

## **Look out! Here come the boomers: Ageism and the apocalyptic demographic**

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### **1. Abstract**

*The term ageism, coined by Robert N. Butler (1969), refers to the stereotyping of and prejudice against individuals or groups based on their age. According to Todd Nelson (2005), there has been little study and research on ageism as a form of prejudice, compared to racism and gender bias. As the baby boom generation (those born in Canada and the U.S. between 1946 and 1966) starts to consider retirement, it is about to come face to face with ageism on a scale never seen before. Within the next five years, North America is about to go from an unusually low number of people entering yearly into the "normal" retirement age of 65 to the highest number in history. Charles Longino refers to it as apocalyptic demography or the demographic imperative (2005, p. 80). There are growing concerns that the baby boomers could bankrupt the social support systems as they stand now. While all of this is taking place, older people are staying healthier and living longer than ever before. In addition to references to Nelson and Butler, this paper also refers to two recent psychology research papers which challenge previously held theories on aging, memory, and learning. Finally, it suggests a Friereian educational lens through which baby boomers could look to seek a significant role for themselves in raising the awareness of ageism as a form of oppression and to create the means to reverse its effects on everyone affected by it, not just older persons. In this paper I will be discussing several issues related to ageism. Certain defined age brackets will be assigned to terms and expressions. For instance, I will refer to people over the age of 65 to 74 as 'seniors', and people over 75 to as 'elders' and 'the elderly'. The terms 'baby boom' and 'baby boomers' will refer to the 20 year period following the end of World War II and those members of North American society born during that time. Although I consider the two age brackets to be totally stereotypical and arbitrary categorizations, and the 'baby boom' time frame to vary slightly between American and Canadian contexts, they have generally been accepted in popular use by government, the private sector, and the public at large.*

### **Keywords**

ageism, baby boom, demographic imperative, lifelong learning

*"The baby boom is on our doorstep. Is this the calm before the storm? We fear that it will be like a wrecking ball unleashing its destructive potential. However, it may be more like a challenge. Challenges can generate creative answers, many of which are unknowable ahead of time . . . We should embrace the challenge . . . (Charles Longino, Jr., *The Future of Ageism: Baby Boomers at the Doorstep*, 2005, p.83)*

Although prejudice based on age can be experienced by a member of any age group, I will be concentrating in this paper on ageism as it applies to the aging adult population, and in particular to those of the cohort referred to as *the baby boom*

*generation* - those North Americans born between 1946 and 1966. Many of the members of this cohort are reaching the age at which retirement from employment is either expected or compulsory. Because the baby boomers comprise between one quarter and one third of the North American population, Charles Longino refers to this significant shift in demographics as *apocalyptic demography* or *the demographic imperative* (Longino, 2005, p. 80). Is there any possible way to defeat ageism, while at the same time substantially mitigate the effects of this impending paradigm shift? I would argue that there is, and that one possible solution lies in adapting and adopting the ideas and wisdom of Paulo Freire as expressed in *Pedagogy of the Oppressed* (Freire, 2006) by using education to help the baby boom cohort prepare for their transition into 'seniorhood.'

The term *ageism*, as coined by Robert N. Butler in 1968, refers to the *stereotyping of and prejudice against* individuals or groups based on their age (Butler, 1969). In *Ageism: Prejudice Against Our Feared Future Self*, Todd Nelson begins by contrasting how little study and research there has been on ageism as a form of prejudice, compared to racism and gender bias.

On an individual level, it is the result of ". . . [the] automatic categorization of each [encountered] individual along three dimensions: race, gender, and age" (Nelson, 2005, p. 207). This is a basic socializing trait in the human species. In the process of categorizing one another, we often tend to stereotype - i.e. assume characteristics (negative or positive) which are not apparent at the time of categorization - based solely on an other's initial manner and appearance. The first two 'isms' have been extensively argued about, studied, and researched, but ageism has been generally ignored. It has been so widely accepted and integrated into everyday life, that it is not seen by many researchers as worthy of study.

One of the most common stereotypical assumptions about mature adults is that, due to a gradual loss of brain cells in the ageing process, they progressively lose memory and learning skills to such a degree that by the time they reach their sixties forgetfulness will become a fact of life. Because of this, it becomes progressively more difficult to learn anything new. 'I'm having a senior's moment' is a familiar phrase often used by people over 60 to describe a brief memory lapse when in conversation with one another. According to Thomas Hess and other psychological researchers looking into memory and learning in older adults, these assumptions - now a well-established part of the folk knowledge regarding the aging mind - are erroneous. Hess claims that much of the previous research on which these theories were originally based is flawed because it was supported by non-contextual trials which ignored proven differences in the way in which older mature adults learn and remember compared to their younger counterparts. Many of the previously accepted studies have been carried out in non-contextual situations, and have ". . . often neglect[ed] the adaptive nature of cognition as well as contextual factors that may contribute to and moderate observed age differences in memory performance" (Hess, 2005, p.383). Basing his opinions on recent research, Hess argues that, given the appropriate motivation and context, older adults can memorize and learn as effectively as younger ones for most of their 'senior' years, provided they are in relatively good mental and physical health. There can be a

significant decline in memory and cognition due to ageing, but it is not normally manifested until the last five years prior to the end of a normal life span (Hess, 2005).

Another set of common stereotypical assumptions leading to ageism has to do with physical condition. Parallel to the stereotyping based on skin colour - a key component of racism - is that which is based on wrinkles, baldness, greying, white hair and other signs of 'ageing.' According to Todd Nelson, the automatic human trait of categorizing others on first sight happens along three dimensions: race, gender and age. He cites a number of major researchers who have studied this phenomenon extensively. He also points out that, although most of the research has focused on how it can lead to racism and gender bias, it has paid relatively little attention to its effect on attitudes towards visual signs of aging which may lead to ageism (Nelson, 2005, p.207). Unfortunately for older adults, and unlike those in other forms of discrimination, these visual cues usually become more prominent the older one gets, often resulting in an intensification of prejudice. The stereotypes include deterioration of the human body to the degree that it is not capable of vigorous physical activity, and the loss of one's sex drive in the process of becoming a 'senior' (Butler, 2001; Butler & Lewis, 1976).

In his introduction to a series of journal articles on ageism, Nelson walks us through the history and current manifestations of ageism, highlighting the manner in which it is often exacerbated by patronizing over-attention and 'baby talk,' especially in medical and residential care facilities. He concludes with a discussion of how society's negative stereotyping "segregates younger and older people into 'us' and 'them' - it 'others' the latter" (Nelson, 2005, pp. 208 - 217). Nelson goes on to say that "[w]hile couched in jokes and humor, society is clearly saying one thing: getting old is bad" (Nelson, 2005, p. 208).

From an institutional perspective, Butler claims that older people are discriminated against in both their residential and health care. His research indicates an alarming number of cases of elder abuse by caregivers, chronic under-staffing in nursing homes, unequal treatment of illnesses in the elderly compared to the rest of the population, poorly trained medical staff with respect to gerontology, and inadequate long-term Medicare coverage (Dreifus, 2006, p.2). Butler states:

*According to a 2004 article in The Lancet, between one and three million older Americans suffered some form of elder abuse from people they depended upon for their care . . . . According to the government, 1.5 million older Americans live in nursing homes, 90 percent of which have inadequate staffing (Dreifus, 2006).*

Although in his paper Butler is appealing mainly to a middle-class North American audience, the struggle against ageism may be compounded for persons who are also suffering the effects of other forms of prejudice. In Dreifus' interview, he states that ". . . 25 percent of Americans over 65 live on less than \$38 per day. A lot of these are in minority groups and most are women" (Dreifus, 2006, p.2). In the U.S., Katherine Conway-Turner urges those involved in designing and delivering gerontology courses for caregivers and social workers to include a Black Studies component as part of the curriculum. She suggests that it should include issues specific to African American elders (Conway-Turner, 1995, p.586.) In a way, Conway-Turner is, as Stephen Brookfield might say, *racializing* the discourse on gerontology training in a manner that

should also be considered in the Canadian context with respect to the care of elderly First Nations women and men (Brookfield, 2003, pp.2, 18).

If ageism exists to the extent that both Butler and Nelson suggest, then it should be considered as a form of oppression when it is tolerated and endorsed by mainstream North American society, with younger and middle-aged portion of the population, through private and public agencies and the media, collectively being the oppressor, and those persons older than them, the oppressed. (Dreifus, 2006; Nelson, 2005). This oppression can take several forms. Discriminatory hiring practices, refusal of advancement opportunities and wrongful dismissal on the job are common for those over 50. Inadequate or unsuitable medical care is often given to ailing seniors, including the substitution of ". . . various drugs, especially in older persons, [which] often cloud the sensorium and cause confusion," (Butler, 2001, p. 7) in place of proactive - and often more expensive - treatment. All of these can contribute to the loss of financial independence and personal dignity.

Unlike most other '-isms', the older one gets, the more oppressive the effects of ageism become. A commonplace example of this is the use of *baby talk* by the caregivers of the elderly in hospitals and care homes. Nelson has a special term for it when it is used in these situations. He refers to it as *secondary baby talk*, as opposed to *primary baby talk* which is used when talking to infants. It involves the use of exaggerated tone, simplified speech and high pitch. Older people with higher cognitive and social functioning resent it, finding it very disrespectful, humiliating, ageist and insulting, although their aged-based peers with lower functioning abilities often find it soothing and nurturing (Nelson, 2005). What is most alarming, however, are studies indicating that when members of the first group become receptive to baby talk as well as other forms of *infantalization*, they become more passive and dependent, lowering their sense of self-esteem. In the process of becoming easy-to-look-after (and control) 'docile bodies' (See Foucault, 1984, p. 182), they give up their role as contributing members of society (Nelson, 2005). Although the caregivers may have the best of intentions towards their patients/residents in these circumstances, they are, I would argue, acting as oppressors, and the elderly are accepting the role of the oppressed.

Loss of a meaningful occupation due to retirement can also be a form of ageism. Typical stereotypes of 'seniors' include the following. First, it is assumed that older workers lack current technical skills as a result of not keeping up to date with emerging technology which applies directly to their practice. Second, older workers are generally considered less productive than their juniors due to the previously discussed decline in mental and physical abilities. Finally, most people who reach the age of 65 (or any other arbitrarily chosen age for retirement) *want* to stop working. They feel that they have already contributed enough to their practice or to society.

Butler calls retirement "a 20<sup>th</sup> century aberration" (Butler, 2001, p.11). In Canada, federal and most provincial courts have upheld the right of public and private sector employers to discriminate against employees based solely on age by allowing for the enforcement of mandatory retirement at age 65. For those still working past the age of 65, there has been a 50 percent increase between 1977 and 2002 in perceived age discrimination (Dreifus, 2006, p.2). Referring to his own post-65 working career, Butler says, "I quickly realized that 'retired' was not a good word. If you are applying for grants

from the N.I.H. [National Institutes of Health], you don't want to be perceived as retired, which seems to be a synonym for 'over the hill'" (ibid). Speaking both as a researcher and an octogenarian who is still actively working in his field, he explains how aging can be a positive and productive experience, even well after age 65, with proper financial planning, intellectual stimulation, a sense of purpose, and meaningful social interactions. It is also contingent on healthy eating and exercise (Butler, 2001).

Why is ageism on the increase? According to Butler, one reason lies in the fact that people in the developed world are living longer and healthier than ever before. He cites the following statistics: the U.S. experienced an increase in average life expectancy from 35 years in 1776 to 47 years in 1900 (a 32 percent increase); this number rose dramatically in the following century to 76 for an increase of 62 percent, and will probably continue to rise; along with this increase in the average lifespan has come a correspondingly dramatic improvement in physical health due to medical advancements and improved living conditions (Butler, 2001). Despite this major improvement in both longevity and healthier senior years, ageing is still viewed negatively by younger adults. Nelson refers to the *functional perspective* and *terror management* theories in which younger adults attempt to protect the 'self' by using stereotypes to 'other' older adults - distancing themselves from the threat of becoming frail and dying (Nelson, 2005, pp. 215, 216). The situation is exacerbated by increases in both the amount of time one will be 'old' and the growing number of elderly. Butler predicts that the number of centenarians in the U.S. could skyrocket from the current (2001) 70,000 to 900,000 by the year 2050, and to a possible 5,000,000 by the end of the century (Butler, 2001).

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*"The apocalyptic picture of the future is indeed ageist, because it objectifies people who are ageing and treats them as though they are all alike. They are not people any more; they are 'the burden'. From this negative point of view, these older people are not capable of contributing creative solutions to meeting their own needs. They have no agency. They are inert, the burden. The sky is falling, and it is falling because there are too many older people. **That sounds ageist to me.**" [emphasis mine] (Longino, 2005, p. 79).*

As a result of the expected relatively sudden shift in the ratio of 'younger' to 'older' in the very near future, there have been many predictions of the collapse of the social welfare net as it currently exists, hence the term *apocalyptic imperative*. According to these forecasts, there will be too few salary-earning workers supporting pension funds which have too many recipients. Seniors will create a drain on the health system due to conditions and diseases related directly to aging, as well as such things as broken hips resulting from accidents caused by poorer coordination and loss of bone density. There will be relatively fewer younger family members to take care of a greater number of aging parents in their old age, which, in turn, will place an enormous strain on residential facilities for the elderly. Compounding these dire predictions, and in spite of the advances in medical science offering longer, healthier lives, many baby boomers are overweight and out of shape.

Over 50 percent of Americans . . . are overweight and a third are obese; and yet . . . are still eating too much sugar and fat, especially saturated fats . . . . Our aerobic

activity level must be tremendously increased along with muscle resistance training, coordination and balance (Butler, 2001).

If the feared negative impact of the 'demographic apocalypse' on the health system is to be avoided, action on the part of the boomer cohort itself will be required. Its members will have to take some of the responsibility for their own physical health by reevaluating and adjusting their diets and by establishing healthy personal exercise routines.

### III

*"Life can be a work of art. As important as liberation by health, as powerful as liberation by law, old people must be liberated, too, from stereotypes that limit their horizons. We are in the midst of the wonderful new world of longevity. It is in our power to make it a celebration" (Butler, 2001, p.9).*

One possible solution is education: a series of educational programs designed specifically for, and in collaboration with, members of the baby boom cohort. This curriculum would be well served if it were based on the educational philosophy of Paulo Freire. It would involve the *consciencization* of the cohort, making them aware of the fact that everyone is implicated in the form of oppression known as ageism, either as *oppressors, oppressed, silent witnesses, or activists*. It would engage the students in a form of Freire's *problem posing education*, encouraging critical thinking and dialogue not only between *teachers/students* and *students/teachers*, but also with younger members of society (Freire, 2006). It would also need to be truly *liberatory* in nature, working toward the elimination of ageist practices which implicate all members of society, rich or poor, including the current elderly population (Freire, 2006). To achieve this end, any solution would have to include a process or mechanism that would actively seek out and incorporate into the discussion the stories of people who are older than the baby boomer generation, as well as those cohort members who would normally not have a voice: the economically or socially disadvantaged, and those with serious mental or physical health issues and/or substance abuse issues. I will address this in more detail later in the discussion.

The first step - *consciencization* - would involve several components, including raising awareness within the cohort with respect to the importance of a healthy lifestyle, rebuilding self-confidence in their continued abilities to learn, and helping them to reaffirm the traditional status of elders as *mentors* and *sages*. (Butler, 2001). The next step would be the implementation of workshops focused on developing a healthy diet, an exercise and physical fitness routine, financial awareness and planning, and a lifelong learning plan (Butler, 2001). The final step is the most important: motivating these newly-energized recruits to go out and tell the world. In other words, it is to encourage them to be the solution to the *demographic imperative* rather than its cause by informing young and old alike of "the wonderful world of longevity" (Butler, 2001, pp.2-4). Armed with Freire's concept of a *praxis* based on *reflection* and *action*, they would work toward a *cultural synthesis* (Freire, 2006) with the goal of transforming the population at large by convincing it to reconsider and re-evaluate the role of the elder in society. Butler exhorts us to

encourage artists, writers, scholars and individuals working in the humanities, theater, cinema and the media to explore new ways to communicate the experiences of older persons within the context of the human family (2001, p. 14)

Members of the baby boomer cohort are ideal candidates for this enterprise for several reasons. First, there are large numbers of them who are generally well educated, free of family commitments, and financially independent. Second, many are highly motivated. They have endured other 'apocalypses' in the past owing to their existence: not enough primary schools, not enough high schools, not enough universities and colleges, and too much competition for employment (McPherson, 1998). Many are well aware of the projected shortages of medical and care facilities looming on their respective horizons. Finally, many of them are well versed in what is involved in societal transformations of this magnitude, having participated actively in such things as the civil rights movement, the peace movement, the ending of U.S. participation in the Vietnam War, the feminist movement, and the civil rights movement. The fires of their previous level of commitment to their fellow men and women and to their environment may only need rekindling.

The first order of business will be convincing the cohort that, in a normal, healthy aging brain, there is little or no loss of memory or cognitive skills. This statement, although counter to current folk belief and the results of earlier studies, is soundly supported by many studies and much research. The more mature mind does not lose the ability to memorize and learn, but, rather, changes its rationale for acquiring and holding on to new knowledge. When older adults are presented with new 'stuff,' they tend not to retain it if it is not presented in a suitable context and/or if it lacks significant relevance to their current lives or interests (Touron et al, 2004). In other words, older adults tend to require more emotional attachment to what they are learning before they commit it to memory. They also learn as quickly as their younger adult counterparts when they feel they are learning things which they can pass on to others, either as mentors or advisors.

"[W]ith age, goals associated with processing discourse become increasingly oriented toward interpretation (as opposed to veridical reproduction), integration of present with past, and transmission of knowledge, especially to members of younger generations (C. Adams in Hess, 2005, p.388)

According to Hess, too many prior studies have neglected to take these and other pertinent facts specific to older learners into account in either their testing or the analysis of their data, resulting in unsound conclusions which tended to reinforce ageist folk wisdom (Hess, 2005). Other recent research indicates that much of the apparent loss of older adults' ability to memorize and learn can be substantially reduced or eliminated by means of easy-to-learn methods, such as *peg, loci*, and *story-telling* mnemonic systems. They also include strategies specific to older learners, such as the use of self-monitored learning (Dunlosky et al, 2003; Hill et al, 1991).

The second step will involve motivating the cohort to take responsibility for their own welfare by adopting a healthier lifestyle. Proper diet, in terms of content and quantity, and fitness training, including aerobics and light to moderate weight lifting are important not only for the body but also the brain. The resulting improvement in the circulatory

system, balance and muscle tone can lead to better blood circulation, a key factor in both physical and brain health. Butler (2001) also stresses the benefit of lifelong learning and other "exercise[s] for the brain" (p. 10-11). He points out that not only do such lifestyle dispositions help older members of society remain self-reliant and more able to be contributors to it, there is strong evidence that they help in the prevention of Alzheimer's disease (Butler, 2001).

Thirdly, with respect to the re-establishment of the *elders as mentors and sages*, the dialogical component of the learning process as described by Freire (Freire, 2006, p80) could include cross-cultural dialogues with communities in which elders are still held in high esteem as teachers, mentors, and historians. For instance, Marie Battiste describes First Nations' languages and cultures as being a "tribal epistemology . . . [and] the repository of vital instructions, lessons, and guidance given to our elders in visions, dreams, and life experience" (Battiste, 1998, p. 18). There are several other possibilities in Europe, as well. According to Butler, other societies such those of Sweden, France and Germany, have already successfully accommodated "relatively high percentages of older persons and have not crashed" (Butler 2001, p. 12). How have they accomplished this? Is there less evidence of *ageism* in these countries? These are questions worth asking.

To complete the process, there must be a mobilization of the now-transformed baby boomers. Like Freire's pedagogy, the entire enterprise will only be successful if it is truly *liberatory* and *revolutionary* in nature. There are many older adults who have independently managed to achieve more active and financially less dependent life styles, but, by looking out only for their own self-interests, they have done little to stop the ageism directed at their fellow seniors. They need to work proactively toward the elimination of ageism as oppression. This could include electing public officials at all levels who will work for this cause, campaigning for better gerontological medical research and treatment, and making sure that all elders are treated with the care, consideration and respect to which they are entitled, especially those who, through poverty, mental or physical incapacity, or lack of familial or social support, are unable to speak for themselves. They could consider ways and means of going out into the community to listen to and to record the stories of fellow seniors who would otherwise not be heard in order that *they* may also participate in a meaningful way in the elimination of ageism. Most of all, though, they need to work towards putting to rest the myth that 'becoming old means becoming less.' They need to become role models for an active, fulfilling, and contributory senior lifestyle.

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