Journal of Gerontological Social Work

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/wger20

Ageism in the Family

Stacey Gordon & Ernest Gonzales

To cite this article: Stacey Gordon & Ernest Gonzales (2025) Ageism in the Family, Journal of Gerontological Social Work, 68:3, 297-303, DOI: 10.1080/01634372.2025.2452934

To link to this article: https://doi.org/10.1080/01634372.2025.2452934

Published online: 23 Jan 2025.

Submit your article to this journal

Article views: 160

View related articles

View Crossmark data

Citing articles: 1 View citing articles

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=wger20

JOURNAL OF GERONTOLOGICAL SOCIAL WORK
2025, VOL. 68, NO. 3, 297–303
https://doi.org/10.1080/01634372.2025.2452934

Ageism in the Family

Stacey Gordon and Ernest Gonzales

Center for Health and Aging Innovation, Silver School of Social Work, New York University, New York, USA

ABSTRACT
The problem of ageism in the family can be understood through the lens of larger social structural factors that shape intrapersonal and interpersonal relations in families. While research on the negative consequences of ageism is well established in the workplace, media, and in healthcare systems, ageism within the family has not yet been well studied. We propose a tripartite model of ageism, specifically how cognitive, affective, and behavioral components of family members, in combination with internalized age beliefs held by older people, undermine family dynamics and may worsen the health and wellbeing of older adults. The paper concludes with implications for further research and clinical social work practice.

ARTICLE HISTORY
Received 30 March 2023
Accepted 9 January 2025

KEYWORDS
Ageism; caregiving; family; health

Introduction

Age discrimination is well documented in medicine and mental health care (Ben-Harush et al., 2017; Bodner et al., 2018), governmental systems (Calasanti, 2020), education (Gallo, 2019), employment (Dennis & Thomas, 2007; Gordon, 2020), popular culture (Smith et al., 2018), media (Loos & Ivan, 2018), technology (Cutler, 2005), and science (Polizzi & Millikin 2002). Ageism, as it occurs in the family, has not yet been well documented (Gordon, 2020; Horhota et al., 2019). In this critical commentary, we argue that intra- and inter-personal ageist beliefs held by older adults and family members may interact in complex ways to limit choices and opportunities to age well, and prevent families from optimizing healthy social bonds. We introduce a tripartite model of ageism in the family, specifically how cognitive, affective, and behavioral components of prejudice, in combination with internalized age beliefs held by older parents, undermine family dynamics. We conclude with implications for research and practice in the helping professions.

CONTACT Stacey Gordon slg584@nyu.edu Center for Health and Aging Innovation, Silver School of Social Work, New York University, 1 Washington Square North, New York 10003, USA
© 2025 Taylor & Francis Group, LLC

Cognitive, affective and behavioral components of ageism in the family

Ageism consists of both stereotyping and discriminating against people because they are old (Butler, 1969). Social psychologists suggest ageism, like other "isms," has three basic components: cognitive, affective, and behavioral (Allport, 1954; Bal et al., 2011; Cuddy & Fiske, 2002; Iversen et al., 2009; B. R. Levy & Banaji, 2002). They extend the classic tripartite model of attitudes (Rosenberg & Hovland, 1960) into family contexts.

Cognitive component

Older parents may experience ageism in their daily lives through interpersonal interactions, exposure to false beliefs, assumptions, and stereotypes within and outside family interactions. Family members accept negative age stereotypes as fact and stereotypes held by adult children and grandchildren likely reinforce ageist beliefs through basic interactions and communications with and about their aging parents (Cuddy & Fiske, 2002; Gordon, 2020; Iversen et al., 2009; B. R. Levy, 2001; B. R. Levy & Banaji, 2002).

Stereotypes can be both positive and negative and encourage paternalism and support ageist behaviors (Chonody, 2016). In the family, stereotypes about aging parents are based on both cultural references derived from ageist institutions, and historical family traditions and norms "shaped by the family's shared expectations of how family roles are to be performed within various contexts" (Byng-Hall, 1998, p. 4). Embedded within these family norms are expectations about ways of relating to an aging parent or grandparent. They can be particularly salient around caregiving, living arrangements, and health status, and offer a normative framework for emotional and physical proximity between family members, as well as the frequency and intensity of interactions between family members.

While there are indeed positive stereotypes about older people, there are abundant negative stereotypes that may be communicated explicitly or implicitly toward an older parent, or communicated between family members while excluding the aging parent from conversation. Familial norms can be based on overgeneralized views of aging, and can inflict unintended damage on older family members by their own internalizing of such views. Common stereotypes by young and old alike can include a belief that older family members are dependent, physically and cognitively impaired, lonely, deaf, lacking vitality or interest, asexual and helpless (Cuddy & Fiske, 2002; Hazan, 1994)

B. R. Levy (2022) describes the internal mental process whereby an older adult has incorporated cognitive beliefs and attitudes. Stereotypes guide feelings and behaviors about self and others, and can lead to an array of negative life consequences ranging from poorer mental health, cognitive functioning, and physical health (*see also* Bennett & Gaines, 2010; Cuddy & Fiske, 2002;

Kotter-Grühn & Hess, 2012). This work is informed by stereotype embodiment theory (B. Levy, 2009) and stereotype threat theory (Steele, 2010), which posits that when an individual encounters a stereotype about their own group (as may happen in the family), that individual is more prone to exhibiting the behavior that confirms the negative attribute.

Affective component

The affective component of ageism consists of feelings and attitudes, both positive and negative, toward older family members. Some of these feelings and attitudes may be culturally based, such as feelings of filial piety (Hwang, 1999) found in Chinese culture, and attitudes supporting familism (Falzarano et al., 2022) found in African-American and Hispanic cultures. Filial piety (Hwang, 1999) is described as morals and norms that influence parent – child relationships, and usually signifies positive aspects of caregiving through a shared understanding of the attitudes and obligations of adult children in assuming the role of caregiver to their parents (Bedford & Yeh, 2021; Pan et al., 2022). Familism, a set of cultural values found most often in Black and Hispanic families, describes a sense of collective responsibility for close family members. Familism predicts positive aspects of caregiving, with caregivers experiencing higher levels of social support, fewer depressive symptoms and lower feeling of caregiver burden (Falzarano et al., 2022).

In some families, negative memories of caregiving experiences of parents and other relatives may linger, and family members may harbor fear about how they will handle caregiving tasks. Younger family members might feel a sense of responsibility to care for a parent but may also resent them for needing their help. This is especially the case with sandwich generation caregivers, who may feel particularly stressed by their caregiving responsibilities (Lei et al., 2023). Underlying the sense of responsibility to care is the feeling that the parent is usurping family time that could be otherwise be better spent with younger family members. The tasks related to the older family member, for example, may be seen as less important, less urgent and a weight on family members who may also experience conflict about who will take on the role of caregiver.

Behavioral component

The behavioral component of ageism consists of age-based discrimination (Posthuma et al., 2012). Although ageist behavior is often delivered in a benevolent and humorous manner (T. Gendron, 2022; Vale et al., 2020), subtle jokes can be particularly undermining of older people. These subtle comments are known as microaggressions, and are useful in explaining the behavioral component of ageism within the family. Microaggressions are

Table 1. Type of microaggressions in the family

	Definition	Example
Micro assault	A conscious and explicitly derogatory verbal or non-verbal attack with the intention of causing harm to a person.	*Mom, you're way too old for that job. Give it up already! You'll never get hired anyway. Someone half your age could do the job way better than you.*
Microinsult	Comments or gestures which convey rudeness and insensitivity toward a person because of their social identity.	*Dad, c'mon, you don't need to look in the mirror anymore. No one is interested in how an old man looks anyway.*
Micro invalidation	A negative comment made without awareness of its impact, that causes a person to question their own thoughts, feelings or experiences.	*Said to a sibling in the presence of an older other: Hey, can you believe mom called me AGAIN to figure out how to turn off her cell phone ringer? No one over 75 should have an iPhone. Old people are completely incompetent around technology.*

common verbal or non-verbal slights or insults directed at a target person who is a member of an oppressed group (Sue, 2010; Torino et al., 2019). Ageist microaggressions in the family are expressed overtly or covertly, through interactions between family members. A microaggression toward an older family member might question their opinion, their ability to participate in a conversation, or imply that they lack competence or capacity in performing tasks due to their age. Although there is limited research that ties microaggressions to behavior (T. L. Gendron et al., 2016), examples of the different types of ageist microaggressions in the family are shown in Table 1.

Behavioral expressions of cognitive and affect aspects of ageism within the family can also manifest as benevolent ageism. This occurs when family members inaccurately assume that the aging parent is no longer capable of protecting themselves because of their advanced age and take extreme protective precautions (Cary et. al., 2017). During COVID-19, fear for older people's safety was evidenced in news and social media. Barth et al. (2021), p. 3) found:

> Under the guise of "protection," there is an inverted role of authority. Older adults described feeling infantilized by their loved ones, but excused their adult children's behaviors quite readily… One respondent stated '[Our] children wrap us in bubble wrap […] but they worry too much, we do it [follow their restriction] to reassure them.

Conclusion and implications for practice and research

Clinicians are encouraged to examine their own implicit age biases and learn about how structural ageism operates in micro-, meso-, and macro-level settings. It is important for clinicians to learn about how marginalized identities intersect with ageism and compound harm toward clients throughout the life course (Kelley & Thorpe, 2023). Clinicians are advised to include age in their expression of social justice, learn about their client's familial cultural norms and approach families with humility when challenging negative stereotypes, attitudes and behaviors (NASW, 2021). In session, clinicians are advised

to question the usefulness of microaggressions and offer alternatives to optimize bonds between family members.

Given the scant scholarly attention to ageism in the family, it is important for researchers to develop psychometric tools to accurately measure it, identify its prevalence across diverse family settings, and to conduct longitudinal studies that discern the causal effects on health and functioning of the family. Qualitative research might help to inform the development of such measures, in addition to offering insight into the ways that cultural identity intersects with ageism. Conducting research within families is a necessary prerequisite to shift families from dynamics of discrimination to promoting choice and healthy aging. This area of research has important implications for clinicians in geriatrics and gerontology.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

ORCID

Stacey Gordon http://orcid.org/0000-0002-3916-2715

References

Allport, G. W. (1954). *The nature of prejudice*. Addison-Wesley.

Bal, A. C., Reiss, A. E., Rudolph, C. W., & Baltes, B. B. (2011). Examining positive and negative perceptions of older workers: A meta-analysis. *The Journals of Gerontology: Series B*, *66B*(6), 687–698. https://doi.org/10.1093/geronb/gbr056

Barth, N., Guyot, J., Fraser, S. A., Lagacé, M., Adam, S., Gouttefarde, P., Goethals, L., Bechard, L., Bongue, B., Fundenberger, H., & Célarier, T. (2021). COVID-19 and quarantine, a catalyst for ageism. *Frontiers in Public Health*, *9*. https://doi.org/10.3389/fpubh.2021.589244

Bedford, O., & Yeh, K. H. (2021). Evolution of the conceptualization of filial piety in the global context: From skin to Skeleton. *Frontiers in Psychology*, *12*, 570547. https://doi.org/10.3389/fpsyg.2021.570547

Ben-Harush, A., Shiovitz-Ezra, S., Doron, I., Alon, S., Leibovitz, A., Golander, H., Haron, Y., & Ayalon, L. (2017). Ageism among physicians, nurses, and social workers: Findings from a qualitative study. *European Journal of Ageing*, *14*(1), 39–48. https://doi.org/10.1007/s10433-016-0389-9

Bennett, T., & Gaines, J. (2010). Believing what you hear: The impact of aging stereotypes upon the old. *Educational Gerontology*, *36*(5), 435–445. https://doi.org/10.1080/03601270903212336

Bodner, E., Palgi, Y., & Wyman, M. F. (2018). Ageism in mental health assessment and treatment of older adults. In L. Ayalon & C. Tesch-Römer (Eds.), *Contemporary perspectives on ageism. International perspectives on aging* (Vol. 19, pp. 241–262). https://doi.org/10.1007/978-3-319-73820-8_15

Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, *9*(4 Part 1), 243–246. https://doi.org/10.1093/geront/9.4_Part_1.243

Byng-Hall, J. (1998). *Rewriting family scripts: Improvisation and systems change*. Guilford Press.

Calasanti, T. (2020). Brown slime, the silver tsunami, and apocalyptic demography: The importance of ageism and age relations. *Social Currents*, *7*(3), 195–211. https://doi.org/10.1177/2329496520912736

Cary, L. A., Chasteen, A. L., & Remedios, J. (2017, April 1). Developing and validating a scale to measure benevolent and hostile ageism. *The Gerontologist*, *57*(2), e27–e36. https://doi.org/10.1093/geront/gnw118

Chonody, J. M. (2016). Positive and negative ageism: The role of benevolent and hostile sexism. *Aflia: Journal of Women and Social Work*, *31*(2), 207–218. https://doi.org/10.1177/0886109915595839

Cuddy, A. J. C., & Fiske, S. T. (2002). Doddering but dear: Process, content, and function in stereotyping of older persons. In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 3–26). MIT Press.

Cutler, S. (2005). Ageism and technology. *Generations*, *29*(3), 67–72.

Dennis, H., & Thomas, K. (2007). Ageism in the workplace. *Generations*, *31*(1), 84–89.

Falzarano, F., Moxley, J., Pillemer, K., Czaja, S. J., & Kelley, J. (2022, July). Family matters: Cross-cultural differences in familism and caregiving outcomes. *The Journals of Gerontology: Series B*, *77*(7), 1269–1279. https://doi.org/10.1093/geronb/gbab160

Gallo, V. (2019). Ageism in nursing education: A review of the literature. *Teaching and Learning in Nursing*, *14*(3), 208–215. https://doi.org/10.1016/j.teln.2019.04.004

Gendron, T. (2022). *Ageism unmasked: Exploring age bias and how to end it*. Steerforth.

Gendron, T. L., Welleford, E. A., Inker, J., & White, J. T. (2016). The language of ageism: Why we need to use words carefully. *The Gerontologist*, *56*(6), 997–1006. https://doi.org/10.1093/geront/gnv066

Gordon, S. (2020). Ageism and age discrimination in the family: Applying an intergenerational critical consciousness approach. *Clinical Social Work Journal*, *48*(2), 169–178. https://doi.org/10.1007/s10615-020-00753-0

Hazan, H. (1994). *Old age: Constructions and deconstructions*. Cambridge University Press.

Horhota, M., Chasteen, A. L., & Crumley-Branyon, J. J. (2019). Is ageism acceptable when it comes from a familiar partner? *Journals of Gerontology, Series B: Psychological Sciences & Social Sciences*, *74*(4), 595–599. https://doi.org/10.1093/geronb/gby066

Hwang, K.-K. (1999). Filial piety and loyalty: Two types of social identification in Confucianism. *Asian Journal of Social Psychology*, *2*(1), 163–183. https://doi.org/10.1111/1467-839X.00031

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

Kelley, J. A., & Thorpe, R. J., Jr. (2023). Enhancing diversity, equity, and inclusion in quantitative studies of age and life course. *Public Policy & Aging Report*, *33*(4), 140–144. https://doi.org/10.1093/ppar/prad018

Kotter-Grühn, D., & Hess, T. M. (2012). The impact of age stereotypes on self-perceptions of aging across the adult lifespan. *Journals of Gerontology, Series B: Psychological Sciences & Social Sciences*, *67*(5), 563–571. https://doi.org/10.1093/geronb/gbr153

Lei, L., Leggett, A. N., & Maust, D. T. (2023). A national profile of sandwich generation caregivers providing care to both older adults and children. *Journal of the American Geriatrics Society*, *71*(3), 799–809. https://doi.org/10.1111/jgs.18138

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

Levy, B. R. (2001). Eradication of ageism requires addressing the enemy within. *The Gerontologist*, *41*(5), 578–579.

Levy, B. R. (2022). The role of structural ageism in age beliefs and health of older persons. *JAMA Network Open*, *5*(2), e2147802–e2147802. https://doi.org/10.1001/jamanetworkopen.2021.47802

Levy, B. R., & Banaji, M. R. (2002). Implicit ageism. In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 49–75). MIT Press.

Loos, E., & Ivan, L. (2018). Visual ageism in the media. In L. Ayalon & C. Tesch-Römer (Eds.), *Contemporary perspectives on ageism. International perspectives on aging* (Vol. 19, pp. 163–176). https://doi.org/10.1007/978-3-319-73820-8_15

National Association of Social Workers. (2021). *Code of ethics of the national association of social workers*. NASW Press.

Pan, Y., Chen, R., & Yang, D. (2022). The relationship between filial piety and caregiver burden among adult children: A systematic review and meta-analysis. *Geriatric Nursing (New York, NY)*, *43*, 113–123. https://doi.org/10.1016/j.gerinurse.2021.10.024

Polizzi, K. G., & Millikin, R. J. (2002). Attitudes toward the elderly: Identifying problematic usage of ageist and overextended terminology in research instructions. *Educational Gerontology*, *28*(5), 367–377. https://doi.org/10.1080/03601270290081344

Posthuma, R. A., Wagstaf, M. F., & Campion, M. A. (2012). Age stereotypes and workplace age discrimination. In W. C. Borman & J. W. Hedge (Eds.), *The oxford handbook of work and aging* (p. 298). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780195385052.013.0104

Rosenberg, M. J., & Hovland, C. I. (1960). Cognitive, affective and behavioral components of attitudes. In M. J. Rosenberg & C. I. Hovland (Eds.), *Attitude organization and change: An analysis of consistency among attitude components* (pp. 1–14). Yale University Press.

Smith, S., Pieper, K., & Chouti, M. (2018). *Still rare, still ridiculed: Portrayals of senior characters on screen: Popular films from 2015 and 2016*. https://annenberg.usc.edu/sites/default/files/2023/04/28/Still%20Rare%20Still%20Ridiculed%20Final%20Report%20January%202018.pdf

Steele, C. M. (2010). *Whistling Vivaldi: And other clues to how stereotypes affect us (Issues of our time)*. Norton.

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation*. John Wiley & Sons Inc.

Torino, G. C., Rivera, D. P., Capodilupo, C. M., Nadal, K. L., & Sue, D. W. (2019). *Microaggression theory: Influence and implications*. John Wiley & Sons, Inc.

Vale, M. T., Bisconti, T. L., & Sublett, J. F. (2020). Benevolent ageism: Attitudes of over-accommodative behavior toward older women. *Journal of Social Psychology*, *160*(5), 548–558. https://doi.org/10.1080/00224545.2019.1695567