Ageism Anachronistic View of Society as a Risk Factor for Mental Health

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Abstract

It is briefly stated because the multiple social changes that promote longevity do not diminish the stereotypes that perpetuate the anachronistic gaze towards the senior generation. Roles and difficulties continue to be attributed to this increasingly numerous generations through the attitudes of professional people who perpetuate anachronistic images, support models, care and leisure.

This vision perpetuates the bias of the proposals and discriminations of health services and social offers responsible for offering a higher quality of life, which entails serious individual and social consequences for both health and relationships between generations.

A paradigm shift is proposed and, as an example, an interuniversity project is exposed: "Construction of knowledge from multigenerational relationships" that is being carried out, following the parameters of the Participatory Action Research methodology with the participation of the three generations: generation senior, students, teachers. The senior generation mentors the research work of high school or university students, contributing the knowledge and experience accumulated throughout life.

Keywords: *Knowledge; Intergenerational Relationships; Investigation; Mentoring; Interdependence; Satisfactory Aging*

Introduction

Reflections on aging: A challenge for society

The issue of Ageism, although very present in professional debates, comments and actions are made in reference, basically, to the population group that has the greatest fragility of health and that belong to disadvantaged social contexts. The focus of the research presented is on the profile of people who have scientific, theoretical knowledge and linked to professional practice (engineering, medical specialties, sociology, arts, psychology, business, economics...). They are people who, when they reach retirement, do not have a space for the recognition of society, a fact that leads them to be invisible in the discussion forums and it is not possible to take advantage of their cultural capital that remains invisible.

It is a target group that has a qualified level of training and seeing itself separated from research groups and the contexts of study and training feel marginalized and devalued, for reasons of age, which affects their mental and physical health, causes discomfort and isolation from society.

The proposal to participate in research groups and mentor the work of university students or professional groups, in the framework of interdependent relationships between generations, allows them to share knowledge, experiences, continue to update knowledge, have recognition and be active to the society participating in the construction of knowledge.

This recognition improves well-being, peer socialization, promotes health-enhancing activities, slows decay, and stimulates intellectual activity, a proposition that differs radically from other ageistics approaches.

The demographic trend has changed the age pyramid due to the sustained expansion of life expectancy and quality of life and the advancement of technologies applied to medicine. This demographic transition has been accompanied by an epidemiological transition because communicable diseases are no longer a fundamental health problem for the sake of chronic problems and their consequences in the form of disability, which leads to an increase in the consumption of health and social resources. These changes require an approach to health problems with a fundamental integral vision to understand the evolution of our society and the current situation.

Since most of the determinants of healthy aging are not directly related to the health system, but to healthy lifestyles, it is necessary to improve individual and social health to promote the well-being and health of older people and achieve active and healthy aging [1].

The concept of active aging was coined by the WHO, which presented its proposal at the UN world assembly held in Madrid [2] and defines it as the process of optimizing opportunities for health, participation and safety with the objective of improving the quality of life as people age and affects everyone, although with important differences between countries.

Subsequently, the WHO [3] proposes that all people and population groups promote their physical, social and mental well-being throughout their entire life cycle, so that it is possible to participate in society according to their needs, desires and capacities, while providing adequate protection, security and care when they need assistance.

Therefore, a preventive approach is made, based on creating healthy habits and not on acting exclusively in the aging stage. For this reason, practical measures are being taken to create physical and social environments that promote healthy and active aging, including healthy people, the frail and those who have a disability.

In healthy elderly people without disabilities, the most important thing is the maintenance of life habits, a better participation in society according to their desires, capacities and needs, [4] increasing physical, mental and social potential, which increases the good health, autonomy and self-esteem and avoid isolation [5].

For this reason, activities with meaning and interest are proposed, avoiding sedentary lifestyle and habits that are harmful to health [6] and clearly, favor the prevention of pathologies, less drug dependence and enhance learning aimed at intellectual stimulation itself: memory, maintaining personal skills and expanding experiences and topics of interest.

Many cities have already joined this approach. An example of policies on physical environments is the WHO Global Network of Older-Friendly Cities: The Global Network for Age-friendly Cities and Communities that is already being implemented in Canada, Slovenia, Spain, United States of America, the Russian Federation, France, Ireland and Portugal with the commitment to make continuous improvements to make the city more "elderly-friendly". This includes strategies such as accessibility, transportation, intergenerational ties, social attitudes, and service delivery.

Debate

Risk factor discrimination for health in aging

Despite these social changes, in most cases, the result of the great apology for youth, old age continues to be linked to a devalued social image such as: "a stage of asexual, vulnerable, decadent and regressive life" [7] maintaining the anachronistic and stereotyped vision with multiple attributions, based on limitations, difficulties and incompetencies, which implies a negative perception of the elderly by the rest of the age groups [8].

Discrimination is modulated, almost unconsciously, from everyday relationships [9] without the essential and sufficient reflection and, although it does not fit with one's own perception, it causes suffering and the feeling of feeling clear discrimination, making reflection and changes in attitudes difficult. within the same group because social stereotypes are thought to be inevitable.

This perception means that age is considered the third factor of discrimination in our society, after racism and sexism, and affects the entire population, at one time or another, it causes a generational distancing which has the effect of reinforcing the idea frailty [10] and older people are separated from public decisions, scientific and professional debates without favoring or expanding opportunities for participation according to wishes, interests, knowledge and experience.

Ageism: Stereotypes and anachronisms

The most visible stereotypes focus on language, verbal and bodily, as a sociocultural construction that guides the interpretation of the world, classifies people, cultures, ideas, stages of life, professions and simplifies reality by establishing the rules of communication that affect to the whole community.

The consistency of stereotypes is explained, then, because they are the result of cultural heritage and guide the thinking of society: opinions, previous judgments and rumors that give rise to constructed mental images that tend to homogenize, change very slowly and are socially reinforced. They involve both the cognitive point of view, "what you like or not", as well as affections and emotions that determine the way of acting and give rise to values and beliefs, thereby reducing individual discrepancies as a result of possible personal views.

You don't have to ask, you don't have to reflect, you don't have to look for different forms or formulas, you should only respond to what is socially expected, so it is easier and less controversial and has the advantage of not receiving criticism or questioning.

They also favor that, in most everyday situations, it is not necessary to follow a logical process of observation, but rather that they lead to act the other way: first it is judged, it is explained [11] by what they allow to stay in the context it does not have to be reviewed or justified and, above all, it does not generate insecurity or doubt as to whether it has been misinterpreted. Therefore, even if the vision is incomplete, it favors "orderly" behavior, and nothing changes. Later, it is possible to reflect and discover details and information that do not conform to social ideas and discover possible errors or exceptional situations.

When these stereotypes, discriminations and prejudices are linked to age, they are called Ageism, present in any social context and are transmitted with very strong messages. Normally it implies a paternalistic, infantilizing treatment and minimizes any skill or knowledge due to the fact of being an "older person". It occurs in the family and professional context, conditioning discriminatory ways of acting, attitudes and acts in most social situations.

Factors that condition personality and relationships

This social discriminatory consensus is reinforced by the information disseminated by the media and favors the acceptance of behaviors, attitudes and interpersonal relationships that, viewed with perspective and reflection, would not be accepted.

When there are reactions against this vision or complaints, they are interpreted as "unsubstantiated protests and / or minority distortions" so it is very clear that ageism has a very wide space in the collective imagination and is transmitted in an erroneous and painful way, based on, fundamentally, in traits related to body health, despite the fact that specialized literature indicates that, in most cases, it does not deteriorate abruptly or dramatically at any point in the life cycle [12] and more than 80% of people do not have dementia even in ages older than 80 years [13].

Due to the repercussions on psychological health, behaviors and the discomfort generated by this ageism, it is necessary to reinforce the social debate, with political and professional implications, to show the inadequacy of this perception, involving the media, the educational sectors, in all its levels, to progressively modify this anachronistic image and avoid discomfort, suffering, which almost reaches abuse when people become invisible due to age. Likewise, it is necessary to know the point of view of the elderly themselves and the losses that they find not by their own will but by the attitudes of those around them.

Lost of professional/employment identity

One of the situations that is experienced in a painful way is the loss of the identity acquired through the professional experience built through the training itineraries and job opportunities. If the professional career has been sufficiently satisfactory, it has been incorporated into the construction of personal and social identity as a factor of belonging to a certain group, which has given rise to self-concept, self-image and self-esteem. During this process, the recognition of the family and social context has been deserved, favoring the feeling of belonging to a desired sector.

The strength of this professional identity has marked the life of the person [14] during their adult life and, if it is not a personal decision to want to ignore this part of life, with retirement from work this identity should not be lost because it constitutes a relevant factor of personal experiences and it is an affective and social need to continue receiving recognition.

This identity is an individual right and an ethical and social responsibility that must be respected in all people regardless of their work experience, just as it is respected in cases of public persons who have reached popularity: Pau Casals, Frida Kahlo, Pablo Coelho, Josefina Castellví and many others both in life and after his death.

Attitudes, behaviors and social attributions

Social attitudes greatly influence personal behavior. Beliefs about the "inflexibility", "rigidity" and "maladjustment" of the elderly are common in the sociocultural imaginary and the basis of the edatic discourse determine attitudes and treatment that is offered to everyday and specific situations. It is fundamental to show them and report them because they affect behaviors, a way of relating to each other, which hinders changes and the eradication of stereotypes. Among the most relevant attitudes we highlight:

- Homogenization: Older people are "equal". This attitude does not facilitate the observation of interindividual variability. It is essential to recognize that, as in all ages, this group is heterogeneous both between individuals and between groups. This global view does not allow us to see that there are a considerable number of people who live independently, maintain an acceptable level of health without needing help, have friends, projects and carry out various activities [15]. In short, old age is not a disease but a stage in the life process.

  "Social isolation in institutions": It is believed, erroneously, that people when they reach old age seek to rest and "be in peace", since they have already fulfilled their role in society without feeling the need or desire to be able to share their experience, knowledge and cultural capital. This vision is highly reflected in day centers, residences and places where they assist the elderly and only offer highly biased activities instead of being centers of cultural activities.

- Professional impatience with old age. The treatment that, in general, professionals have is a paradigmatic example of the impatience of almost all public bodies: health, commerce, social protection, banks, municipal, judicial, etc. The little flexibility in accompanying the possible difficulties in the search for information, solving forms and a long etc. it requires changing the treatment that is too often not given appropriately and that, in some cases, comes close to abuse.

- "Infantilization": The restrictive and excessively directed attitude, tone of voice, simplification of the message, supposed ignorance (quite a simile of the attitude towards children) that usually accompany the explanations given to the elderly are frequent. These attitudes generate clear discrimination and are exercised by institutions, public and private organizations, by the community itself and the family, which entails psychological abuse and one of the main manifestations of discrimination.

- Underestimation and loss of independence, leading to higher rates of depression and early mortality in people who could maintain a satisfactory and healthy active life.

- Lack of public policies that promote equitable treatment, social participation and personal development in the old age stage. In this sense, there seems to be a kind of general pact to separate the elderly from public and private decisions and, therefore, stereotypes and prejudices are reinforced and promoted.

In short, it is essential not to interpret that the elderly person does not want to change, but rather that it is necessary to look for the causes of their attitudes and open opportunities so that they can act according to their own criteria, away from stereotypes to strengthen change not only individual, which It requires personal strength, the ability to accept criticism, that is to say "be different" and "Go against the current" but the change must be social.

Paradigm shift. Interdependent relationships

Laws and wills that promote respect for diversity and avoid stereotypes, discrimination, require increased reflection and, above all, seek new ways that make interdependence possible to promote solidarity [16] and provide consistent, sustainable responses that affect the change in attitudes especially of the young generations who will have to lead society in the future with its multiple diversities.

The term "interdependence" has great strength, although it is not the most frequent form of relationship neither at the political, economic level and, not even within the framework of the educational system. Hence, in the celebration of the 60th anniversary of the United Nations, the universal declaration of interdependence was made, in 2005 emphasizing the commitment to act to defend and promote, from diversity, the common values and interests of humanity [17] in all areas in which decisions are made.

Expand the debate in the world of work

Parallel to this social debate and the place that older people should occupy, it is necessary to foster a debate, already emerging, that assesses the economic impact that these social changes have not only on the cost of pensions but, basically, the sustainability of the current model and the social conditions that must be modified in relation to the creation of wealth as a way to avoid that retirement entails a "social death" due to a loss of social ties.

The possibility of participation in economic development activities, within the framework of formal and informal work, volunteering activities, as well as the multiple opportunities for continuous training throughout life.

Studies carried out by professionals in sociology and demography coincide in considering retirement as a right, and not as an obligation [18]. For this reason, it must be the worker who chooses when to leave the labor market since this has multiple individual repercussions such as the loss of purchasing power and a significant change in his way of life.

These repercussions must be personally assessed in a scenario of normality that currently does not exist. [19]. A European Commission study also indicates that older people who choose to remain active in the workplace will be vital to the economy. The report, entitled Golden Workers, points out that it is necessary to improve work environments, at all levels, to retain this elderly population [20] and that it be an option for all people to temporarily withdraw from working life when consider it more appropriate (studies, parenting, travel ...), recognizing flexibility as a key factor in facing the future. Obviously, as in all situations of great social change, theories collide with rigid customs and uses [21].

This approach, in addition to assessing the knowledge and experience of the elderly, allows quantifying the magnitude of their contributions [22], which gives rise to the concept of productive aging, proposing questions such as: how much money does the State save thanks to the attention to spouses, parents, grandchildren, etc. carried out by people over 55 - 65 years of age? The "work-life balance" of their sons and daughters due to the care provided [23].

This economic valuation minimizes, in a certain way, the negative perception of the elderly as a group that only causes costs to society. Studies on the activities carried out by people aged 55 to 75 years or older [24] show that approximately 20% declare that they are involved in volunteer work: taking care of clean people, informal support to friends, family or neighbors, dependents or even paid jobs [25]. These percentages are increasing because there are more people with more qualified training and professional and personal experiences that have opened up new opportunities.

In productive aging, therefore, two different aspects stand out: on the one hand, the social contribution, and on the other, the growth of the retired person from "doing something useful". Therefore, older people are seen as providers of care, in the sense of "social capital" [26] giving productive aging and voluntary social activities [27] a social perspective that focuses their interest in socially significant collective well-being [28] so it is interesting to open spaces for participation in intellectual and professional activities because it brings experience and social recognition [29].

This analysis must be expanded and strengthened if successful aging is to be achieved. Are all the activities that society expects or volunteering interesting for everyone or are there new desires and opportunities for self-realization? Without categorizing the decisions, possibilities must be given to respond to a satisfactory aging process by modifying the stereotyped view of this stage of life, to consider that there may be new interests and capacity for many actions and projects [30].

Opportunities for successful aging

If it is appreciated that in order to maintain mental health and social ties it is necessary to respond to personal expectations, society must offer opportunities to maintain the ties that have favored the construction of identity, in all its aspects: psycho-affective (self-esteem, well-being) psychosocial, cognitive, to maintain the feeling of belonging to the people of each microsystem: profession, community, friends and institutions [31] where they can carry out activities that seek satisfaction [32].

Only in this way can the own perception of this stage of life be changed [33] and, especially, the gaze of other generations, preventing excluding stereotypes from persisting in the collective imagination and being able to reproduce in the future. Therefore, relationships and personal desires must be rethought, planned and favored [34] as a development factor for the entire community and a factor for preventing the loss of mental and social health for people [35].

The senior generation, in this way, receives personal recognition from those who have had personal and professional ties and have real experience, which favors being in the world, in a positive and active way, continuing to learn, expanding the experience, improving motivation to live. which has an impact on health and new opportunities, changes self-representations and promotes cooperative relationships and participation in knowledge networks.

By influencing the personal and social well-being of people, they have contributed knowledge to society, it favors the increase and updating of knowledge, increases social capital and enables learning throughout life by participating collaboratively in the construction of knowledge.

At the same time, it facilitates the social participation of the senior generation, which affects individual and collective well-being and favors active aging and satisfactory retirement.

There is certainly a clear degree of complexity to linking it to existing literature as it is a very poorly implemented approach to society. From the "Society of Geriatrics and Gerontology" in Spain has aroused interest. It is also a project that is linked to the Autonomous University of Barcelona and has established collaboration with the University of Girona and Vic. It has been presented at numerous national and international conferences and now, there is interest in applying it to other universities. The difficulty involves a paradigm shift and attitude that, as I quote from the bibliography already at the Sorbonne University in Paris Anna Marie Guillemart encouraged me to continue with this vision to avoid the "social death" of experts. Socially only visible people with a long career: Edgar Morin who has turned 100, Jerome Bruner who died at 103, Alain Tourraine 96, Noam Chomsky 92 among others who insist on the need to take advantage of the cultural capital of the people to avoid Ageisme and above all to share experience.

Despite this obvious value and the ethical approach, from the moment you leave the field of work there are, more and more, people with health, training and knowledge who can contribute their experience, share scientific debates, and mentor work. and that they are left out of society because their knowledge is not valued with repercussions for their health and loss for society.

Conclusion

Senior mentoring the possibility of building knowledge between generations

As an example of the above, a project of the Autonomous University of Barcelona http://www.xec3.grode.org is presented that proposes the Mentoring of research works (post-compulsory secondary and university) to build knowledge through interdependent relationships between generations. The participants belong to the 3 groups defined by age and ro: students: 18 - 25; teachers and professionals from different fields: 25 - 65; Seniors without labor responsibility: more than 60 years.

With the mentoring of the research work, the knowledge and experience of the older generation that constitutes the cultural capital that society cannot ignore or should not lose is revealed. The involvement of different generations strengthens community ties, which improves relations between groups and affects social cohesion, detects and avoids stereotypes and offers opportunities to all people seeking the well-being of all citizens [36] as the responsibility of the agencies responsible for training, especially the educational system, associative and business fabric that influence the training of new generations during the stages prior to labor insertion.

The main objective of this approach is to promote "The Construction of Knowledge through Cooperation, interdependent and multigenerational relationships" from the Mentoring, by people of the senior generation, of the research work carried out by the students (Baccalaureate, Cycles Formative, Undergraduate, Postgraduate, Research in study centers) in a coordinated way with the teaching staff who tutor the work [37].

The methodology is circumscribed in the ecological paradigm [38] and follows the model: participatory action research between generations since the participants belong to 3 population groups defined by age ranges: students: 18 - 25 years; teachers and professionals from different fields: 25 - 65 years; people of the senior generation without job responsibility: more than 60 years old who, in some way, are the target group.

This systemic approach gives value to shared relationships, responds to people's needs, favors and reinforces mutual recognition based on contributions, experience and individual, generational and professional knowledge in equal value, enriches the community and is also a factor of change in the social context because it includes all human groups [39].

The learning process is also enhanced by sharing academic knowledge, derived from diverse experiences by incorporating people who in their life trajectory have been linked to different fields and professional practices.

It is a support that guides academic action and opens broader topics related to professional reality, which generates an excellent learning climate by improving skills.

The change of perspective occurs in the three generations, which favors collective satisfaction and the change of attitude of the young generations towards the elderly and of the elderly towards the young, overcomes the paternalistic relationship, modifies the reciprocal stereotypical views, implies society from all its organizations and changes the way in which the construction of knowledge should advance in a way that favors individual and social progress [40].

Bibliography

1. Kalache and Kickbusch. a global strategy for healthy aging. World Healthy 50.4 (1997): 4-5.

2. UN. II World Assembly of the United Nations on l'Envelliment (2002).

3. WHO. Report on Aging and Health (2015).

4. Salva A. "Healthy aging, a challenge for the elderly". In Comellas, M.j. Senior generation and mentoring. build knowledge through multigenerational relationships. Barcelona: Octahedron (2017): 16-23.

5. Guérin S. "Silver Génération. 10 idées reçues à combattre sur les seniors. Paris, Michalon (2015).

6. Loef M and Walllch H. "The combined effects of healthy lifestyle behaviors on all cause mortality: a systematic review and meta-analysis". *Preventive Medicine* 55.3 (2012): 163-170.

7. Moreno A. "Oldism (Ageism). Perceptions of the population about the elderly: Attitudes and social implications". *Electronic Journal of Social Psychology Poiesis* 19 (2010): 1-10.

8. Lippmann W. "Public opinion". Madrid, Langre (2003).

9. Valence A. "The social representations". Louvain-la-Neuve. From Boeck (2010).

10. Losada A. "Ageism: consequences of stereotypes, prejudice and discrimination in the care of the elderly". Some guidelines for intervention. Senior Portal Reports (2004): 14.

11. Lippmann W. "Public opinion". Madrid, Langre (2003).

12. Fernández Ballesteros R., *et al*. "Successful aging: criteria and predictors". *Psicothema* 22.4 (2010): 641-647.

13. WHO. Report on Aging and Health (2015).

14. Paugam S. Le lien social. Paris (2011).

15. Losada A. "Ageism: consequences of stereotypes, prejudice and discrimination in the care of the elderly". Some guidelines for intervention. Senior Portal Reports (2004): 14.

16. Bauman Z and May T. "Thinking sociologically". Buenos Aires: New Vision (2007).

17. Marcellesi F. "Nine theses in favor of interdependence". *Revista Contexto* (2017): 142.

18. Guillemard Anne-Marie. "De la retreat morte sociale à la retreat solidaire. La retraite une mort sociale (1972) revisitée trente ans après". *Gérontologie et société* 102 (1972): 53-66.

19. Escarbajal de Haro A., *et al.* "Retirement, education and quality of life. Social Pedagogy". *Interuniversity Magazine* 20 (2012): 245-272.

20. Dávila MC and Díaz-Morales JF. "Volunteering and the elderly". *Annals of Psychology* 25.2 (2009): 375-389.

21. Ybarra J and Pinazo S. "My grandparents take care of me". Madrid: ICM - Spanish Association of Pediatrics (2009).

22. Fernandez-ballesteros R. "Dimensions in the evaluation of the quality of life". Madrid. Autonomous University of Madrid (1992).

23. Ybarra J and Pinazo S. "My grandparents take care of me". Madrid: ICM - Spanish Association of Pediatrics (2009).

24. IMSERSO. The elderly in Spain. Madrid: IMSERSO (2004).

25. Burr J.A., *et al.* "Productive activity clusters among middle-aged and older adults: intersecting forms and time commitments". *Journal of Gerontology: Social Sciences* 62B.4 (2007): S267-S275.

26. Ybarra J and Pinazo S. "My grandparents take care of me". Madrid: ICM - Spanish Association of Pediatrics (2009).

27. Davila A. "Needs and Trends Analysis Report". European Commission Seventh Framework Program (2012).

28. Villar F. "Doing good by doing good: the contribution of generativity to the study of good aging". *Psychological Information* 104 (2012): 39-56.

29. Comellas MJ. "Senior generation and mentoring. build knowledge through multigenerational relationships". Barcelona: Octahedron (2017).

30. Guérin S. "Le vieillissement est une opportunité économique (2014).

31. Paugam S. Le lien social. Paris (2011).

32. Gaulier S and Pesce S. "Réciprocité, agir collectif et identité professionnelle". *Permanent Education* 205 (2015): 121-131.

33. Moreno A. "Oldism (Ageism). Perceptions of the population about the elderly: Attitudes and social implications". *Electronic Journal of Social Psychology Poiesis* 19 (2010): 1-10.

34. Gil Calvo E. "The gray power". Barcelona: Mondadori (2003).

35. Giron P. "Créer sa viellesse". Paris: Editions in Press (2018).

36. Cortina A. "Citizens of the world. Towards a theory of citizenship". Madrid: Alliance (1997).

37. Comellas MJ. "Construction de connaissance avec la cooperation". In Biennale internationale de l'éducation, de la formation et des pratiques professionnelles, dans Cnam, (Conservatoire National d'Arts et Métiers). Paris (2015).

38. Bronfenbrenner U. "The ecology of human development". Barcelona. Paidos (1987).

39. Comellas MJ. "The construction of connection mitigation of multigenerational relationships". Educaweb (2017).

40. Comellas MJ. "The interdependent relationships between people, generations and institutions". Barcelona. Octahedron (2019).

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