clear self-referential bias for youthful traits.

These age differences are also reflected in attitudes toward one’s own aging. Younger adults tend to have less positive views of their own aging than do older adults, at least up to around age 75 [Chasteen, 2000]. Research has suggested that the degree to which one holds negative views of aging is in part related to concerns about one’s own aging [e.g., Braithwaite, Lynd-Stevenson, & Pigram, 1993]. Relatedly, older adults often have more positive attitudes about themselves than about same-aged peers [e.g., Heckhausen & Brim, 1993; Heckhausen & Krueger, 1997; Luszcz & Fitzgerald, 1986], although this is not always observed [e.g., Ryan & Kwong See, 1993].

Hummert [1999] has further argued that cues associated with older adults’ physical appearance and behavior may activate aging stereotypes in others, which in turn influence their behavior toward these same individuals. For example, research has shown that many individuals use patronizing talk with older adults [e.g., Kemper, 1994], even though it is viewed as demeaning and disrespectful [e.g., Ryan, Meredith, & Shantz, 1994]. Stereotyped-based treatment by others may heighten older adults’ awareness of the aging-related beliefs held by these individuals as well as the fact that they are being viewed as members of the stereotyped group. Such treatment may serve as a mechanism through which stereotypes can influence older adults’ memory performance, for example, through the impact of associated affective responses or activated belief systems [e.g., Cavanaugh, Feldman, & Hertzog, 1998].

In conclusion, there is strong evidence for negative attitudes regarding aging within Western culture. These attitudes are reflected in affective, cognitive, and behavioral components of behavior and they are relatively pervasive, both across individuals and across contexts. In addition, evidence suggests that older adults
are aware of these attitudes — and in fact express them in a rather strong manner themselves — and that they are influenced by treatment by others based in these attitudes. On a more positive note, attitudes regarding aging are not all negative, and perceptions about older adults may be relatively positive in certain contexts. There is also good evidence that older adults are most likely to be perceived in terms of negative stereotypes when individuating information is not present and age-based cues are the most obvious characteristics available about the individual. This suggests that negative attitudes about aging, reflected in feelings toward, knowledge about, and responses to older adults are moderated by context. At the same time, the pervasiveness of generally negative attitudes about aging in our culture results in such attitudes serving as the default baseline for judging older individuals, with this influence being strongest in situations involving unfamiliar individuals or under conditions where there is minimal incentive for the perceiver to extensively process information about an older individual.

This section emphasized the general conceptual perspective that emphasizes the degree to which the attitudes held by others shape the behaviors of older adults. A general schematic of this relationship is provided at the top of Figure 17.1. This diagram depicts the flow associated with external sources of influence, as cues associated with the older adult affect the activation of attitudes associated with old age in others, which influence their behaviors (e.g., speech, assistance) toward the older adult. These, in turn, affect the older adults’ actual behavior as he or she responds to these behaviors. Note that the modes of external influence can occur at a number of different levels, ranging from individual reactions to older adults in one-on-one situations to the sociocultural level, where responses may take the form of policies and social structures with implications for older adults.

The behaviors of others can be thought of as part of a larger category of situational cues relating to more internal modes of attitude–behavior influence (see lower portion of Figure 17.1). Such cues may serve to activate self-related attitudes, which in turn influence behavior. The next section reviews research that attempts to understand
this relationship between the older adult's own aging-related attitudes and their behavior.

III. Self-Related Attitudes

As just described, much research on attitudes about aging has focused on the nature of those attitudes, their impact on the treatment of older adults, and the effects of this treatment on the behavior of older adults. Another important area of research—and a potentially more meaningful one for understanding aging-related change—has examined the relationship of older adults' attitudes about aging to their own behavior. As just documented, even though older adults have more complex and positive representations about aging than younger individuals, they still share many of the same attitudinal components with their younger compatriots. This continuity presumably represents the acquisition of socially shared beliefs regarding old age that they acquired at a younger age (e.g., Levy, 2003), at which time old age was still an out-group and thus susceptible to many of the biases in behavior and perception common to in-group members. The relatively positive view of youth versus old age may also be seen in the fact that research using the IAT has shown that there is greater identity with youth than old age across adulthood (Greenwald et al., 2002; Hummert et al., 2002).

In addition, although older adults are less likely to ascribe the negative characterizations of aging used to describe others in their age group to themselves, their views of their own behavior still reflect beliefs and stereotypes about aging. For example, Luszcz and Fitzgerald (1986) had participants rate the characteristics of adolescents, middle-aged adults, older adults, and themselves. Although older adults exhibited less negative views of their group than younger individuals, as well as less negative views of themselves than of other older adults, their ratings for self and other older adults were still less positive than their ratings of middle-aged adults. Similarly, Heckhausen and Krueger (1993) found that adults of all ages expected more positive development for self than for others, and this trend was particularly enhanced in older adults. At the same time, however, older adults still described developmental trajectories for themselves that reflected typically documented beliefs of declines in desirable traits and increases in undesirable traits in later life. In a related study, Heckhausen and Brim (1997) found that older adults perceived themselves to have fewer problems relative to peers, but age differences in self-reported problems were consistent with expectations (e.g., more health problems with increasing age).

The traditional approach to investigating relationships between one's attitudes and their behavior is through an examination of self-referent beliefs (e.g., control, self-efficacy), which are presumed to reflect attitudes regarding aging. A more recent approach has been to examine more direct avenues of influence between attitudes and behaviors that do not necessarily rely on the mediating role of beliefs. Research of both types is discussed in the next sections.

A. Beliefs

Much of the research on self-referent beliefs has focused on memory, and that focus is reflected in this review. Note that there are several excellent reviews of this literature (e.g., Berry, 1999; Hertzog & Hultsch, 2000; Miller & Lachman, 1999), and thus the main goal in this section is to use representative findings to illustrate the role of beliefs in determining age differences in memory.
instead of providing an exhaustive review.

Research on memory-related beliefs in relation to aging has been conducted from a wide range of perspectives, with the primary emphasis being on the examination of expectations about change in one’s own ability (e.g., self-efficacy) and the factors that influence performance and change (e.g., control). Whereas the focus of these two types of self-referent beliefs varies, the results of research suggest a common theme that is consistent with the previously reviewed research on aging attitudes; specifically, aging is associated with declining memory skills and reductions in the ability to control memory.

Although older adults tend to have more optimistic views of themselves than of same-aged peers, research has also demonstrated consistently that older adults in general have more negative views about their memory than younger or middle-aged adults. This is true both for self-efficacy (e.g., Berry, West, & Dennehy, 1989; Gilewski, Zelinski, & Schaie, 1990; Hultsch, Hertzog, & Dixon, 1987) and for control beliefs (e.g., Heckhausen & Baltes, 1991; Hertzog, McGuire, & Lineweaver, 1998; Hultsch et al., 1987; Lachman, 1986). Whereas there may be some legitimate basis for these variations in self-efficacy and control beliefs as we age, there is also evidence that our implicit theories about aging may influence perceptions of change in areas where there is little evidence of change (Lineweaver & Hertzog, 1998; McDonald-Miszczak, Hertzog, & Hultsch, 1995; McFarland, Ross, & Giltrow, 1992).

Studies examining the relationship between beliefs and behavior have shown that control and self-efficacy beliefs are associated positively with performance on a variety of memory tasks (e.g., Berry et al., 1989; Hertzog et al., 1998; Lachman, Steinberg, & Trotter, 1987; Riggs, Lachman, & Wingfield, 1997; Zelinski, Gilewski, & Anthony-Bergstone, 1990). In most cases, the strength of this relationship is relatively modest (see Hertzog & Hultsch, 2000), but increases with increasing task familiarity and experience (e.g., Berry et al., 1989; Cavanaugh & Poon, 1989). Similar relationships between beliefs and memory have also been observed in longitudinal studies (e.g., Johannsson, Allen-Burge, & Zarit, 1997; Lane & Zelinski, 2003; McDonald-Miszczak et al., 1995; Seeman et al., 1996), with higher control/self-efficacy beliefs at initial testing associated with better performance or maintenance of ability at later times of test. In addition, those older adults with higher self-efficacy beliefs have also been found to benefit more from memory training (Rebok & Balcerak, 1987).

Findings that memory-related beliefs decline with age and that beliefs are associated with performance suggest that observed aging-related declines in memory may in part be accounted for by changing belief systems. Unfortunately, few studies have tested this prediction, with most focusing on belief–performance relationships within age groups. Hertzog et al. (1998) did find that age differences in self-efficacy and task-specific control beliefs indirectly influenced memory through strategy use, although a significant amount of age-related variance in recall (about 75%) remained after controlling for beliefs.

The difficulty associated with demonstrating specific causal links between beliefs and performance may have to do with the fact that beliefs not only influence performance, but also change in response to ability, reflecting a relatively complex reciprocal relation between these factors (e.g., Bandura, 1997; Berry, 1999; Lachman, 2000). Consistent with this view, several studies have demonstrated that memory
training, either alone or accompanied by a focus on beliefs or goal setting, can result in changes in memory-related beliefs along with improvements in performance (e.g., Lachman et al., 1992; West, Welch, & Thorn, 2001). Poor relationships between performance and beliefs may also reflect the fact that personal beliefs are grounded in cultural stereotypes rather than the individual's own experience (Lineweaver & Hertzog, 1998).

In sum, evidence shows that beliefs about cognitive ability across adulthood reflect stereotypes based in aging-related attitudes. Such beliefs are also related to performance, suggesting that changes in beliefs could, in part, account for changes in cognitive performance. Evidence is somewhat mixed in this regard, with the inconsistency perhaps based in the complexity associated with examining the hypothesized reciprocal relationship between beliefs and performance. The relatively modest relations between these two factors, however, may also suggest problems in the conceptualization of the belief–performance relationship.

B. Attitudes about Aging

An underlying assumption of much of the just-discussed work is that self-relevant memory beliefs are an indirect expression of Western attitudes about the impact of aging on cognitive ability. Recently, research has begun looking for more direct linkages between stereotypes and behavior. Support for such a linkage was obtained by Levy and Langer (1994), who found that age differences in memory performance in individuals from the United States and mainland China were related to the degree to which individuals within each of these cultures displayed positive views of aging. Americans held less favorable views toward aging than did the Chinese, and age differences in memory performance were larger in the former group. In addition, variations in culturally influenced beliefs about aging were found to account for a significant amount of variability in older adults, performance.

Yoon and colleagues (2000) attempted a conceptual replication of this study using Chinese Canadians and Anglophone Canadians and observed similar group differences in attitudes and memory, although the latter were specific to certain types of memory tests. They did not find, however, that positive attitudes about aging mediated the relationship between culture and aging. Despite some differences in findings, an important point of consistency in these two studies was the obtained effects regarding the relationship among culture, age, and memory performance. Both sets of researchers observed smaller age differences in groups with more positive beliefs about aging. The fact that expressed attitudes about aging were not consistent predictors of more general, group-based effects across studies may relate to the fact that explicit and implicit attitudes are not identical and do not always act in concert (e.g., Devine, 1989).

More recently, researchers have explored possible mechanisms underlying the linkages between aging self stereotypes and behavior. Two dominant conceptual frameworks have been used to examine these linkages (see also Wheeler & Petty, 2001).

1. Stereotype Threat

Steele and colleagues (2002) invoked the concept of stereotype threat as a means for explaining the effects of negative stereotypes on performance. They argued that negative stereotypes about a group will have a detrimental impact on the behavior of group members when those individuals are put in the position...
of potentially confirming that stereotype. Situational cues of which the individual is aware (e.g., participation in a memory experiment) are thought to activate stereotypes (e.g., old people have poor memories), which in turn may negatively impact performance due to a number of factors, including increased anxiety, arousal, and evaluation apprehension, or decreased effort. It has also been hypothesized that threat effects will be greater (a) for individuals who identify with the stereotyped group (b) for those who value the stereotyped ability (c) when the test is perceived as being diagnostic of the stereotyped ability and (d) for those who are aware of the negative implications of the stereotype.

Researchers have begun exploring the possibility that negative stereotypes about aging may result in older adults’ experiencing stereotype threat, and several studies have provided results consistent with this possibility. Rahhal, Hasher, and Colcombe (2001) and Hess, Hinson, and Statham (2004) both found that deemphasizing the diagnostic value of a test with respect to the stereotyped ability (i.e., memory) significantly reduced the differences in performance between young and older adults.

In a more focused test of the stereotype threat hypothesis, Hess and co-workers (2003) examined how highlighting negative aging stereotypes influenced memory performance in young and older adults. They found that older adults’ performance became progressively worse, and age differences progressively larger, as the negative implications of the aging stereotypes were made more salient. Hess et al. (2003) also found that these apparent threat effects were partially mediated by strategy use. This suggests that threat may have a negative impact on those working memory functions associated with planning and executing a strategy, a finding consistent with other research (e.g., Schmader & Johns, 2003).

Additional findings consistent with a stereotype threat interpretation of the results were that the effects of stereotype salience (a) were only observed for members of the stereotyped group and (b) were strongest for those with the greatest investment in their own memory ability. On the positive side, it is important to note that age differences in performance were essentially eliminated when more optimistic information regarding aging and memory was made salient to participants.

In a somewhat different realm, Auman, Bosworth, and Hess (2005) examined the operation of stereotype threat in medical situations. They found that the activation of negative stereotypes about being a patient resulted in increases in measures of arousal, such as blood pressure and skin conductance. This finding is important given the fact that health problems increase with age, resulting in older adults potentially being more susceptible to multiple stereotype-based influences (e.g., aging and patient status).

Whereas such findings provide support for the potential operation of stereotype threat in later life, some aspects of these studies were not entirely consistent with expectations. For example, Hess and colleagues (2003, 2004) were unsuccessful in obtaining evidence for the mediation of threat-based effects through factors such as anxiety, which are assumed to underlie such effects. The failure to obtain evidence for mediation is not necessarily damning to a stereotype threat explanation, as Steele et al. (2002) suggested that multiple mediators could be operative, with the situation determining the most influential ones. The nonspecificity in the current explication of the framework, however, might also be seen as a bit troubling in terms of establishing the validity of the stereotype threat phenomenon.

Two other studies have provided mixed support for stereotype threat influences...
on age differences in memory performance. Andreoletti and Lachman (2004) found that varying information regarding the diagnostic value of a memory test for identifying age differences affected not only the memory performance of older adults, but also that of middle-aged and younger adults, but not college students. They also found that these effects were moderated by education. Those with high levels of education benefited from the provision of counterstereotypic information about aging, whereas the performance of those with low levels of education suffered with the presentation of both stereotypic and counterstereotypic information. They concluded that the general susceptibility of their sample to aging stereotypes might be related to their relatively high levels of expressed concerns about their own memory ability.

Chasteen and colleagues (2005) did not find that changing the instructions on a memory task to deemphasize the memory component, thereby reducing its diagnosticity with respect to a stereotyped ability, differentially benefited the recall performance of older adults. They did find, however, that self-reports of stereotype threat (i.e., subjective experience) mediated the effects of age on memory.

Results of these initial studies of stereotype threat and aging are interesting, but somewhat inconsistent. Part of the problem may have to do with the manner in which older adults are recruited and their previous experience in research settings. If older adults believe they are being asked to participate in a study because of their age, threat may have been induced before the participant even arrives in the research setting. This not only complicates investigations of stereotype threat, but it also has important implications for the valid assessment of age differences in performance, with situationally based threat factors having the potential to exacerbate age effects based in ability (Hess et al., 2003). Clearly, more research is necessary to understand the theoretical and pragmatic implications of stereotype threat.

2. Ideomotor Processes

The stereotype threat framework argues that stereotypes have their primary influence through the conscious experience of threat associated with stereotype activation. This implies that threat effects on performance are mediated by factors reflecting subjective experience, such as anxiety or evaluation apprehension. To this point, attempts at identifying mediators have been relatively unsuccessful. Other research, however, suggests that stereotypes may have a more direct impact on behavior without conscious intervention. This research has its basis in James’ (1890) notion of ideomotor action, as elaborated upon by Bargh (1997; Bargh & Ferguson, 2000) and others (e.g., Dijksterhuis, 2001). Within this perspective, a direct link between perception and behavior is assumed, such that the perception of cues associated with specific behaviors results in a relatively automatic tendency to engage in those behaviors. With respect to stereotypes, the assumption is that subtle cues in the environment will activate stereotype-related information, which in turn will activate situation-appropriate behavioral tendencies.

Research with younger adults has demonstrated that a wide variety of behaviors can be affected by the implicit activation of stereotype-related information. Importantly, this research has demonstrated that it is not necessary for the individual to be a member of the group whose stereotype is primed. Thus, young college students can be primed to behave in a manner consistent with a variety of stereotypes, including that of
old age. For example, activation of aging stereotypes has resulted in younger adults walking slower (Bargh, Chen, & Burrows, 1996), remembering less (Dijksterhuis et al., 2000), and responding more slowly (Dijksterhuis, Spears, & Lepinasse, 2001) than participants in a control condition. The important factor in these cases appears to be that the individual possesses knowledge relating to the group that can subsequently be activated, with greater knowledge or experience associated with stronger priming effects (e.g., Dijksterhuis et al., 2000). Evidence also shows that stereotype activation effects may be stronger in individuals belonging to the stereotyped group due to a lower threshold of activation associated with such information in group members (e.g., Shih et al., 2002). This suggests that the just-described effects may be even stronger for older adults as out-group stereotypes become in-group stereotypes.

A growing number of studies have examined implicit stereotype activation effects in older adults, with clear evidence of stereotype-based influences on a variety of behaviors. Several studies have examined ideomotor processes with respect to memory. In an initial study in this area, Levy (1996) implicitly primed positive and negative aging stereotypes and then examined changes in performance on a variety of tasks (memory for words, activities paired with photos, and dots placed on a spatial array). A general pattern of improvement following the positive primes and deterioration following negative primes was observed in older adults’ performance, although the strength of this effect was somewhat variable across tasks. Consistent with the notion that stereotype threshold activation levels should be higher in nongroup members, these effects were not observed in a sample of young adults. Using a similar procedure, Stein, Blanchard-Fields, and Hertzog (2002) replicated these results only partially. Hess et al. (2004), however, did replicate Levy’s basic findings in two separate experiments using a memory test more typical of those used in studies of cognitive aging (e.g., free recall of a list of words). Hess et al. (2004) hypothesized that stereotype activation effects on performance might be most powerful on tasks with a strong strategic component, perhaps explaining the inconsistency across studies.

Levy and colleagues have demonstrated that implicit priming effects are not constrained to memory. Older adults primed with negative aging stereotypes exhibit greater physiological responses to stress (Levy et al., 2000), reduced walking speed (Hausdorff, Levy, & Wei, 1999), poorer handwriting (Levy, 2000), and greater refusal of life prolonging interventions (Levy, Ashman, & Dror, 1999–2000) when compared to individuals exposed to positive aging-related primes. These findings, along with those relating to memory, demonstrate the potential impact of negative stereotypes in later life as well as the pervasiveness of this impact. They also suggest that stereotypes may have a direct effect on performance through relatively automatic goal structures, with associated activation of beliefs or conscious reactions being unnecessary for performance to be affected. This may, in part, account for some of the previously discussed difficulty in identifying belief–performance relationships.

A limitation of most of the current studies examining the relationship between attitudes and functioning has been that they are cross-sectional in nature and have focused on situation-specific effects. Whereas such findings are informative from both a theoretical and a practical standpoint, it would be important to know what the
cumulative effects of negative attitudes across the life span might be. For example, research has demonstrated that activation of negative stereotypes leads to increases in stress-related physiological responses [Auman et al., 2005; Levy et al., 2000], which in turn have been associated with negative consequences on memory and other aspects of functioning [e.g., Lupien et al., 1998; Seeman et al., 1997]. Frequent experience with such responses in relationship to negative self-stereotypes over an extended period of time may have negative implications for both physical and cognitive health.

Some evidence for such a relationship can be seen in two studies that found positive attitudes about aging early in life to be predictive of both mortality [Levy et al., 2002] and functional health [Levy, Slade, & Kasl, 2002]. Using data from the Ohio Longitudinal Study of Aging and Retirement, these researchers found that those with positive attitudes toward aging at the beginning of the study had higher levels of functional health and lived longer than those with less positive views. In both cases, the effects were obtained while controlling for initial levels of self-reported health, thereby controlling for the possibility that health influenced attitudes. Some caution needs to be exercised in interpreting these findings due to the self-report nature of several measures [e.g., functional health] and to the potential influence of sample attrition over the course of the study. Concern can also be expressed due to the potential overlap among some of the five items on the attitudes questionnaire [e.g., “I have as much pep as I did last year”) and physical health. Nonetheless, these provocative findings suggest the potential long-term impact of attitudes on adult development.

In sum, the research reviewed in this section has emphasized how older adults’ own attitudes about aging influence their behavior. Integrating these ideas with those from the earlier discussed research [see Section II], it can be seen that the influence of attitudes can be thought of in terms of a reciprocal system in which internal and external influences interact. A variety of cues, including the previously discussed behaviors of others, as well as those associated with threat and ideomotor-related effects, may serve to activate self-related attitudes [see lower portion of Figure 17.1]. Depending on the nature of the cue and the associated experience, this activation can then influence an older adult’s actual behavior through one or more hypothesized routes, including a relatively direct route reflecting ideomotor processes or mediated routes associated with stereotype threat or self-referent beliefs. The older adult’s behavior can then feed back and serve as an additional personal characteristic that influences the probability of stereotype activation in others. This reinforces the reciprocal nature of attitude-based influences. It also provides a means for understanding the long-term and self-perpetuating effects of attitudes on behaviors.

A final point worth mentioning is that activating one’s attitudes does not have the inevitable effect of causing the individual to behave in an attitude-consistent manner. Simple awareness that the stereotype has been activated has been associated with attitude suppression or nonconsistent behavior [e.g., Hess et al., 2004; Lepore & Brown, 2002]. In addition, individual characteristics, such as the extent to which one values a stereotyped behavior [e.g., Hess et al., 2003] or concerns about one’s group being stigmatized [e.g., Brown & Pinel, 2003], can moderate the impact of stereotypes. Such findings are hopeful in identifying means for
overcoming the sometimes insidious effects of stereotypes.

IV. Conclusions

This review focused on understanding the nature of attitudes about aging and the mechanisms through which they influence the behavior of older adults. Although this summary of research is by no means exhaustive, several important conclusions can be derived from the representative studies that were discussed. First, negative attitudes about aging are pervasive in our culture and are reflected in affective, cognitive, and behavioral responses of individuals and groups of all ages. In addition, evidence shows that implicit attitudes may be even more strongly negative than explicit ones. Second, evidence also shows that people do not view old age as a homogeneous category. Stereotypes of old age contain several different subtypes of older adults, many of which are negative but also some of which are positive. It has been suggested, however, that even most of the positive subtypes of old age have a subtle, negative evaluative component. Third, individual and situational factors affect the nature of aging attitudes and the probability that they will influence behavior. For example, increasing age and familiarity with older adults are both associated with more complex and positive attitudes toward aging. In addition, stereotypes about aging are most likely to be activated and to influence behavior when individuating information is not available and age-related cues (e.g., physical appearance) are the primary source of information about a person. Fourth, there is clear evidence that the behavior of older adults is affected by the stereotype-influenced responses of others. In many cases, stereotype-consistent behavior is reinforced, further perpetuating negative views of aging.

Research has also clearly demonstrated that older adults’ own attitudes about aging can have an effect on their behavior with very little influence from external sources. Evidence shows that self-referent beliefs related to ability are associated with performance and also change with age. In addition, relatively subtle cues in the environment (e.g., being asked one’s age, having memory assessed) result in the activation of aging-related attitudes, which in turn can influence performance negatively. Finally, self-related attitudes can have relatively short-term situational effects (e.g., depression of memory performance when stereotype threat is induced), but intriguing evidence suggests that they may have long-term influences as well.

The research reviewed here has tended to focus on negative aging attitudes, which in part reflects the emphasis in the literature. This may also be a reflection of the culture-specific nature of this research. Most of the research reviewed here was conducted in North America and western Europe, and the findings may reflect dominant attitudes and values in these cultures. Such attitudes may not necessarily be representative of other non-Western cultures. Interesting issues for future research concern the extent to which attitudes reflect cultural stereotypes versus personal experiences with older adults and the degree to which cultural differences in attitudes are reflected in different patterns of aging.

In closing, it is important to note that positive messages can be derived from the reviewed literature. First, our attitudes about aging are not all negative, and increased exposure to older adults and education about the aging process have been shown to result in more positive attitudes. Indeed, it has been suggested that increasing understanding of the diversity associated with old age,
decreasing our fear of aging, and experience in taking the perspective of older adults might be beneficial for overcoming ageist attitudes in our society. Second, negative attitudes do not always influence our perceptions of older adults. When they are viewed as individuals in terms of their specific personality traits and abilities, others are less likely to use aging-related categories in relating to them. This may require attention to cues other than those associated with a person’s age. Even when such cues are present, however, it may take conscious effort to overcome relatively well-ingrained implicit attitudes as well as awareness of the potential influence of such attitudes. Finally, research on implicit attitudes and self-stereotypes has indicated that situationally induced negative influences on a variety of behavioral responses can be overcome by emphasizing positive images of aging and suppressing the activation of negative attitudes.

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