

NININS 2020**International Scientific Forum «National Interest, National Identity and National Security»****EFFECT OF NEGATIVE GERONTOSTEREOTYPES OF REPRESENTATIVES OF OLDER AGE GROUPS**

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Abstract

The paper addresses the problem of self-ageism among representatives of older age groups, who are considered as the elderly, people of old age and long-livers. The aim of the paper is to analyze the effect of negative gerontostereotypes of elderly people on their self-restrictive practices. The empirical part of the study included the data of the representative questionnaire of elderly people performed by the authors of this paper in spring 2019 in two regions of the central region of Russia. The results of the analysis proved that self-restrictive practices caused by negative gerontostereotypes are widespread among representatives of older age groups and are manifested, in particular, in their refusal to wear certain kind of clothes, shoes, hairstyles, to live the desired lifestyles, to be involved in activities, events, competitions, educational and other programs, in fear and unwillingness to defend their position, express their opinion, etc. Negative gerontostereotypes that largely cause self-restrictive practices of the older generation are as follows: elderly people lack initiative and are dependent, they behave like children; they lack personal life; elderly people do not bring benefits but only a burden on society and family. As a result, the authors come to the conclusion that self-restrictive practices in elderly people can be reduced through a set of measures. Dispelling of negative gerontostereotypes and rational understanding of their impact on the vital activity and secondary (psychological) benefits of their internalization should be a top focus.

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Keywords: Internalization, negative gerontostereotypes, self-restrictive practices, self-ageism, the older generation



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1. Introduction

The global trend of ageing of mankind has increased attention of scientists and practitioners to the problem of the life quality of representatives of older age groups (the elderly, people of old age and long-livers). The most important indicators of these groups are their diverse activity (Suzuki et al., 2002) – physical, health saving, creative, professional, social, socio-political, etc.

For a long time, elderly people and, hence, their problems ‘were attributed to the sphere of medicine, social work, psychiatry ... (Bocharov, 2017).’ However, in recent years, interest in this topic among sociologists has grown tremendously, and one of its causes is actualization of the ageism in scientific-practical discourse... (Allen, 2016; Calasanti, 2016; Coudin & Alexopoulos 2010; Levy & Macdonald, 2016; Nelson, 2016) and prevalence of negative stereotypes about old age and representatives of this age group (gerontostereotypes) (Chrisler et al., 2016; Ilnitski et al., 2019).

Representatives of the older generation are the most stereotyped socio-demographic group. Gerontostereotypes are an intertwinement of positive and negative judgments; however, negative judgments dominate in modern culture (Smirnova, 2008). The latter, prevalent in mass consciousness, causes not only age-related discrimination (ageism), but, being internalized by representatives of the older generation, it can contribute to their self-restrictive attitudes and practices (self-ageism) (Kolpina & Reutov, 2019; Miklyaeva, 2018; Nelson, 2016; Swift et al., 2017).

2. Problem Statement

The study focuses on contradiction between the importance of active longevity in ensuring the quality of life of elderly people and self-restrictive practices determined by negative gerontostereotypes that impede the process.

3. Research Questions

The subject of the study is the specifics of negative gerontostereotypization and self-restrictive practices of elderly people. The paper also studies the relationship between negative gerontostereotypes and self-restrictive practices by representatives of older age groups.

4. Purpose of the Study

The aim of the study is to analyze the effect of negative gerontostereotypes on life practices of elderly people.

5. Research Methods

To achieve the aim, we conducted the author’s questionnaire-based survey of the population of older age groups in a representative regional sample (800 people) in spring 2019, which included representatives of two regions of the Central Federal District of Russia. The older age group was stratified

by age (60–69 years old, 70–79 years old and older than 80 years), gender and territorial characteristics (city and township; village) with regard to the general population in these areas.

The data from research literature were analyzed to compile a list of the most common gerontostereotypes present in mass consciousness, which were as follows: inevitable age-related diseases, a recognized part of ageing; there is no place for personal life in old age; elderly people are grumpy, irritable and difficult to please; in old age, intellectual power decays, the ability to learn, acquire new knowledge, skills, and to use modern technologies and approaches is minimized; elderly people are less effective in almost all spheres than people of other ages, they lack initiative and are dependent on others, including decision taking; they do not need much as they have already lived their active lives and are now just living out their days; they are passive, boring and lethargic, lead a monotonous life, loose interest in life, they are a burden on society and family; investing energy in elderly people, in their health and education is economically unbeneficial and therefore not necessary; they are untidy, do not take care of themselves, do not care about their appearance; they become more childish.

The respondents were asked to choose the statements in the list with which they agree. The data obtained were compared with their responses to seven yes-no questions – indicators of self-ageism – characterizing the presence of self-restrictions in the respondents due to ‘age’ rather than objective factors. The practices classified as self-restrictive were as follows: refusal of elderly people to make new acquaintances, relationships and communication, to participate in events, educational and other programs, in sections, clubs, associations, to buy or wear certain clothes, shoes, hairstyles, items of appearance, to fulfill their dreams, to lead the desired lifestyle – because they are self-conscious of their age and features of that age, they stated that all this no longer makes sense at this age, looks inadequate, etc.; did not express their opinion, did not defend their position and decision, because they thought that others were skeptical about the words and decisions of people of this age, or because one could no longer be sure of the correctness of their decisions at that age; abandoned efforts to maintain their health, to maintain a healthy lifestyle, and explained that diseases are related to age, and old age is incurable; refused of pleasures and something desired in favor of younger people considering that they had already had a good time, or that they do not deserve it.

6. Findings

The study showed that the most common self-restrictive behavior among representatives of the older generation related to negative gerontostereotypes is their refusal of something desired in favor of younger people since they think that they have already had a good time, enjoyed their life or that they do not deserve it. These practices were reported by 51.4% of respondents.

Further, ranking in order of prevalence showed:

- refusal of wearing certain clothes, shoes, hair, items of appearance, since this is improper at this age (42.4%),
- quitting a dream (traveling, acquiring new knowledge, skills, acquaintance, non-standard behavior), refusal of the desired lifestyle because it is not available or possible at this age (39%),
- refusal of participating in some events, competitions, educational and other programs, associations, because they are self-conscious of their age (38.3%).

More than a third of respondents (35.3%) confirmed that they stopped monitoring their health, adhering to a healthy lifestyle and to the doctor's instructions, and explained that malaise is a recognized part of ageing, old age is inevitable and efforts therefore are meaningless.

A total of 27.3% of respondents stated that they hesitated to express their opinion, to uphold their position, their decision, because they believe that others are skeptical about the words and decisions of older people, do not take regard their opinions, or that they can no longer be sure of the correctness of their decisions at this age.

To study the effect of negative gerontostereotypes on the life of representatives of older age groups, the data on their self-restrictive practices and the most commonly related negative ideas about old age and elderly people were summarized in Table 1. The analysis showed that the most influential negative gerontostereotypes are as follows: 'elderly people lack initiative and are dependent' (this stereotype as the most common is associated with six practices out of seven examined), 'in old age there is no place for personal life' and 'elderly people become childish' (these stereotypes are related to five self-restrictive practices).

It should be noted that representatives of the older generation share these gerontostereotypes only to a small extent. Only 11.5% of respondents agreed that elderly people lack initiative and depend on others, 11.6% of respondents told that representatives of the older generation are childish, and 8.0% of those surveyed noted that elderly people do not have personal life. The most common and shared by the majority of representatives of the older generation negative gerontostereotype is as follows: diseases are age dependent, they are inevitable. This is a recognized part of ageing (54.9%). It is noteworthy that it is more common among those who characterize their health as poor (65.9%), less – as good (50.8%). This indirectly indicates the negative effect of this gerontostereotype on the health of those representatives of the older generation who are fatalistic about health problems in this age period, and therefore do not make efforts to implement health-saving practices. In general, with the exception of this stereotype, the remaining leading positions (first, third and fourth) are occupied by positive gerontostereotypes: old age is associated with great knowledge, experience, life wisdom (69.0%), elderly people are polite, decent, an example for young (50.4%), kind and sociable (44.0%). The above suggests that the negative characteristic of the state of health of elderly people is not considered by them as a representation of old age with a negative connotation

Apart from the stereotype that old age seems to be synonymous with disease, other negative stereotypes are much less common than positive ones. The most common negative stereotypes are as follows: the intellectual power decays (35.0%) and they work less efficiently compared to younger people (35%). The rest of the negative stereotypes are insignificantly shared by older age groups.

As mentioned above, it is they that most often determine self-restrictive practices.

Of these negative stereotypes, the most risky in terms of self-ageism are as follows: 'elderly people do not bring benefits but only a burden on society and family' and 'elderly people do not need much, they just live the remainder of their life.' These are associated with four of the seven self-restrictive practices, which are shared by 3.1% and 9.4% of respondents, respectively.

Obviously, some people adopt negative gerontostereotypes and implement self-restrictive practices, while others resist them. We assume that this may be due to the opportunities provided by the

external environment. The study of the effect of the environmental factor on formation of self-restrictive practices in elderly people showed that this effect is not always significant. Thus, among those who reported refusal of relationships, acquaintances and communication 'because of age', there were respondents who considered that the opportunities for self-realization and development of elderly people in their place of residence are insufficient (22.4%) or absent (22.3%), and only 14.9% of respondents claimed that the conditions are appropriate.

Elderly people are among those who reported that they had to refuse to participate in some events, contests, competitions, educational and other programs, in the work of sections, interest clubs, associations, because they were ashamed of their age and limitations (features), 43.1% of respondents were convinced that the opportunities for self-realization and development of elderly people in their place of residence are insufficient or absent, 38.6% of respondents noted that the opportunities are insufficient, and only 31.7% of respondents mentioned that the opportunities are quite diverse. On the contrary, among those who never refused to participate in any activities, 50.4% were convinced that there are numerous opportunities for self-realization and development of elderly people (versus 40.1% of those who reported the absence of any opportunities). In these examples, the difference in the implementation of self-restrictive practices between those who assessed the environmental factor positively and those who expressed negative opinion is statistically significant, but it is not determinative.

In the following examples, the difference is more considerable. Among those who refused to wear certain clothes, hairstyles, etc. due to age-related prejudices, there were respondents convinced that the opportunities for self-realization and development of elderly people are insufficient (48.1%) or absent (38.5%) (versus 28.7% of those who considered the opportunities to be sufficient). On the contrary, the vast majority of those convinced of the sufficiency of such opportunities (61.4%) reported that they never refused such practices (versus 42.8% and 48.1% of those who considered the opportunities insufficient or stated the lack of opportunities).

Among those who less likely to monitor their health due to negative gerontostereotypes, a relative majority (35%) reported that the opportunities for self-realization of elderly people are insufficient or absent (versus 19.8% of those who noted that the opportunities are appropriate). On the contrary, among those who continue caring about their own health, the vast majority indicated the appropriate environmental opportunities (73.3% versus 50–55% of those who expressed the opposite opinion).

The tendency which shows that self-restrictive practices are often characteristic of those who believe that opportunities for self-realization and development of elderly people are not created, can be observed for other issues, for example, refusal of elderly people to have some joy and fulfill their dreams, plans, unwillingness to defend their position and express their opinion.

In our opinion, the possibility of implementation of a particular practice is not directly determined by the presence of opportunities for self-realization. For example, wearing certain clothes and having a particular hairstyle are largely subjective. Therefore, assessment of the environment as poor in opportunities is likely an unconscious protective mechanism to explain self-restrictive practices, which is based on unconscious gerontostereotypes due to the internalization of the negative social construct of old age.

7. Conclusion

To sum up, it should be noted that self-restrictive practices, which are due to negative gerontostereotypes, are widespread among representatives of the older generation. The most common are as follows: refusal of elderly people to have the desired things in favor of younger people, wear certain clothes, shoes, items of appearance, have a particular hairstyle, fulfill their dreams, live the desired lifestyle, participate in different events, competitions, educational and other programs, work in some associations, as well as minimization of health-saving practices and unwillingness to defend their position and express their opinion.

Self-restrictive practices of elderly people are associated with internalization of a number of negative gerontostereotypes. These gerontostereotypes are the most risky in terms of the negative effect on life practices of representatives of the older generation (listed in the order of decreasing effect): elderly people lack initiative and are dependent, they do not have personal life and are childish; elderly people do not bring benefits but only a burden on society and family; elderly people do not need much, they just live the remainder of their life. However, negative gerontostereotypes, risky in terms of the emergence of self-restrictive practices, are either not widespread or not adequately reflected by elderly people. These gerontostereotypes are shared by up to 12% of respondents.

The environmental factor determines the presence or absence of certain opportunities and thus can affect the formation or prevention of self-restrictive practices. However, firstly, the idea of environmental opportunities is not decisive in the implementation of a particular type of activity by elderly people, and secondly, these opportunities often serve as an excuse for self-restrictive practices and inactivity, since in many cases they are not required for implementation of certain practices. This means that gerontostereotypes also determine the elderly's perception of the environment as rich or poor in opportunities.

Thus, shattering of negative gerontostereotypes to the level of consciousness, and the mechanisms and consequences of the effect of gerontostereotypes on the life quality of elderly people play a crucial role in eliminating self-restrictive practices.

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References

- Allen, J. O. (2016). Ageism as a risk factor for chronic disease. *Gerontologist*, 56(4), 610–614.
- Bocharov, V. V. (2017). Youth and old age in traditional Russian culture (about the book by I. A. Grigoryeva et al. Elderly population in modern Russia: between work, education and health). *Sociological research*, 1, 159–163. (in Russian)
- Calasanti, T. (2016). Combating ageism: How successful is successful ageing? *Gerontologist*, 56(6), 1093–1101.

- Chrisler, J. C., Barney, A., & Palatino, B. (2016). Ageism can be hazardous to women's health: ageism, sexism, and stereotypes of older women in the healthcare system. *Journal of Social Issues*, 72(1), 86–104.
- Coudin, G., & Alexopoulos, T. (2010). 'Help me! I'm old!' How negative ageing stereotypes create dependency among older adults. *Ageing & mental health*, 14(5), 516–523.
- Ilnitski, A., Kolpina, L., & Prashchayeu, K. (2019). Age-related ageism among social and health care employees. *International Journal of Ageing in Developing Countries*, 3(2), 160-169.
- Kolpina, L. V., & Reutov, E. V. (2019). Effect of ageing stereotypes on formation of self-restrictive practices of older people. *Central Russian Journal of Social Sciences*, 14(2), 32-35.
- Levy, S. R., & Macdonald, J. L. (2016). Progress on understanding ageism. *Journal of Social Issues*, 72(1), 5–25.
- Miklyaeva, A. V. (2018). Infantilization of the elderly in everyday interaction: to the statement of the problem. *Journal of social policy studies*, 16(1), 109-124.
- Nelson, T. D. (2016). Promoting healthy ageing by confronting ageism. *American Psychologist*, 71(4), 276.
- Smirnova, T. V. (2008). Older persons: stereotypical image and social distance. *Sociological research*, 8, 49–55. (in Russian)
- Suzuki, M., Ohyama, N., Yamada, K., & Kanamori, M. (2002). The relationship between fear of falling, activities of daily living and quality of life among elderly individuals. *Nursing & Health Sciences*, 4(4), 155–161.
- Swift, H. J., Abrams, D., Lamont, R. A., & Drury, L. (2017). The risks of ageism model: How ageism and negative attitudes toward age can be a barrier to active ageing. *Social Issues and Policy Review*, 11(1), 195–231.