

CSA Journal

Embodied Ageism: Our Relationship With Our Bodies Is at the Heart of the Matter

Ageist stereotypes affect our physical health. How can individuals and practitioners respond?

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One of the primary theories on ageism is called *stereotype embodiment theory*. Conceptualized and developed by Dr. Becca Levy, it states that age stereotypes are internalized from a young age and accumulate across the life course with significant impacts on well-being. Since this theory was first articulated in 2009, many studies have demonstrated the adverse impacts of internalized ageism. For example, Levy and her colleagues found that positive self-perceptions of aging led to increased longevity of about 7.5 years (Levy et al., 2002), resisting negative age stereotypes was associated with less PTSD and suicidality (Levy et al., 2014), younger people who embraced more negative age stereotypes were more likely to experience a cardiovascular event after 38 years (Levy et al., 2009), and older adults with positive age beliefs were 49.8% less likely to develop dementia, even for individuals at higher risk due to carrying the $\epsilon 4$ variant of the APOE gene (Levy et al., 2018).

The data are truly striking, especially considering the fact that ageism is a social justice issue not widely discussed or challenged—yet. But beyond the alarming statistics on how internalized ageism negatively impacts health, this research begs the question of how exactly ageism is internalized. What is going on “under the skin” that translates this effect of age prejudice onto tangible health outcomes? One of the pathways described in Levy’s stereotype embodiment theory is *physiological*, which may include the way that internalized ageism leads to an increased stress response in the body. But what does this actually mean for aging people in terms of their lived experience?



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The Intersectionality and Social Construction of Ageism

One way to address this question is to explore how our relationship with our own bodies changes across the course of our lives. Before diving into this topic, it's important to acknowledge that ageism does not operate independently from other "ism's," such as sexism, racism, classism, and other forms of injustice. It is important to look at internalized ageism and the aging body from an intersectional perspective. One example of this is that women may experience a "double jeopardy" of both ageism and sexism, in large part because of how women are judged based on physical appearance. These standards of physical appearance are often aligned with societally prescribed definitions of beauty related to youthfulness. Men are in many cases exempt from these same standards. For example, gray hair may be associated with intelligence and experience among older men, while wrinkles and gray hair are often stigmatized among women due to sexist beauty standards.

Ageism can be understood as a socially constructed phenomenon because society values individuals as attractive, productive, or worthy in relation to their age. According to stereotype embodiment theory, individuals suffer negative health impacts when these negative value judgments are internalized. This cycle is then reinforced through interpersonal interactions and policies relying on ageist assumptions.

Successful Aging?

The "successful" aging movement emphasizes the importance of maintaining a healthy lifestyle and active

engagement with life to prevent disease and disability in later life. Yet, it is important to acknowledge that there are physical changes that naturally occur in our bodies as we age. One of the critiques of the successful aging movement is that it essentially denies natural aging as well as the experience of chronic disability that many experience. Another critique is that maintaining physical/mental health and staving off disease and disability is more accessible to those with greater access to wealth and resources to promote healthy lifestyles. Yet, practitioners and individuals should be alert to the difference between, on one hand, the natural physical changes of aging, and, on the other hand, the negative health effects of internalized ageism. This tension is at the heart of understanding how ageism is embodied and must be kept in mind when considering possible interventions.

Media & Language

Let's look at a few more specific examples. Ageist messages are internalized from a very early age in part due to their pervasiveness throughout media. Older adults are often depicted as frail, incompetent, gullible, malicious, or are mysteriously absent from popular media. The language commonly used to refer to aging and older adulthood is rife with stereotypes. We are all familiar with "compliments" such as "You look good for your age!" or self-commentary such as "I'm having a senior moment," "I'm too old for that," or "I'm still running every day" (as if one shouldn't still be running). And then there are the infamous birthday cards, which poke fun at aging in an insidiously maligning and cruel way. It's no wonder ageism has been

described as a “prejudice against our feared future self” (Nelson, 2005) when these are the kinds of messages and language we consume throughout our lives.

Sexuality & the Anti-Aging Industry

Sexuality in later life continues to be viewed as taboo in mainstream society. Myths that older people are not as sexually desirable, do not want to engage in sex, or that it is shameful for older people to be sexually active continue to dominate public perception. The LG-BTQ+ community experiences a particular invisibility through the aging process, leading some older people to hide their sexual identity in later life even after openly sharing this identity in earlier years. Societal and interpersonal stigma experienced by transgender adults and other folks with multiple marginalized identities may also contribute to an accumulation of negative physical and mental health outcomes (White Hughto et al., 2015).

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Women may also experience a particular form of social invisibility in later life. This invisibility related to ageism may in some cases be coped with through immersion in the world of beauty products and cosmetic surgery. This anti-aging industry is a powerful force valued as a \$60.42 billion market in 2021 (Precedence Research, 2022). While the anti-aging industry may contribute to a denial of natural aging and promote internalized ageism, engaging with beauty products may also be an example of how women continue to enjoy their bodies in later life. It’s also important to note that while some adults choose to “go grey” as a way to embrace aging in an outward, physical way, others choose to continue dyeing their hair, and that’s okay, too. Men are not immune from this conversation, and heterosexual ideals related to being young, strong, or sexually dominant also promote ageism and anti-aging consumerism within society. A distinction can also be made between middle adulthood and older adulthood, where middle-aged adults are expected to buy into the anti-aging consumer culture, whereas individuals at the latest stages of life are presumed to conform to the stereotype of a disengaged, non-sexual lifestyle.

This story of internalized ageism is told within our bodies. The beliefs we carry about aging influence our behavior, which in turn influences our physical make-up and reinforces our emotions and beliefs about age. These beliefs are then passed on to others interpersonally and structurally through organizations and other collective systems.

Practice Recommendations

When working with individuals who may be struggling with the aging process, including how aging affects their physical body or mental capacity, it’s important for practitioners to keep in mind the importance of not placing the onus on individuals alone for change. Rather, practitioners should work with people at the individual, group, and collective levels to identify ways to enhance support and combat the effects of internalized ageism.

When working with clients at the individual level, encouraging healthy lifestyle activities (whether physical, social, intellectual, or spiritual) may help counter the effects of embodied ageism, given the inverse relationship between internalized ageism and health. Keep in mind the resources and type of healthy lifestyle activities each individual has access to. Therapists specializing in somatic and body-based therapies can work with older adults to identify where negative age beliefs may be held in the body in order to release tension that may build up physically in connection with these negative beliefs. Cognitive behavioral therapy may also be helpful in working with individual clients by interrogating the automatic thoughts and belief patterns related to aging, which are so embedded and self-reinforcing. Given the physiological pathway between internalized ageism and health, therapists may also pursue mindfulness and other stress management techniques with clients in order to cope with and reduce the stress associated with fears and challenges about aging and the aging body.

For practitioners working at the group level, while more research is needed on internalized ageism, most empirical evidence points toward the effectiveness of education and intergenerational contact in combatting ageism overall (Burnes et al., 2019). Therefore, group practitioners can provide psychoeducation about ageism and the impact of internalized ageism on health, in addition to promoting rich conversations about ageism and beauty standards in the media within intergenerational groups. It is important to keep in mind that ageism affects people of all ages and that ageism is internalized from a very young age. The good news, then, is that practitioners can intervene at any age.

Narrative reframing is another tool that can be

used within groups to juxtapose common assumptions about aging with positive alternatives for aging clients. For example, the Frameworks Institute provides a detailed report outlining how Americans tend to mentally model aging issues, including communication traps and effective tools for redirecting conversations about aging and ageism (see the full report in the Resources section below). One technique proposed in the report is to offer trainings on the connection between implicit bias and ageism in order to increase awareness and more effectively respond to this issue. Drawing from the Reframing Aging Initiative, group practitioners can also provide information on how to change the language we use about aging, both through our own internal dialogue and interpersonally, which can be a powerful tool to combat both ageism and internalized ageism.

Perhaps the area of greatest need is to develop collective and structural-level approaches to combatting internalized ageism. Becoming involved with social movements can help promote self-esteem and a sense of collective self-efficacy. Older adults and other anti-ageism advocates can collaborate intersectionally with social justice efforts such as the “health at every size” (HAES) movement, which pushes back against weight stigma, discrimination based on body size, and unhealthy dieting. Advocates and practitioners can also push back against fears of dementia and other cognitive changes by highlighting stories of individuals with dementia living lives of meaning and purpose. We can become involved in media campaigns to promote more positive views of aging, such as the Anti-Ageist Birthday Card Campaign through Changing the Narrative Colorado. Each individual and collective act of resistance to the insidious age stereotypes pervading society can help foster healthier relationships with our bodies and minds and help reduce some of the fears of aging we all experience at times. •CSA



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RESOURCES

- The Frameworks Institute report on narrative reframing approaches in conversations about aging and ageism: https://www.frameworksinstitute.org/wp-content/uploads/2020/05/aging_research_report_final_2017.pdf
- The Reframing Aging Initiative: <https://www.reframingaging.org/>
- The Anti-ageist Birthday Card Campaign through Changing the Narrative Colorado: <https://changingthenarrativeco.org/anti-ageist-birthday-cards/>
- The Health at Every Size (HAES) movement through the Association of Size Diversity and Health: <https://asdah.org/health-at-every-size-haes-approach/>
- “This Dementia Life” podcast through Dementia Action Alliance: <https://daanow.org/this-dementia-life/>