

Reframing ageist language and attitudes to influence social change

Landmark research in Australia brings guidance on the invisible ways that negative thinking and speaking about aging can drive discrimination, abuse and social isolation

by Beth Witrogen, MJ

Despite global progress in identifying language that disrespects and marginalizes people by race or gender, communications around aging remain one of the last frontiers of social equality. Research shows that ageist beliefs—stereotyping, prejudice

and discrimination based on age—are an insidious presence in global cultures, from greeting cards and jokes to elder abuse and economic inequity. A new study reaffirms the impact of people’s beliefs about aging on health and well-being.

Among participants ages 50+ whose satisfaction with aging increased in the four years between baseline and second measurements, concrete health and well-being improvements were noted after a further four-year interval.¹ In contrast, worsening health and well-being outcomes were linked

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to those with decreased aging satisfaction (see the box on page 28 for more details).

Lead author Julia Nakamura, BS, a graduate student in health psychology at the University of British Columbia, Canada, believes that “combating ageism and reducing harmful stereotypes about aging are potential paths to improving individual aging satisfaction. If a person thinks aging is destined to be a negative experience,” she adds, “that might become a self-fulfilling prophecy.”

In a landmark survey researched by Common Cause Australia and commissioned by the Southern Melbourne Primary Care Partnership (SMPCP) through the Victorian government, the “Framing Age Message Guide” identifies ways of communicating about older adults through a values-based community engagement approach.²

This guidance can aid organizations in reframing their messages for or about this population.

I recently spoke with Common Cause Australia cofounder and director Mark Chenery and SMPCP Executive Officer Michelle Lord for the *Journal on Active Aging*[®]. Among other things, the interview explored their motivation for the guide and the impact they hope to achieve in shifting cultural values.

BW: *Michelle, you’ve worked in the health sector for over three decades and advise the Victorian government on issues relating to elder abuse prevention. How did your organization, a consortium of eight elder-abuse networks, come to develop the “Framing Age” resource to upgrade the way we talk about issues affecting older people?*

ML: SMPCP was founded by the Victorian state government in January 2018. Our focus is primary prevention of elder abuse—not responding to it after, but to the drivers that cause it. One thing that emerged is that negative attitudes and behaviors towards older people can be a driver for abuse because stereotypes can set up an environment where elder abuse occurs.

Many colleagues had done quite a bit of work in prevention of violence against women and children, and gender equity. The government in Victoria had commissioned an extensive inquiry into family violence and was committed to carrying out all 200-odd recommendations, which included elder abuse prevention (and support for my network).

We were aware of some prevention work that Mark had done at Common Cause Australia, stressing messaging around healthy aging. So we approached him to develop something unique, because there hasn't been any research in Australia specifically into how the way we think and speak about aging influences attitudes and behaviors of people in our communities.

It's the first time the government in Australia has committed to something like this: It still feels like addressing elder abuse is 20 years behind the work of prevention of family violence more broadly.

BW: *We know current discourse frames older people as a homogeneous group, failing to recognize their diversity. Too often discourse dehumanizes their worth and excludes them from community as well. Knowing the complexity of this cohort of older adults, Mark, how did you construct your research?*

MC: Common Cause has been around for about six years here in Australia. We are a mission-driven operation but operate for profit, so we work on a fee-for-service model with nonprofits, government agencies and health-based organizations, specifically with social and environmental causes.

About three years ago the Victorian health promotion agency, VicHealth, commissioned us to provide messaging on a range of projects. Ageism and elder abuse were an entirely new topic when Michelle approached me. At the same time this project felt similar to the work we did on gender equality a year ago.

This is really a question of how we treat each other in society and how certain groups of people are not treated with value or respect—and how we get people to see this reality and then support the necessary things to make that change.

BW: *The “Framing Age” guide is modeled on the Common Cause values-based approach to community engagement—to create a society*



that respects and includes everyone. What were some key findings or surprises?

ML: One challenge we identified in the early stages was how to account for cultural differences in ageist attitudes. Australia is a multicultural society, with a high number of migrants, for example. The research component was accessing sufficient numbers from those groups to get a representative balance.

MC: Our research focuses on understanding how different people think and what matters to them; our goal is how do we influence people? How do we motivate people to do things differently? We worked on research around values and found a strong correlation between ageism and what principles people tend to prioritize. Engaging in values like equality and free-

dom, self-direction and altruism are most helpful in reminding us to not make assumptions about people based on age.

Our starting point was not based on demographic factors like gender, education or income: It was based on attitude.

We analyzed how three different attitudinal groups—supporters, opponents and persuadable people—responded to each of the questions and messages in our survey. We analyzed public sources of discourse and conducted confidential interviews with key advocates. Identifying these perspectives formed the “frame,” which we then tested through an online survey of 1,395 people.

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Part of the discourse we examined was the diversity of how people in the medical community talk about aging. I wouldn't say ageism is acceptable, but it's invisible. We attribute age as the reason for certain things, as opposed to the complexity of life itself. And that makes it particularly difficult as an issue area to talk about.

Our process is looking for subconscious thinking that might inform how people talk about the issue, so we look at language, what metaphors people use. We over-analyze every single word in a sentence, a slow and exhausting but revealing process: It's the subconscious stuff that slips out, messages that might be stigmatizing or condescending unintentionally. But, in construction of language, we see that even people who advocate against ageism will say things that imply younger is better—"imagine they're young and then you'll have respect for them."

If we want broad scale changes, for example behavioral change or policy change,

then we need to influence a large section of society. Our question becomes how to influence people who *can* be influenced, rather than how do we influence other subsegments of society? Then we ask a lot of demographic questions to be sure our messages are acceptable to people who are impacted by the issue.

BW: *What are some challenges in raising awareness about subconscious ageism in communications?*

ML: In terms of raising awareness, the feedback I've had so far from people who attended one of Mark's master classes—especially those who thought they were not ageist—was they came away mortified with how many wrong things they've been doing just using their own words.

[**Ed.** For tips and "before and after" examples, see "Message examples" (Figure 1 on page 31) as well as the "Framing Age Cheat Sheet" sidebar on page 29 and "Reframing messages" box on page 30.]

MC: I agree! It is a process, and change is difficult. People are horrified when they realize how ineffectively they've been communicating. They might believe certain things, but when it comes to their communications, they're unconsciously repeating a bunch of stereotypes.

We often repeat the same mistakes because we're so used to communicating in a certain way and making certain assumptions about how we can motivate people, we don't realize sometimes how deeply embedded our communications are in a different, unthoughtful worldview. We've run a few master classes with organizations, including people working in council who might engage with older members of the community or run campaigns in relation to ageism. Connecting organizations with each other is another way to help them improve their communications and support each other to make that shift.

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When attitudes about aging improve, better health may follow

Making people feel better about how they're aging could lead to concrete improvements in health and well-being, according to new research from the University of British Columbia, located in Vancouver, Canada.

In this study, more than 13,000 adults over age 50 contributed data through the Health and Retirement Study in the United States between 2008 and 2018. The research team, supervised by UBC assistant psychology professor Eric Kim, PhD, and biostatistician Tyler VanderWeele, PhD, of Harvard University, analyzed participants' data at three separate intervals, each four years apart.

At the first interval, the researchers recorded initial measures of health and well-being. They also captured aging sat-

isfaction through participants' responses to statements such as:

- Things keep getting worse as I get older.
- I am as happy now as I was when I was younger.
- The older I get, the more useless I feel.

At the second interval, they assessed aging satisfaction again. Then, at the third and final interval, they measured how health and well-being measures had changed four years after the second measurement of aging satisfaction.

Of the 35 outcomes measured, 27 had improved in association with improved aging satisfaction four years earlier. Conversely, decreases in aging satisfaction from the baseline measurement to the second interval were associated with worsening health and well-being outcomes by the third interval.

The order in which these measurements were taken is important, the findings suggest. One might expect people in better health to have more positive attitudes about aging than those with health problems, but this analysis showed that increases in aging satisfaction clearly preceded improvements in health and well-being.

Adapted from materials provided by The University of British Columbia, February 9, 2022. Citation: Nakamura, J. S., Hong, J. H., Smith, J., et al. (2022). Associations between satisfaction with aging and health and well-being outcomes among older us adults. JAMA Network Open, 5(2), e2147797. <https://doi.org/10.1001/jamanetworkopen.2021.47797>

Framing Age Cheat Sheet



Image courtesy of
Southern Melbourne
Primary Care
Partnership

Here is a quick summary of our top tips and suggested story structure for you to hang up above your desk so it's always front of mind.

Top Tips

1

Use values (not facts) to persuade

Engage altruistic and self-direction values in order to motivate support, not dry facts or appeals to selfish motivations.

2

Emphasize similarities (not differences)

Build empathy by emphasizing similarities across age groups and referring to “people” and “us” instead of “older people” and “them.”

3

Celebrate diversity (not stereotypes)

Show the diversity of people at every age and avoid pandering to age-based stereotypes of any kind.

4

Repeat your story (not myths)

Focus on what you want your audience to believe instead of repeating myths and negative stereotypes—even to point out how wrong they are.

5

Focus on solutions (more than problems)

To entice persuadable audiences to engage with your message, spend more time talking about solutions than problems.

6

Keep it real (not abstract)

When it comes to creating persuasive and emotionally compelling messages: show, don't tell. Use real examples and real people to bring your message to life.

Our Persuasive Story

Vision

Core ingredients:

- Focus on the importance of equality and freedom to choose your own path in life.
- Remind your audience these values are broadly shared in our community and apply to everyone (no need to make this part of our message age specific).

Barrier

Core ingredients:

- Focus on how different expectations, pressures and treatment of people based on their age get in the way of our vision.
- Point to specific examples of how these ageist stereotypes lead to unequal treatment and outcomes for older people.

Action

Core ingredients:

- Focus on how your solution will help challenge ageist stereotypes and help affirm our shared values.
- Describe not just the solution required, but the positive outcomes that will flow from it that your audience would value.

This “Framing Age Cheat Sheet” sidebar uses text reprinted from “Framing Age Message Guide: a values-based guide to addressing ageism” (2021), with the permission of Southern Melbourne Primary Care Partnership.

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It's easy to read the guide and say, "Oh, this is really interesting and useful," and then go away and not do it well. It's one thing to hear you need to communicate differently or to read it in a guide and feel it makes all the sense in the world, but to do it in practice is often a lot harder.

So, one challenge is making that first step of changing how people communicate. On this particular issue, ageism, it's such an invisible problem we don't realize how ageist our thinking can be, let alone how we can draw upon tropes in our communications that bring that back in.

BW: *How much does the fear of getting old play into ageist attitudes and stereotypes?*

ML: For me, it's fear of loss of capacity, loss of independence, loss of control of your life

and your ability to do the things you want to do. Aging is associated with that loss—whether about physical or mental health or loved ones around you. It's one reason why we don't like the idea of aging, and that negativity is reinforced in media and structures like access to health services—the assumption is everything will be awful.

MC: Is it the chicken or the egg? Is it the fact that we treat older people badly that makes us fear getting old, because they're not respected and valued where they are? Or is it something much more deeply psychological and built into us? I think it's quite cultural. Individually valuing people based on their economic contributions is a huge part of the problem of ageism—not fear of death, but fear of not being useful, because we choose to structure our world in a way that makes it hard to contribute

when you are older, and their contributions are not valued.

BW: *What do you hope is the impact of "Framing Age"?*

ML: We hope for a broad scale reach of the guide for people professionally, to have access to it and to start implementing and embedding that in the work that they do.

To support intergenerational activities would be an ideal scenario. Because there's a lot of building evidence to suggest that where generations come together, it improves attitudes towards older people. [Ed. In a 2019 *Journal on Active Aging*[®] article, Cornell University's Dr. Karl Pillemer discussed his research review on interventions to combat ageism, conducted for the World Health Organization. This review pointed to the positive impact of intergenerational interventions on attitudes, especially when young participants are prepared with some education about aging and older adults prior to contact. ICAA members can access this article free online in the "Articles" library on the association website (see "Resources" on page 32 for details).]

We have connected with a national organization in Australia called EveryAGE Counts, whose mission is to reduce and prevent ageism in this country. They are in the process of building in the principles of our guide in their learning module, which will be used to support the training of advocates. That's an example of the sorts of things we'd like to see happen.

MC: One of the most difficult things in communications is measuring impact, because communication is only one element of a broader project of change. And attribution of what led to the change is hard; it's a matter of subjective opinion a lot of the time. Lots of people say the messaging has made a real difference, but knowing exactly what level of difference it made, and exactly what that causal mechanism was, is difficult to measure because this sort of change takes time.

Tips for reframing messages

The "Framing Age Message Guide" offers six top tips for messaging. Below are "before and after" examples illustrating three of these tips:

Use values (not facts) to persuade

Example

From: "A 2015 survey found that 27 percent of older Australians had faced workplace discrimination—often during the hiring process." [presents dry facts]

To: "Nobody should have their opportunities in life limited by their age. Yet recruiters all too often overlook perfectly qualified older applicants when hiring new staff." [appeals to values of self-direction and social justice]

Celebrate diversity (not stereotypes)

Example:

From: "You're never too old to learn to dance." [panders to "old equals bad" assumption]

To: "Learning new things is rewarding at every age." [avoids age-based stereotypes]

Emphasize similarities (not differences)

Example:

From: "As people get older they lose their independence and become more reliant on others for support." [emphasizes differences]

To: "There are great opportunities and great challenges at every life stage, and to overcome the challenges, we need help from families, communities and society, whether we're nine or 90. It's called life." [emphasizes similarities]

Excerpted from "Framing Age Message Guide: a values-based guide to addressing ageism" (2021), with the permission of Southern Melbourne Primary Care Partnership. The "Framing Age Cheat Sheet" on page 29 describes all six messaging tips. Refer to the full guide for more in-depth guidance (see "Resources" on page 32).

Message examples

Below is an example of how to use our story framework and message tips in practice. The “Before” example shows common messaging missteps, while the “After” example illustrates what the same message recrafted to align with the recommendations in this guide might look like. [Ed. See The “Framing Age Cheat Sheet” sidebar on page 29 for the framework and message tips.]



Figure 1. Message examples. This redesigned figure uses text reprinted from “Framing Age Message Guide: a values-based guide to addressing ageism” (2021), with the permission of Southern Melbourne Primary Care Partnership.

One step is to make people aware there is a resource and there is this research that’s gone into how to talk about aging. With something like ageism, given how widespread and invisible the problem is, the guide is not just written for people who are dealing with ageism, but people who might be unintentionally including ageist messaging in their communications. So that might

be councils when they are talking about age in any way. Or businesses. We want people to use this guide who aren’t necessarily already our allies and on board with some of our change objectives.

Simply getting people to change the way they communicate is a big enough project. We’ve promoted the guide through a

number of organizations across Victoria, like VicHealth, which will increase its reach into the broader community.

BW: *What advice would you give our audience for gaining the most out of the guide?*

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MC: I feel like there's an opportunity to make strong progress with ageism the way we have with gender and racism in terms of diversity and equality if we can point it out to people in the right way, in a way that doesn't make people defensive. Because we don't have to get people to care. We just have to get them to see ageism through the right perspective.

I encourage people to look at the recommendations in the guide, and when they're writing communications or speaking, be slow and conscious about it and really reflect on their words. Then they will see if unhelpful things are slipping through. If they keep trying, then through a process of repetition, it will become more intuitive to communicate differently over time.

The only way to communicate better is to go back to basics and question everything. But it can be a painful process. 🌀

Beth Witrogen, MJ, is a contributing editor for the Journal on Active Aging®. She was twice nominated for the Pulitzer Prize for her work in the field of family caregiving, including for her landmark book Caregiving: The Spiritual Journey of Love, Loss and Renewal. Witrogen has been featured in four PBS series on caregiving and self-care. Her writing has appeared in national magazines and health websites.

References

1. Nakamura, J. S., Hong, J. H., Smith, J., et al. (2022). Associations between satisfaction with aging and health and well-being outcomes among older US adults. *JAMA Network Open*, 5(2), e2147797. <https://doi.org/10.1001/jamanetworkopen.2021.47797>
2. Southern Melbourne Primary Care Partnership. (2021). Framing Age Message Guide: a values-based guide to addressing ageism. Available at <http://smpcp.org.au/index.php/our-work/projects/eapn/framing-age-message-guide>.

Resources

Internet

Changing the Narrative: Ending Ageism Together

Training advocates, policymakers and influencers in communications tools, messages (Colorado)
<https://changingthenarrativeco.org/>

Common Cause Australia

A network of people working to engage cultural values to create a more equitable, sustainable and democratic society
www.commoncause.com.au/

EveryAGE Counts

Advocacy campaign aimed at tackling ageism in Australia
<https://ageing-equal.org/every-age-counts/>

FrameWorks Institute

Changing the conversation on social issues; reframing entrenched narratives to unlock progress in relationships, culture, public policy (Washington, DC)
www.frameworksinstitute.org/

Southern Melbourne Primary Care Partnership

Created by the Victorian Government in 2000 "to strengthen the primary health sector and improve health and well-being outcomes across the service sector"
<http://smpcp.org.au>

VicHealth

A health promotion foundation established by the Victorian Parliament in 1987
www.vichealth.vic.gov.au/

Print

Kendall-Taylor, N., Neumann, A., & Schoen, J. (2020, May 28). Advocating for age in an age of uncertainty. *Stanford Social Innovation Review*. Available at

https://ssir.org/articles/entry/advocating_for_age_in_an_age_of_uncertainty

Larkin, M. (2019). Combating ageism: A groundbreaking study examines interventions to bridge generations. *Journal on Active Aging*, 18(5), 44–51; July/August/September issue. Available to ICAA members at www.icaa.cc in the "Articles" library [search keyword *ageism*].

Tools

* Guidelines for Age-Inclusive Communication

Changing the Narrative, 2022. Available at <https://changingthenarrativeco.org/changing-the-narrative-resources/>

* The Common Cause Handbook

Public Interest Research Centre, 2012. Available at www.commoncause.com.au/uploads/1/2/9/4/12943361/common_cause_handbook.pdf

* Framing Age Message Guide: a values-based guide to addressing ageism

Southern Melbourne Primary Care Partnership, 2021. Available at <http://smpcp.org.au/index.php/our-work/projects/eapn/framing-age-message-guide>

* Perceptions Matter: The Common Cause UK Values Survey

Common Cause Foundation, 2016. Available at https://commoncausefoundation.org/wp-content/uploads/2021/10/CCF_survey_perceptions_matter_summary.pdf

* Quick Guide to Avoid Ageism in Communication

World Health Organization, 2021. Available at www.who.int/publications/m/item/quick-guide-to-avoid-ageism-in-communication