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COMMENTARY

Current perspectives on research on ageism

In a recent report released in March 2021, the World Health Organization, Office of the High Commissioner of Human Rights (OHCHR), United Nations Department of Economic and Social Affairs (UN DESA) and United Nations Population Fund (UNFPA) called for urgent action to combat ageism and provide better measurement and reporting "to expose ageism for what it is – an insidious scourge on society" (World Health Organization, 2021b). According to the report, ageism is observed across many institutions and sectors of society, such as in the workplace, media, health care, and the legal system. Furthermore, ageism has serious and detrimental consequences on the individual, communities, and society.

Ageism is defined as "stereotypes (how we think), prejudice (how we feel), and discrimination (how we act)" based on age (Levy *et al.*, 2002). It can occur at the institutional and interpersonal level (Officer *et al.*, 2018), can be directed towards young and old populations, and can influence self-perceptions as well as perceptions towards others (World Health Organization, 2021b). Institutional ageism is related to "laws, rules, social norms, policies, and practices of institutions that unfairly restrict opportunities and systematic disadvantage" people because of their age, whereas interpersonal ageism may affect the interactions between individuals. On a social level, ageism includes age discrimination and segregation, and ageist language (Bergman *et al.*, 2013). Even though ageism may have a positive or negative connotation, research mostly focuses on the negative consequences of ageism (Ayalon and Tesch-Römer, 2017).

In the current issue of *International Psychogeriatrics*, Ayalon and Cohn-Schwartz (2022) examine the impact of ageism on three different Israeli groups: Israeli Jews (e.g. the majority culture), Israeli Arabs and Israelis who immigrated from the former Soviet Union. Both Israeli Arabs and Israelis immigrants from the former Soviet Union are underrepresented groups in Israeli society. The study evaluated the effects of ageism by examining the double jeopardy vs. the intersectional escape hypothesis. Double jeopardy posits that in addition to older age, various social characteristics including underrepresented affiliation would result in higher levels of ageism and discrimination compared to the effects of each factor alone. On the other hand, the intersectional escape hypothesis states that the effects of older age and underrepresented status may result in lower levels of ageism and discrimination as older age and underrepresented status may function as protective factors.

The sample of the study consisted of 1570 participants of 50 years old or older who completed a national survey via telephone in Hebrew, Arabic, or Russian. The sample was representative of the aging population in Israel. The outcomes of the study were (a) self-perceptions of aging, measured with the 5-item "Attitudes toward aging" subscale of the Philadelphia Geriatric Center Morale Scale, and (b) perceived age discrimination in the health care system.

The findings of the study paint a complicated picture of the relationship of age, underrepresented groups, and ageism. When the outcome was self-perceptions of aging, a significant interaction demonstrated that even though for Arab Israelis, their self-perception of aging improved as age increased, for Israelis from the Soviet Union, their self-perceptions of aging worsened as age increased. The findings for the first outcome supported both the double jeopardy and the intersectional escape hypotheses. When age-based discrimination was the outcome, a significant interaction showed that Israelis from the Soviet Union reported high levels of perceived discrimination as their age increased, whereas Israeli Arabs experience high levels of discrimination regardless of their age. The findings from the second outcome support the double jeopardy hypothesis.

Strengths of this well-designed study and the well-written manuscript include a large, nationally representative sample of three population groups, a very interesting and important topic, that is, cross-cultural perspective of ageism and ageism in underrepresented groups, and important outcomes such as self-perception of aging and perceived age-based discrimination. Furthermore, the examination of the interaction of age with the underrepresented status tries to illuminate a complex and sophisticated picture of cross-cultural research.

The study also highlights important questions for future research. First, this is a cross-sectional study that focuses on the experience of ageism discrimination across different age groups. Longitudinal research may examine not only cohort effects but

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also how ageism attitudes change over time. Second, the current study focuses on aging perspective in adults 50 years or older, which can be divided into two groups: the older participants (60 years or older) who may have already experienced ageism, and the middle-aged participants (50–60 years old) who reported how they perceive ageism for them and their older counterparts. New studies may evaluate how these two perspectives differ and may examine the effects of ageism in different groups of older adults (young–old: 65–75 years old and old–old: 76 years old and older). This is important as certain factors such as medical burden, disability, and cognitive deficits increase with age.

Finally, two areas of research on ageism need particular attention: the effect of ageism during the COVID-19 (Ayalon, 2020) and the effect of ageism on suicidal ideation and behavior (Wand *et al.*, 2021) in older adults, a group at high suicide risk. The COVID-19 pandemic has exacerbated the mental health effects of ageism and contributed to a greater divide of young vs. old adults (Ayalon, 2020). The portrayal of the problem as a problem of the vulnerable older adults intensified ageing stereotypes. For example, government officials in some countries have focused on the COVID-19 problem as a problem of older adults and implied or directly expressed that a potential sacrifice of older adults for the sake of the health of young adults may be necessary (Ayalon et al, 2020). In a study examining the moderating effect of ageism on the relationship between COVID-19 health worries and anxiety symptoms, the association of COVID-19 health worries and anxiety symptoms was significantly higher in those with high levels of ageism compared to those with low levels of ageism (Bergman *et al.*, 2020). Finally, due to fear of infection and ageism discrimination, older adults were advised or decided to stay at home which contributed to increased isolation, loneliness, and feelings of hopelessness or worthlessness, which, in turn, may increase the rates of depression and suicidal ideation (Wand *et al.*, 2020).

Ageism can influence critical factors related to suicide prevention. It may contribute to increased suicidal ideation or suicidal behavior, to underdiagnosis of suicidal ideation, and to limited development of interventions for late-life suicide. In a study of Korean older adults, older adults who experienced age discrimination had 2.26 times higher odds of having suicidal ideation than those who did not (Kim and Lee, 2020). Ageist attitudes such as that "it is understandable that older adults may not be able to enjoy their everyday life" may contribute to underdiagnosis and undertreatment of depression as well as lack of identification of suicidal ideation. Health care professionals or family members may not place significant emphasis on feelings of hopelessness or worthlessness, which contribute to suicidal ideation, because these emotions are considered a consequence of normal aging (Wand *et al.*, 2021). Finally, lack of understanding of the unique aspects of aging contributes to the limited development and testing of psychosocial interventions for suicide prevention in late life. As a result, the vast majority of psychosocial interventions for suicide prevention focus on young adults.

Research on ageism is critical in understanding the detrimental effects of ageist attitudes. The literature review on ageism demonstrates that ageism is understudied. Ayalon and Cohn-Schwartz's (2022) study is a significant addition to the limited literature on ageism and underrepresented groups. Novel studies like this one are needed to evaluate and illuminate the detrimental effects of ageism, not only related to culture, but also to adverse mental health outcomes.

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