

Is Ageism Natural, Biological, or a Social Construct ?

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Abstract

This paper focuses on the study of ageism, a widespread and pervasive form of discrimination based on human age. Ageism, like racism and sexism, is practiced and performed mostly toward older adults through negative stereotypes and discriminatory language, behavior, and perceptions. Systematic inquiry, close observation, and extensive study are essential to identify, explore, and describe the roots, development process, and global spread of ageism. We cannot escape from the rampant consequences of ageism by taking it as a natural process or a social construct alone. This research paper, using qualitative data based on content analysis, aims to create knowledge on age-based discrimination by reviewing the existing literature. It redefines and interprets ageism in detail, including the types, causes, and consequences of ageism, and also suggests some measures to address the issues of ageism. As a research work, it concludes that ageism is stretching its roots in society, as intergenerational discrimination is evident in human language, socio-cultural practices, human roles and identities, and institutional practices in perceiving and treating adults.

Keywords: ageism, age and aging, stereotypes, discrimination, social construct, personal ageism, institutional ageism

Introduction

Ageism is a widespread and global form of discrimination practiced against older adults, mostly by younger individuals. In his article published in *The Gerontologist*, “Age-IsM: Another Form of Bigotry,” Robert N. Butler (1975) defines ageism as “prejudice by one age group toward other age groups” (p. 243). *Merriam-Webster* defines ageism as “prejudice and discrimination against a particular age group, and especially the elderly” (*Ageism*, n.d.). Sorgman and Sorensen (1984) write, “The rationale for a study of ageism comes from the growing concern for the number of people affected, how little is understood about the elements of aging, the misconceptions about aging, and how one deals with his/her own potential” (pp. 122–123). Ageism is a lens through which human beings of various age groups are observed and analyzed, as each group holds prejudice against others. Helen Dennis and Kathryn Thomas (2007), authors in *Generations Journal* based in San Francisco, write, “Ageism is pervasive and evident in the media, healthcare, and advertising” (p. 84). Discriminatory treatment and behavior toward elderly people are not merely an individual concern; rather, it is an increasing global issue.

This paper aims to explore and explain suitable answers to the following questions: What is ageism? Why is ageism prevalent across the world? Is ageism a common social practice or unique to specific cultural groups? How is ageism related to the social values and cultural conditions of social settings? Is ageism multifaceted in its types and forms, or something else? Are there any measures to control and reduce the impacts and consequences of ageism? Through an extensive review of the available literature, scholarly papers, and research works, this paper aims to provide reliable and evidence-based answers to the diverse issues surrounding ageism. The scholarly books, articles,

and research papers by prominent theorists and researchers in gerontology serve as the primary framework for content analysis in this paper.

Ageism: A Form of Global Discrimination

For Butler (1975), ageism is a form of age discrimination: “Ageism reflects a deep-seated uneasiness on the part of the young and middle-aged—a personal revulsion to and distaste for growing old, disease, disability, and fear of powerlessness, ‘uselessness,’ and death” (p. 243). According to W. Andrew Achenbaum (2015), “the term ‘ageism’ was coined in 1969 by Robert N. Butler, M.D., then a 42-year-old psychiatrist” (p. 10). While talking about the origin and practice of age-based discrimination in human society, Achenbaum (2015) considers ageism a global issue: “Butler was not the first to identify a seemingly universal, widespread contempt for old people. Negative attitudes toward age and aging have been and remain deeply rooted in global history” (pp. 10–11). As ageism is a widespread and deeply rooted collective expression of disapproval and dislike for older people, “the question of ageism is deserving of attention because it is woven into the woof of our social fabric” (Hendricks, 1994, p. 5).

Hendricks (1994) emphasizes the need for sincere attention to ageism, as it is deeply rooted in our social system and its underlying values. In an article, published in the special issue of the *Journal of Social Issues* in 1980, Butler (1980) expands his definition of ageism, relating it to various problems like that of racism and sexism:

There are three distinguishable yet interrelated aspects to the problem of ageism: 1) Prejudicial attitudes toward the aged, toward old age, and toward the aging process, including attitudes held by the elderly themselves; 2) discriminatory practices against the elderly, particularly in employment, but

in other social roles as well; and 3) institutional practices and policies which, often without malice, perpetuate stereotypic beliefs about the elderly, reduce their opportunities for a satisfactory life and undermine their personal dignity. (p. 8)

Ageism rests on institutional policies and practices and preserves its prejudices not only towards the elderly and old age but also towards the aging process. As a prejudiced principle, ageism further weakens and frightens ageing people. In the words of Achenbaum (2015), “Ageism preys on vulnerability—fragility, frailty, and dependency at advancing ages—especially as dread of dying and death mounts” (p. 14). Ageism is a discriminatory behavior that targets the elderly and the frail, the dependent, and the susceptible to societal changes. While analyzing ageism and its evolution in human culture and daily life, Butler (2005) states, “Over the years, my conception of ageism has continued to evolve. I have come to understand that it is more than images, words, actions, or attitudes. It is deeply embedded in society in many areas” (p. 86). Butler (2005) takes ageism as an irrational prejudice and relates it to racism and sexism while exposing its impacts on elderly people:

It occurred to me that this prejudice against older people was not different from the discrimination blacks and women experienced in society. This experience was the catalyst for my introduction to the word ageism. I wanted the word to have the same impact as the terms racism and sexism, . . . (p. 85)

The history of human civilization is the history of various types and forms of discrimination among humans by themselves. In such a context, ageism is a prejudice beyond religious, cultural, or ethnic boundaries or identities.

Iversen, Larsen, and Solem (2009) introduce ageism as “negative or positive stereotypes, prejudice, and/or discrimination against (or to the benefit of) aging people because of their chronological age” (p. 4). Towards obtaining a much clearer framework on ageism, this definition does not seem to be the most reliable one, but an explicit and complex one. Though the term ‘ageism’ is commonly used and understood regarding prejudice and discrimination against children and adolescents, it is predominately used to observe and locate how older people are treated: “Ageism includes categorization, stereotyping, and prejudice, but the most crucial aspect is exclusionary behavior” (Calasanti, 2005, p. 8). Because of ageism, people of one generation are viewed and taken negatively by others, mostly the older ones. According to a global report published by the World Health Organization in Geneva in 2021, ageism is multiple in its forms and existence:

Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards people based on their age. It can be institutional, interpersonal, or self-directed. ... Ageism often intersects and interacts with other forms of stereotypes, prejudice, and discrimination, including ableism, sexism, and racism. Multiple intersecting forms of bias compound disadvantage and make the effects of ageism on individuals’ health and well-being even worse. (as cited in Gutterman, 2021, p. 2).

If elderly people fail to assimilate into and remain incapable of utilizing the available resources, new cultures, and modern technology, they will receive prejudice and avoidance from the people of younger generations. Both racism and sexism have already been acknowledged,

understood, and addressed, while ageism is still left to be checked and studied in detail.

Age Stratification

Palmore (1999), an American gerontologist and Professor at Duke University, identifies age stratification and age norms available in human society, which results in age conflict, prejudices, and discrimination:

Age stratification is the system that stratifies or ranks people by their age. The ranking of people because of their age is a form of ageism. Age norms are the expectations about the proper behaviors, obligations, and privileges of the age strata. When these norms are based on prejudicial assumptions, they are a form of ageism. Age conflict is an extreme form of ageism in which two or more age strata conflict with each other. (p. 18)

Every society has certain beliefs, ideologies, and expectations regarding people of different age groups. Age studies focuses on how people of different age groups are defined and what sorts of attitudes, practices, and discrimination are practiced against old people, middle-aged people, teenagers, and children. There are several forms of age-related biases, such as adultism, jeunism, adultocracy, adultcentricism, gerontocracy, chronocentrism, etc. Jeunism is discrimination against older people in favor of younger ones. All these age-based concepts give priority to one age or stage of human life over others. Adultcentricism studies and defines the egocentrism found in adults, whereas adultocracy places adults in a dominant position over young people. As a biased concept or prejudice, chronocentrism supports the belief that a certain stage of human age remains dominant and superior to other stages and periods. The World Health Organization (2021) defines ageism in such a way:

Ageism is the stereotyping, prejudice, and discrimination against people on the basis of their age. Ageism is widespread and an insidious practice which has harmful effects on the health of older adults. For older people, ageism is an everyday challenge. Overlooked for employment, restricted from social services and stereotyped in the media, ageism marginalizes and excludes older people in their communities. (as cited in Gutterman, 2021, p. 26).

Keeping aside various other forms of age-related biases, WHO too compares ageism with racism and sexism and states that ageism has not been widely encountered, but it is an everyday challenge for older people as it is a socially normalized prejudice. In the book, *Ageism: Negative and Positive*, Palmore (1999) introduces ageism as a burning issue of a new era:

Racism became a burning issue in the 19th century and was attacked by the abolitionist and civil rights movements. Sexism became a burning issue in this century and was attacked by the suffrage and equal rights movements. Ageism is the third great 'ism' of our society. It is now being attacked by gerontologists and the aged themselves (p. 4).

Like sexism and racism, ageism creates unfavorable and inequitable living circumstances for the elderly. In human society, different words and terminologies are used to refer to old people or aging people. In the book, *Ageism: Negative and Positive*, Palmore(1999) collects some words that are used to address the elderly in a derogatory way:

"Ageism is reflected in such colloquialisms for elders as 'coot,' 'crone,' 'geezer,' 'hag,' 'old buzzard,' 'old crock,' 'old duffer,' 'old fogey,' 'old goat,' 'old maid,' 'old-fangled,' 'old-fashioned,' 'out to pasture,' 'over the hill,'

and ‘washed up’” (p. 5). All these terms that are used to refer to the old people make a sense that society is not ready to respect the older generations and their members.

Ventrell-Monsees and McCann assert that “policy makers and the public have viewed age discrimination as less pervasive and less insidious than race or sex discrimination” (as cited in Palmore, 1999, p. 10). Age-based discrimination is still out of legal recognition, and it is not a punishable or sinister crime as people easily pass age-based prejudices frequently.

Age vs. Aging

The meaning of age is still unclear and primarily ambiguous. Age is frequently used as a synonym for "old." In his attempt to define and explore the meaning of age, Palmore (1999) poses some serious and equally complex questions: “What does ‘old age’ mean to the average person? When does it begin? Who identifies themselves as ‘old’? What are the connotations of ‘old’?” (p. 47). Undoubtedly, there is disagreement over a specific chronological age at which someone turns elderly. Regarding “old age,” human society and social groups differ greatly. There is no doubt that almost all societies keep and practice some sort of discrimination and prejudice against old people.

Human age has been defined in various and differing ways while viewed from biological, sociological, functional, legal, and other perspectives. In his attempt to define the meaning of age, Palmore (1999) identifies a problem in the definitions of the terms *age* and *old*: “The basic problem here is the confusion between ‘old’ in the sense of chronological age and ‘old’ in the sense of worn out, useless, outmoded, obsolete, or discarded, . . .” (p. 48). Palmore (1999) does not find any chronological age to stipulate any agreeable definition of age. He finds himself

trapped in trouble while searching for a legal definition of age:

Thus, there is no legal consensus on when old age arrives, just as there is no popular consensus... On the contrary, most people change slowly as they age, and the rates of change vary greatly between individuals. Therefore, any chronological definition of old age must be arbitrary and of limited usefulness. (p. 50)

Even people of similar ages or age groups do not match their physical, mental, social, political, and other abilities.

Chronological age may have some impacts on human functional ability, but to a large extent, “old people” too greatly differ in their functional abilities. In such a context, it is hard to have a reliable functional definition to refer to the meaning of age. Likewise, sociological and legal theories—even biological gerontologists—do not find and agree on a common satisfactory definition of aging.

According to Morris Rockstein and Marvin L. Sussman, authors and researchers on human gerontology, aging is “any time-dependent change, common to all members of a species, which occurs after maturity of size, form, or function is reached and which is distinct from daily, seasonal, and other biological rhythms” (as cited in Palmore, 1999, p. 51). Human ageing is a consistent natural process, and no force or biological factor interrupts it. In the words of Palmore (1999), social practices and values are always there to distinguish one stage of human life from others:

However, there are more generally used markers of life periods. In all societies, the differences between infants, adults, and elders have been recognized, and typical characteristics have been ascribed to each period. In modern society, life periods have been

increasingly differentiated. . . . It has been found that perceptions of such life periods tend to vary by age, sex, and by social class. (p. 52)

In all human societies, life periods have been differently defined, and at every stage, society expects unique characteristics in its members different from other stages. Robert C. Atchley, an American sociologist and gerontologist, in his popular book *Social Forces and Aging*, defines old age on the basis of human characteristics and draws a distinction between old age and middle age:

Old age is characterized by extreme physical frailty Mental processes slow down, and organic brain disease becomes more common. The individual in old age feels that death is near. Activity is greatly restricted. Social networks have been decimated. . . . Institutionalization is common. (Atchley, 1997, pp. 7–8).

Along with ageing process, people begin to lose physical and mental power and social networks, which causes them to worry about death.

Types and Causes of Ageism

Defining and stipulating common and satisfactory types of ageism is a difficult task. Undoubtedly, in different communities or social groups, ageism has been categorized, interpreted, and practiced in different forms and structures based on variations in social ideology, cultural practices, and institutional structures available in communities. We generally take ageism as an age-based social prejudice, discrimination, concept, and understanding regarding older people. Prominent researcher and thinker on ageism, Palmore (1999) categories ageism based on existing social prejudices, stereotyping, and discrimination practiced and constructed regarding older people: “Ageism may be negative (against elders) or positive (for the aged). Ageism

includes both prejudice (beliefs and attitudes) and discrimination (actions). Thus, there are four basic types of ageism: negative prejudice, negative discrimination, positive prejudice, and positive discrimination” (p. 45).

While exploring and stating such major stereotypes, Palmore (1999) writes, “There are at least nine major stereotypes that reflect negative prejudice toward elders: illness, impotency, ugliness, mental decline, mental illness, uselessness, isolation, poverty, and depression” (p. 20). It is often argued and claimed that almost in all human communities, elders lack physical and mental powers, which make them look ugly and drive them towards separation or isolation from family members, colleagues, and known others.

Along with biological decline and loss of active physical life, elders are often blamed for losing mental and sexual power, suffering from poverty, developing mental illness, entering impotency, and suffering from depression. With the increasing number of dependent older people in the total population, every nation is under pressure to invest a large portion of the budget in their health care: “Older people are always singled out as the most expensive demographically defined group of healthcare users” (Kane & Kane, 2005, p. 50). In the medical field as well, ageism is clearly evident: “The systematic exclusion of older people from clinical trials is a flagrant example of ageism” (Kane & Kane, 2005, p. 51). Even if they do keep and exercise any mental and sexual powers, people often take them and react unusually as if they had no right to them. While talking about the impacts of ageism, the World Health Organization draws relations between human health and growing life expectancy:

Ageism can change how we view ourselves, can erode solidarity between generations, can devalue or

limit our ability to benefit from what younger and older populations can contribute, and can impact our health, longevity and well-being while also having far-reaching economic consequences. . . . Ageism also increases risky health behaviors, such as eating an unhealthy diet, drinking excessively or smoking, and reduces our quality of life. (World Health Organization, 2021, para. 7).

While talking about the types of ageism, it has been categorized on multiple grounds and perspectives. Ageism is also an evolving term and concept in human society, as society keeps on introducing new perspectives to look at and define both age and ageism. While most writers and critics define ageism with negative stereotypical terms relating it to human traits, living conditions, and social psychological attitudes, there are some others who don't ignore the positive stereotypes related to older people. Interpersonal ageism, self-directed ageism, and institutional ageism are some public forms of ageism. Like feminism, sexism, and racism, ageism too includes multiple forms, and there are many determinants of human aging:

The WHO active aging policy framework outlines six sets of variables ("determinants") that impact active aging across the life span, which are considered to be particularly relevant to older people as they age. These six determinants are: (1) economic conditions (sufficient income, social security, and opportunities for employment); (2) health and social services (promoting health and preventing disease, ensuring access to health services and continuous care); (3) behavior (healthy living, such as engagement in physical activity, healthy eating, oral health, appropriate medication use, and avoidance of smoking and excessive alcohol intake);

(4) personal characteristics (these refer to biological, genetic, and psychological factors); (5) social situation (sufficient social support, education and literacy, and freedom from violence and abuse); and (6) the physical environment (living in safe environments, such as safe housing, few environmental hazards, and environmental cleanliness). (Swift, et al., 2017, p. 196)

Economic conditions, health status, physical environment, social situation, personal characteristics, etc. determine the aging process in people. Social thinkers and researchers do not agree on the types and categories of ageism. While differentiating personal ageism from institutional ageism, Palmore (1999) states: "Personal ageism is prejudice or discrimination by individuals, while institutional ageism is a policy of an institution or organization that discriminates for or against elders, such as a compulsory retirement policy" (p. 44). Unlike youths, older people are often avoided, uninvited, and put aside in many segments of social life by other people in human society in a clearly visible form. We cannot agree that every individual from all types of society and living conditions equally and similarly keeps and practices discrimination and prejudices against older people. However, some stereotypes have been identified in a global context that speak up for negative prejudice towards elders. In the words of Chang E-Shien et al., "the term 'individual ageism' includes the impact of culture-based negative age stereotypes and negative self-perceptions of aging on the health of older persons..." (as cited in Gutterman, 2021, p. 5). The influence of ageism is not common among all members of human community as some people are more discriminatory and intolerant of older people than others.

While talking about the causes of ageism, personal factors of a person play a significant role. One of the instructors at the University of California, Rouxi Zhao (2023), writes: “Individual determinants include age, sex, years of education, cultural background, ethnicity, study area, better physical and mental health condition, socioeconomic status, living in an urban or rural area, and marital status” (p. 1273). Guttermann (2021) states:

Personal ageism is determined by the attitudes about old age that are learned from childhood as young people witness how others react to it and is further influenced by external factors such as media messages. Personal ageism is not only applied to others but also to one’s own aging process” (p. 18).

The more we begin to grow old, the more we begin to take ourselves negatively. When society, culture, religion, and governmental laws and policies come to define old people from different perspectives than those of other groups of people, it results in the origin of structural or institutional ageism:

At the institutional and cultural level, the availability of social resources, the percentage of older people in a country, and cultural attitudes are directly and closely related to ageism. With the increase of resource scarcity, especially in the face of the increase in the number of elderly people, the tension over resource allocation is often triggered, which leads to a higher rate of age discrimination. (Zhao, 2023, p. 1276)

With the increasing number of older people in demographic statistics, society and governments often fail to allocate all the necessary facilities and resources to such old people on equal grounds, which results in structural ageism. In the words of Chang E-Shien et al., “‘Structural ageism’

refers to the explicit or implicit policies, practices, or procedures of societal institutions that discriminate against older persons; it can also include the age-based actions of individuals who are part of these institutions . . .” (as cited in Guttermann, 2021, p. 5). Social and legal rules construct and continue ageism to provide new identity, facilities, and privileges to the older populations: “Institutional ageism refers to established rules, missions, and practices that discriminate against older individuals or groups based on age. Mandatory retirement at a particular age is an example” (Dennis & Thomas, 2007, p. 84). Economic resources, cultural practices, and policies invented and practiced upon the elderly deliberately construct prejudices against them: “Institutional determinants include three components, which are available economic resources, the percentage of older people in the country, and different cultural dimensions” (Zhao, 2022, p. 1275). Except institutional and individual factors, there are some other interpersonal factors that cause ageism: “Interpersonal and inter-group determinants include frequency of contact with the elderly group, target’s age, target’s sex, quality of contact with the elderly group, frequency of contact with grandparents and other relatives and voluntary and paid experience with older people” (Zhao, 2022, 275). In the presence of existing social, cultural, and institutional practices, attitudes, laws, and policies, people can’t overcome the long-kept and neutralized prejudice stored in them against the elderly population. However, they also construct and continue ageism with deliberate intention: “Intentional ageism is attitudes, rules, or practices that are held, implemented, or engaged in with the knowledge that they are biased against older people” (Dennis & Thomas, 2020, p. 84).

Discriminatory attitudes, beliefs, and rules that people hold in them against older people give birth to

intentional ageism. In the words of Levy (2022), “Ageism operates across multiple levels of impact: the structural level (i.e., in which societal institutions reinforce systematic bias against older persons), dyadic level (i.e., seeping through day-to-day social interactions), and the individual level (i.e., the effect of older persons’ views of aging on their health)” (p. 335). Levy (2022) argues that ageism that exists in the individual level turns into structural one becomes systematic when people participate in social interactions (p. 335).

It is an agreed-upon reality that there is an increasing impact of ageism on human relations and social structure: “It is likely that other factors also contribute to the increase in negativity, such as modernization with its associated industrialization, urbanization, and mobilization that reduces the number of children growing up near older role models” (Ng, Allore, Trentalange, Monin, & Levy, 2015, p. 5). The more human society is heading towards advancement driven by industrialization, urbanization, and technological changes, the younger generations seem prejudiced toward the aging people. Increment in life expectancy, on the ground of advancement in medical science research and progress, has given birth to further expansion and global spreading of ageism:

With populations around the world becoming older, the risk of ageism spreading is greater and the impetus to design strategies to tackle it is stronger. Global population ageing can be expected to result in ageism receiving more attention in research and policymaking. (Jecker, 2020, p. 2).

Ageism is strongly rooted in the human mind, and it is often reflected in the exchange of behavior with the people of other groups. In the words of Ouchida and Lachs (2015), “Older adults who believe pain, fatigue, depressed mood, dependency upon others, and decreased libido are a

normal part of aging are less likely to seek healthcare” (p. 51). Once older adults start taking their aging process naturally, they don’t see healthcare and health facilities rather they start showing detachment to their longer living.

In every social institution, organization, agency, and sector, the presence and function of ageism are more or less visible. In the examination of the World Health Organization (2021), “Ageism seeps into many institutions and sectors of society, including those providing health and social care, in the workplace, the media, and the legal system”. Age based prejudices often appear in human language, deeds, the exchange of behaviors, thoughts, and social ideology while dealing with people of varying age groups. The World Health Organization (2021) states, “Ageism arises when age is used to categorize and divide people in ways that lead to harm, disadvantage, and injustice. It can take many forms, including prejudicial attitudes, discriminatory acts, and institutional policies and practices that perpetuate stereotypical beliefs.” Nelson considers the industrial revolution as a leading factor in causing shifting attitudes towards older persons:

The industrial revolution demanded great mobility in families—to go where the jobs were. . . . Older people were not as mobile as younger people. These jobs tended to be oriented toward long, difficult, manual labor, and the jobs were thus more suited to younger, stronger workers (as cited in Gutterman, 2021, p. 12).

Age-based negative stereotypes are a part of everyday social behavior and human learning in the present scenario, as media, social discourse, advertisements, and public policies are unfair while incorporating older people into social sections of society.

As a contagious disease, ageism is to engulf the human mind and cultural practices in the days to come unless interventions work out against such prejudices. “Ageism is a primitive disease, and, unfortunately, our fears about aging are so deep that ageism will probably never totally disappear. But there are interventions we can make now to treat its painful assault” (Butler, 1989, p. 146).

Measures to Reduce the Impacts of Ageism

Butler (2005) argues that elderly people can fight and boldly stand against the prejudice of ageism only when they are supplied or guaranteed resources available in the human community on equal ground: “Attention must be paid to the fair and equitable allocation of resources among the generations. People must be made to understand that efforts to deal with ageism are not intended to give older people a leg up over others, but only to ensure that elders receive an equitable share of society’s resources” (p. 86).

Instead of upholding the biased ideologies developed for them, the elderly need to be industrious in the fields of their capabilities, interests, and choices: “Older persons themselves need to be productive and develop a philosophy on aging if we are to fight ageism” (Butler, 1989, p. 146). To counter the prevailing and expanding effects of ageism, it is a must to generate intergenerational human relations on the grounds of human empathy, attachment, respect, and distinct values of each generation:

Policy and law can address discrimination and inequality on the basis of age and protect the human rights of everyone, everywhere. Educational activities can enhance empathy, dispel misconceptions about different age groups and reduce prejudice by providing accurate information and counter-stereotypical examples” (World Health Organization, 2022).

It is essential to introduce and practice new laws, moral principles and social values to reduce the impacts of ageism and its darker effects on human welling, social adjustment and interpersonal relations.

Conclusion

The growing influence of ageism is a global threat, as people still consider age-based discrimination practiced toward older adults to be a natural social practice. At present, people are aware and sensitive enough to refrain from practicing racism, sexism, and other forms of discrimination against individuals in evolving and progressive societies. However, ageism remains unidentified and is deliberately ignored in terms of legal recognition and protection in many societies across the world. The injustice, ill-treatment, and social exclusion that older people experience in social contexts—simply because of their declining age and the aging process—must come to an end, because social segregation, isolation, and divisions among people on the grounds of increasing age and its consequences fall outside the boundaries of globally acknowledged human rights and their premises.

Personal ageism is difficult to understand and control; however, institutional ageism is deeply rooted in cultural practices, social relations, gender roles, and the development and functioning of social institutions. Negative stereotypes created and disseminated about older adults result in intergenerational conflict and hatred, which seem to weaken the foundations of both humanity and civilization in democratic or civil societies. The common social values and principles—such as social welfare, protection of human rights, social justice, legal protection, and humanity—begin to crumble when older adults feel rejected, excluded, and uninvited from social settings by the younger generation.

Like other discriminatory 'isms', there should be legal, social, cultural, and institutional protections against ageism. Our society, culture, systems of governance, legal frameworks, and human behavior should stand firmly against such age-based discrimination, as this form of prejudice is both baseless and unjustifiable.

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References

- Achenbaum, W. A. (2015). A history of ageism since 1969. *Generations: Journal of the American Society on Aging*, 39(3), 10–16.
<https://www.jstor.org/stable/26556123>
- Atchley, R. C. (1997). *Social forces and aging: An introduction to social gerontology*. Wadsworth Pub. Co.
- Butler, R. N. (1980). Ageism: A foreword. *Journal of Social Issues*, 36(2), 8–11. <https://doi.org/10.1111/j.1540-4560.1980.tb02018.x>
- Butler, R. N. (1989). Dispelling ageism: The cross-cutting intervention. *The Annals of the American Academy of Political and Social Science*, 503, 138–147.
<http://www.jstor.org/stable/1047223>
- Butler, R. N. (2005). Ageism: Looking back over my shoulder. *Generations: Journal of the American Society on Aging*, 29(3), 84–86.
<https://www.jstor.org/stable/26555422>
- Calasanti, T. (2005). Ageism, gravity, and gender: Experiences of aging bodies. *Generations: Journal of the American Society on Aging*, 29(3), 8–12.
<https://www.jstor.org/stable/26555396>

- Dennis, H., & Thomas, K. (2007). Ageism in the workplace. *Journal of the American Society on Aging*, 31(1), 84–89. <https://www.jstor.org/stable/26555516>
- Gutterman, A. S. (2021). Ageism: Where it comes from and what it does. *Social Science Research Network*. <https://doi.org/10.2139/ssrn.3849022>
- Hendricks, J. (2005). Ageism: Looking across the margin in the new millennium. *Generations: Journal of the American Society on Aging*, 29(3), 5–7. <https://www.jstor.org/stable/26555395>
- 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>
- Jecker, N. S. (2020). Ageism. In *Encyclopedia of life sciences* (pp. 1–7). John Wiley and Sons. <https://doi.org/10.1002/9780470015902.a0028976>
- Kane, R. L., & Kane, R. A. (2005). Ageism in healthcare and long-term care. *Generations: Journal of the American Society on Aging*, 29(3), 49–54. <https://www.jstor.org/stable/26555410>
- 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>
- Merriam-Webster. (1994). *Webster's new collegiate dictionary*. Merriam-Webster, Inc.
- Merriam-Webster. (2023, August 29). Ageism. In *Merriam-Webster.com dictionary*. <https://www.merriam-webster.com/dictionary/ageism>
- Ng, R., Allore, H. G., Trental Ange, M., Monin, J. K., & Levy, B. R. (2015). Increasing negativity of age stereotypes across 200 years: Evidence from a database of 400 million words. *PLoS ONE*, 10(2),

- e0117086.
<https://doi.org/10.1371/journal.pone.0117086>
- Officer, A., & de la Fuente-Núñez, V. (2018). A global campaign to combat ageism. *Bulletin of the World Health Organization*, 96(4), 295–296.
<https://doi.org/10.2471/blt.17.202424>
- Ouchida, K. M., & Lachs, M. S. (2015). Not for doctors only: Ageism in healthcare. *Generations: Journal of the American Society on Aging*, 39(3), 46–57.
<https://www.jstor.org/stable/26556135>
- Palmore, E. (1999). *Ageism: Positive and negative* (2nd ed.). Springer Publishing Company.
- Sorgman, M. I., & Sorensen, M. (1984). Ageism: A course of study. *Theory Into Practice*, 23(2), 117–123.
<http://www.jstor.org/stable/1476440>
- Swift, H. J., Abrams, D., Marques, S., Vauclair, C.-M., Bratt, C., & Lima, M. 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://core.ac.uk/download/pdf/77067146.pdf>
- World Health Organization. (2021, March 18). *Ageism is a global challenge: UN*. <https://www.who.int/news/item/18-03-2021-ageism-is-a-global-challenge-un>
- World Health Organization. (2021, March 18). *Ageing: Ageism*. <https://www.who.int/news-room/questions-and-answers/item/ageing-ageism>
- Zhao, R. (2022). *Identifying reasons for ageism in the context of aging*. In *Proceedings of the 2022 6th International Seminar on Education, Management and Social Sciences (ISEMSS 2022)* (pp. 1272–1277). https://doi.org/10.2991/978-2-494069-31-2_150