

## COMPASSIONATE STEREOTYPES: EXAMINING THE RELATIONSHIP BETWEEN AGEISM AND PERCEPTIONS OF ELDER VULNERABILITY.

**Mark D. Olson**

Illinois State University  
mdolso2@ilstu.edu

The United Nations has reported that population ageing, i.e., “the process by which older individuals become a proportionally larger share of the total population,” is a global phenomenon that will ultimately affect every nation (United Nations, 2002, p. 1). As societies attempt to cope with this unprecedented trend, the need for professionals to assist older adults and their families will continue to intensify. Unfortunately, negative stereotyping of older adults, has hindered

recruitment of students in the helping disciplines to the field of gerontology.

Age stereotyping has been defined as “oversimplified” depictions of older individuals based on the sole characteristic of age (Lomax Cook & Kunkel, 2006, p. 43). Negative stereotypes of older adults have been found across cultures and generational groups, and are often resistant to change (Cuddy, Norton, & Fiske, 2005). The persistence of elder stereotypes can have very real consequences. Pervasive stereotypes may become legitimized as social norms, ultimately resulting in marginalization and discrimination (Braithwaite, 2002). Conversely, some theorists contend that stereotyping elders may not necessarily result in adverse consequences; *compassionate stereotypes* may reflect greater sensitivity toward older individuals (Lubomudrov, 1987).

Compassionate stereotypes are defined as depictions of elders as frail, vulnerable, and in need of assistance (Revenson, 1989). Compassionate stereotyping may reflect recognition of the unique challenges older adults face, and encourage greater advocacy on their behalf. For example, Lubomudrov found that legislators who presented compassionate stereotypes of older adults in

congressional speeches were more likely to advocate policies that protected social programs for elders.

The World Health Organization (WHO) has described population ageing as one of “the biggest social transformations” (para. 2) of the 21<sup>st</sup> century, predicting that the older adult population will exceed the global population of children (WHO, 2013). Indeed, various international sources have recognized the unique challenges faced by older adults. For example, The European Population Committee noted that older adults are particularly at risk for social exclusion (Avramov, 2002), and the World Health Organization has stated concerns that violence toward elders will increase as societies across the globe increase rapid growth in the aging population (2002b). Sadly, studies of cultures in which elders have traditionally held a position of status suggest a trend toward negative attitudes toward aging and older adults (McConatha, Hayta, Rieser-Danner, & Polat, 2004).

In the United States, Census Bureau reports have noted that population growth among older adults has exceeded growth in the rest of the population. Moreover, persons 85 and older defined as the “oldest old” (p. 7), make up the fastest growing segment of the elder population (Werner, 2011). This unprecedented growth is projected to significantly impact societies along multiple domains, including healthcare and social service systems (AARP, 2002), and the labor force (Administration on Aging, 2004). Consequently, the U.S. Bureau of Labor Statistics (2012) has predicted that the need for social workers to work with older adults and their families will grow faster than the average in the years to come. Despite this projected increase in demand, surveys of social work students reflect a lack of interest in working with older adult clients (Olson, 2007; Scharlach, Damron-Rodriquez, Robinson, & Feldman, 2000).

Avoidance of practice with older adults has been linked to ageist stereotypes among students and professionals (Gellis, Sherman, & Lawrance, 2003). Gerontological work may be viewed as caretaking rather than professional intervention (Patterson, 2004), and work with elders

may be viewed with a sense of futility (Dunkelman & Dressel, 1994). In contrast to the perception of compassionate stereotypes as a basis for advocacy, it has been argued that perceptions of elder vulnerability are actually a subcategory of negative stereotyping, particularly among younger people (Hummert & Garstka, 1994). Thus, compassionate stereotypes may underlie ageist perceptions of older adults as less competent in general, ultimately leading to potential marginalization and discrimination. This study seeks to clarify these conflicting views and answer whether compassionate stereotypes of older adults are associated with greater interest in working with older adult clients, or whether compassionate stereotypes were associated with negative attitudes toward elders.

## Review of the Literature

In his classic work on the nature of prejudice, social psychologist Gordon Allport (1979) proposed that human beings have a natural tendency to stereotype others. According to Allport, humans naturally seek association with persons perceived to be similar to themselves (the *ingroup*), and make negative generalizations toward persons perceived to be outside of their own affiliation group (the *outgroup*). The potential influence of stereotyping may be especially problematic in the field of social work where the practitioner's impressions of the client are integral to assessment and intervention. Stereotyping clients according to gender or socioeconomic status has been found to significantly influence how clinicians diagnose and intervene in the helping process (Becker & Lamb, 1994; Goldenberg, Macey, & Sata, 1979). Previous research has indicated that healthcare professionals may feel a sense of *therapeutic nihilism* when working with older adults. Therapeutic nihilism is identified as the belief that therapeutic intervention is less beneficial for older adults than younger patients (Dunkelmen & Dressel, 1994; Kane, 2004). Examining the impact of therapeutic nihilism on the care of persons with dementia, Malone and Camp (2007) conceptualized the phenomenon as "learned helplessness on a system-wide scale" (p.151), and described it as "the single greatest barrier" to quality care. According to the authors, this learned helplessness results from an over emphasis on deficits rather than strengths. Consequently, treatment options for older

adults may be significantly influenced by generalizations based on the person's age, and the perception that active intervention is less of a priority than it would be for a younger person.

A review of the literature documents the risks posed to older adults as a result of inferior care. For example, nursing and social work professionals have been found to be more reluctant to work with older adults than younger patients (Schiller-Schigelore, 2003), and are more likely to provide inferior treatment to older adults. Oncology social workers were significantly more likely to spend more time and have more frequent contacts with younger than older cancer patients, and were more likely to offer individual treatment to younger patients (Rohan, Berkman, Walker, & Holmes, 1994). Physicians were less likely to address psychosocial issues with older adult patients and offered less support (Greene, Hoffman, Charon, & Adleman, 1987).

The issue of older adult suicide highlights another area in which inferior care can have significant consequences. The National Institute of Mental Health has reported that older adults are disproportionately at risk for suicide. Making up only 12% of the U.S. population, persons over 65 years of age account for 16% of all suicides (NIMH, 2007). According to a report from the Centers for Disease Control (2004), the majority of older individuals who complete suicide had been diagnosed with mild to moderate depression, and had contact with a primary care provider in the weeks prior to the suicide. Researchers (Fischer, Feifei, Solberg, Rush, & Heinrich, 2003) have identified significant differences in assessment and treatment options provided to younger and older adult patients. Healthcare professionals are less likely to ask if elderly patients are depressed or experiencing thoughts of self-harm. Additionally, older adult patients were less likely to be referred to psychotherapy for treatment of depression (Fischer, et al.; Crystal, Sambamoorthi, Walkup, & Akincigil, 2003). Moreover, subgroups of the older adult population, such as racial and ethnic minority group members, elders without supplemental insurance and older adults over the age of 75, are significantly less likely to receive any treatment for depression (Crystal, et al.). Unfortunately, negative stereotyping of older adults is seen among students in the helping

disciplines even before they enter the profession. Gellis, et al., (2003) found that social work students at the graduate level viewed older adults as less productive and less able to change. Students' age was inversely correlated with negative attitudes toward elders, with younger students reporting higher rates of negative attitudes toward elders.

### **Perceptions of Elder Vulnerability**

Nelson (2005) identified the phenomenon of "pseudo-positive attitudes" (p. 210) toward older adults, whereby people interact with elders based on negative stereotypes although they may not necessarily have negative attitudes toward them. Unfortunately, such interactions may result in a "self-fulfilling prophecy" (p. 210) in which the older person responds by acting in accordance with the negative stereotype. These findings suggest that compassionate stereotypes may be one dimension of broader stereotypes of older adults as less competent in general than younger persons.

One example of elder stereotyping relates to perceptions of vulnerability of older adults to criminal victimization. Although the data reflect that older adults are disproportionately at risk for particular types of criminal victimization (e.g., property crimes such as purse snatchings and pocket pickings), overall they are less likely than younger people to be victimized by crime (Federal Interagency Forum on Aging-Related Statistics, 2004; Klaus, 2005; Warr, 1990). A study of 2,321 community-dwelling older adults found that older age was inversely correlated with criminal victimization (Bachman, Bove, Kossack, Lachs, O'leary, & Williams, 2004). Indeed, Warr argued that relative to younger persons, criminal victimization of older adults was so rare that "special attention" to elders was unwarranted (p. 588).

The present study examined the relationship between compassionate stereotypes of older adults and attitudes toward elders and career preferences for working with older adults. Two hypotheses were identified: a) compassionate stereotypes of older adults will be associated with

greater interest in working with older adults; b) compassionate stereotypes of older adults will be associated with negative attitudes toward older adults, indicating that perceptions of vulnerability of older adults are a subtype of negative stereotyping.

Compassionate stereotypes will be operationalized through the use of a scale designed to assess students' perceptions of elder vulnerability to crime. The first hypothesis explores whether compassionate stereotyping of older adults will result in a desire to advocate on their behalf, as reflected in greater interest in working with the population. Surveys of social work students identify the desire to help others as a primary motivation in choosing a social work career (Hanson & McCullagh, 1995). Conversely, the second hypothesis examines the possibility that compassionate stereotypes are simply a subtype of negative generalizations.

## Method

### Sampling Procedure

This study employed a convenience sample of graduate level social work students obtained through a state-wide listing of all accredited graduate social work programs. The sampling frame was obtained from the Council on Social Work Education (CSWE), the national accrediting body for professional social work education. Four out of eight accredited programs agreed to participate in the study. A letter of introduction was sent to all program deans, followed by phone contact to outline the study and obtain permission to administer in-class surveys. Follow-up contact was made with instructors in courses ranging from research, individual and group practice courses, and field seminars to discuss the research and obtain permission to survey students in their classes. Previous research on social work students' attitudes toward older adults has yielded low response rates (Gellis, et al., 2003). Consequently, in-class surveys were used for this study to obtain a broad survey sample and increase the potential rate of response. Participants were advised both verbally and in writing that participation was strictly voluntary, and non-participation would not negatively

influence their course grade. The final sample was comprised of two hundred and fifty-two MSW students.

## **Instrumentation**

Student surveys included scales designed to measure negative beliefs about older adults, perceptions of elders as vulnerable to victimization, and interest in working with older adults following graduation. Perception of vulnerability of older adults was operationalized with a 17-item scale developed by the author to assess beliefs that older adults are at greater risk for criminal victimization. Participants indicated their level of agreement or disagreement on a four-point Likert scale, with higher scores indicating stronger perceptions that older adults are easily or frequently victimized. Coefficient alpha for the subscale was .90, indicating strong reliability. Items for the scale were reviewed by researchers with expertise in gerontology.

Negative beliefs about older adults were operationalized using the Kogan Attitude Toward Old People Scale (KAOP) (Kogan, 1961). The KAOP scale is a measure of positive and negative beliefs about elders, shown to have satisfactory validity and reliability (Kogan, 1961; Rupp, Vodanovich, & Crede, 2003). Previous research has found that while the KAOP had satisfactory reliability, the negative items had greater reliability (Rupp, et al.). This study analyzed responses on the negative items, and correlations with perceptions of elder vulnerability. Cronbach's alpha calculations yielded a score of .85, indicating satisfactory reliability for the KAOP items. Item scores had a potential range of 15 to 90, with higher scores indicating greater agreement with statements reflecting negative beliefs about older adults.

The survey instrument included two items that were standardized to create a single index to measure students' interest in working with older adults. Additionally, the survey instrument included items designed to assess perceptions of general attitudes toward older adults, respondents' history of contact with elders, and students' career preferences.

## Results

Demographic data revealed that the participant sample was predominantly female (88.1%), with only 11.9% of sample identified as male. The mean age of the sample population was 30.85 (SD = 9.6), with participants ranging in age from 21 to 64 years of age. In terms of self-identified race and/or ethnicity, over 56% of the sample identified as Caucasian, 17.1% African-American, 8.3% Caribbean Islander, and .8% Asian. Over 15% of the respondents identified their ethnicity as Hispanic.

**Table 1**  
**Sample Demographic Characteristics (N=252)**

Characteristic	n	%	M	SD	Range
Age	249	98.81	30.85	9.6	
Missing	3	1.19			
<b>Total</b>	<b>252</b>	<b>100.00</b>			
<b>Gender</b>					
Females	222	88.1			
Males	30	11.9			
<b>Total</b>	<b>252</b>	<b>100.00</b>			
<b>Race/Ethnicity</b>					
African American	43	17.3			
Asian	2	.8			
Cauzasian	143	57.7			
Hispanic	39	15.7			
Caribbean Islander	21	8.5			
Missing	2	.8			
<b>Total</b>				<b>252</b>	<b>100.00</b>

Respondents were asked about their history of contact with older adults, and the nature of their relationships with elders. A majority of the sample (94.4%) indicated a close relationship with one or more grandparents, and 21% reported that one or more grandparents served as their primary caretaker at some point during their childhood. Over 67% of respondents reported a history of significant relationships with elders who were not family members. Educational and volunteer experience also provided opportunities for students to interact with older adults. More than 57% of the students reported having contact with older adults within field practicum internships, and over 47% reported prior volunteer experience working with older adults.

When asked to identify how most people viewed older adults, over half of the sample (56%) reported the belief that most people view elders “negatively”, while 32.9% believed that most persons view older adults “neutrally”. Only 10.3% of the sample perceived that most people view elders “positively”. When asked to rank their preferences for working with different client age groups, clients sixty-five and older were most frequently identified as the “least preferred” client group, while children and adolescents were most frequently identified as the “most preferred” client group. Only 13.1% of the sample reported being strongly interested in specializing in social work with older adults.

A significant correlation of .16 at the .05 level was observed between the respondents’ age and perceptions of elder vulnerability to victimization. Students’ responses on this subscale indicated moderately strong perceptions of older adults as particularly vulnerable in this regard. The subscale had a potential range of 17-68, with higher scores indicating stronger perceptions of elder vulnerability. Respondent scores ranged from 22-65, with a mean score of 46.8 (SD = 7.4), and a mode of 43. Nearly 82% of the respondents either agreed or strongly agreed that older adults are more likely than younger people to be victims of crime. Additionally, three quarters of the sample agreed (57.5%) or strongly agreed (17.5%) that older adults were more vulnerable to violent assault due to physical limitations associated with aging. Slightly more than half of the sample (50.8%)

agreed that elders should be designated as a protected class due to their greater vulnerability to criminal victimization.

Scores on the KAOP ranged from 28 to 88, with nearly one quarter of the respondents scoring in the range of 42 to 75. The mean score on the KAOP subscale was 69.52 (SD = 9.11), with a median score of 70.00, indicating moderately strong levels of agreement with the negative elder stereotypes reflected in the survey items. Five of the participants did not respond to the negative items on the KAOP, yielding a total of 247 participant responses for this subscale.

Pearson calculations revealed a significant relationship at the .01 level between compassionate stereotypes and negative attitudes toward older adults. Scores on the two scales showed a moderate inverse correlation of .25. The inverse correlation between the two variables suggests that perceptions of vulnerability of older adults is not reflective of negative attitudes toward elders (Hummert & Garska, 1994), as respondents who perceived older adults as more vulnerable were less likely to endorse negative attitudes toward older adults.

Correlational analysis failed to support the hypothesis of a relationship between perceptions of vulnerability of older adults and increased interest in working with the population. Compassionate stereotypes appeared to have no influence in career decisions, refuting the theory that perceptions of vulnerability necessarily foster greater advocacy on behalf of older adults. This is particularly noteworthy given professional codes of ethics, which emphasize social work's responsibility to serve the most vulnerable populations. In contrast, over 41% of the respondents indicated a strong preference for working with children and adolescents, while slightly more than 28% indicated a preference for young adult or adult clients. The overwhelming majority of the sample (76.6%) indicated that working with younger clients offered greater opportunities to produce long-term change, while 75% of the sample indicated the belief that people are more resistant to change as they get older.

## Discussion

Responses from this sample suggest that perceptions of elder vulnerability do not reflect negative attitudes toward older adults. Respondents appeared to perceive elders as especially vulnerable to crime, even agreeing that older adults should be designated as a protected class. However, correlational analysis revealed a moderate, inverse relationship between negative attitudes toward older adults and perceptions of vulnerability. This finding contrasts with Hummert and Garstka's (1994) suggestion that perceptions of elder vulnerability reflect broader negative generalizations of older adults. Unfortunately, stronger perceptions of elders as an at-risk group did not result in stronger interest to work on their behalf. As noted, older adults were among the least preferred client groups. A significant percentage of the sample indicated a clear preference for working with children and adolescents. This suggests that group affiliation or bias may be more predictive of students' career interests than self-reports acknowledge.

Participants ranged in age from 21-64 years old. While age was not associated with negative attitudes toward older adults, the data revealed a low, but significant correlation between respondents' age and perceptions of elder vulnerability to victimization. Interestingly, age was not a significant factor in respondents' attitudes toward older adults. This finding contrasts with previous research which shows age to be a common factor in negative attitudes toward elders. However, the influence of social desirability bias cannot be discounted. Although the KAOP scale has been found to have satisfactory reliability and validity in previous research, some of the items clearly reflect prejudicial attitudes. Social work students, whose education emphasize recognition of social oppression, may consciously or unconsciously censor their true feelings (Hyde & Ruth, 2002).

## Implications

As the global population of older adults continues to increase, all nations will be faced with the challenge to adapt to this unprecedented phenomenon. Despite differences among various nations

in perceptions of aging and older adults, Cuddy, et al. (2005) described ageism as “pan-cultural” (p. 266) and pervasive across cultural contexts. Consequently, negative attitudes toward aging and older adults may be one of the greatest obstacles to addressing social needs related to the aging population. Indeed, the findings of this study indicate that in spite of moderately strong perceptions of older adults as a population especially vulnerable to victimization, students indicated only limited interest in working with the population. Therefore, it’s unlikely that admonitions to work with vulnerable populations will recruit future professionals to the field of gerontology. Instead, educators will have to develop methods to overcome students’ negative perceptions of older adults and careers in gerontology. Additionally, changes in healthcare and social welfare systems must be made so that older adult care is not marginalized from mainstream systems, or stigmatized by low pay and poor working conditions.

### **Limitations**

Purposive sampling methods were used as a means of obtaining the most representative sample, and the survey was administered in the classroom setting to ensure an adequate response rate. While the final sample size of 252 participants indicates that this objective was achieved, the results of the research cannot be generalized beyond the sample of students surveyed. In addition, five of the respondents opted not to respond to the negative items of the KAOP scale (Kogan, 1961). Interestingly, these participants responded to the rest of the items on the survey, which included a total of 167 items. As noted, social desirability bias may have been a factor. However, the missing responses must be taken into account in any conclusions that can be drawn from the findings.

### **Conclusion**

The findings of the present study highlight the challenge of drawing future professionals to gerontology. Even in the field of social work, which historically has served society’s most vulnerable populations, students viewed older adults as vulnerable but expressed only limited interest in working with them. Arguably, educators and policy makers will need to develop innovative

methods of serving older adults from a systemic perspective, engaging broader systems of family and community. A holistic approach to elder care has the potential to provide a more comprehensive and effective method of service, particularly in view of the growing prevalence of multigenerational family systems worldwide (Fredriksen-Goldsen, 2005; World Health Organization, 2002a). Additionally, social work educators must strive to increase students' knowledge and awareness of aging issues, and the significant effect the aging population will have on society as a whole.

## REFERENCES

- AARP. (2002, May). *Beyond 50: A report to the nation on trends in health security*. Washington, DC: Author.
- ADMINISTRATION ON AGING. (2004). *Aging into the 21<sup>st</sup> century*. Retrieved from <http://www.aoa.gov/prof/statistics/futuregrowth/aging21/demography.asp>
- ADMINISTRATION ON AGING. (2004). *A profile of older Americans*. Retrieved from <http://www.aoa.gov/prof/statistics/profile/2004/2004profile.doc>
- ALLPORT, G.W. (1979). *The nature of prejudice*. Reading, MA: Addison-Wesley Publishing.
- AVRAMOV, D. (2002). People, demography, & social exclusion: A summary. *European Population Papers Series, Number 6*. Council of Europe. Retrieved from [http://www.coe.int/t/e/social\\_cohesion/population/](http://www.coe.int/t/e/social_cohesion/population/)
- BACHMAN, R., BOVE, C., KOSSACK, A., LACHS, M. S., O'LEARY, J., & WILLIAMS, C. (2004). Older adults as crime victims, perpetrators, witnesses, and compliants: A population-based study of police interactions. *Journal of Elder Abuse & Neglect*, 16(4), 25-40.
- BECKER, D., & LAMB, S. (1994). Sex bias in the diagnosis of Borderline Personality Disorder. *Professional Psychology: Research and Practice*, 25(1), 55-61.
- BRAITHWAITE, V. (2002). Reducing ageism. In T. D. Nelson, (Ed.), *Agesim: Stereotyping and prejudice against older persons* (pp. 311-337). Cambridge, MA: The MIT Press.
- BUREAU OF LABOR STATISTICS, U. S. DEPARTMENT OF LABOR. (2012). *Occupational Outlook Handbook. 2012-13 Edition*, Social Workers. Retrieved from <http://www.bls.gov/ooh/community-and-social-service/social-workers.htm>.
- CENTERS FOR DISEASE CONTROL. (2004). *Suicide: Fact sheet*. Retrieved September 23, 2004 From <http://www.cdc.gov/ncipc/factsheets/suifacts.htm>
- CRYSTAL, S., SAMBAMOORTHY, U., WALKUP, J. T., & AKINCIGIL, A. (2003). Diagnosis and treatment of Depression in the elderly Medicare population: Predictors, disparities, and trends. *Journal of the American Geriatrics Society*. 51(12), 1718-1728.

- CUDDY, A.J., NORTON, M.I., & FISKE, S. T. (2005). This old stereotype: The pervasiveness and persistence of the elderly stereotype. *Journal of Social Issues*, 61(2), 265-283.
- DUNKELMAN, D. M., & DRESSEL, R. C. (1994). The nursing home environment and Dementia care. In A. K. Aronson (Ed.), *Reshaping dementia: Practice and policy in long-term care* (pp. 60-68). Thousand Oaks, CA: Sage Publications.
- FEDERAL INTERAGENCY FORUM ON AGING-RELATED STATISTICS. (2004). *Older Americans 2004: Key indicators of well-being*. Retrieved from [http://www.agingstats.gov/agingstatsdotnet/Main\\_Site/Data/Data\\_2004.aspx](http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/Data_2004.aspx).
- FISCHER, L. R., FEIFEI, W., SOLBERG, L. I., RUSH, W. A. & HEINRICH, R. L. (2003). Treatment of elderly and other adult patients for depression in primary care. *Journal of the American Geriatrics Society*, 51(11), 1554-1562.
- FREDRIKSEN-GOLDSSEN, K.I. (2002). *The institute for multigenerational health, development & equality IOE concept paper*. Seattle, WA: University of Washington, School of Social Work. Retrieved from <http://depts.washington.edu/sswweb/ioe/multigen/docs/multigenconcept.pdf>
- GELLIS, Z. D., SHERMAN, S., & LAWRENCE, F. (2003). First year graduate social work students' knowledge of an attitude toward older adults. *Educational Gerontology*, 29, 1-16.
- GOLDENBERG, E., MACEY, T., & SATA, L.S. (1979). Socio-economic factors which influence labeling of mental illness. *Psychological Reports*, 44, 1021-1022. doi: 10.2466/pr0.1979.44.3.1021
- GREENE, M. G., HOFFMAN, S., CHARON, R., & ADELMAN, R. (1987). Psychosocial concerns in the medical encounter: A comparison of the interactions of doctors with their old and young patients. *The Gerontologist*, 27(2), 164-168.
- HANSON, J. G., & MCCULLAGH, J. G. (1995). Career choice factors for BSW students: A 10-year perspective. *Journal of Social Work Education*, 31(1), 28-36.
- HUMMERT, M. L., & GARSTKA, T. A. (1994). Stereotypes of the elderly held by young, middle-aged, and elderly adults. *Journal of Gerontology*, 49(5), 240-250.

- JORDAN, L. (2002). Law enforcement and the elderly: A concern for the 21<sup>st</sup> century. *FBI Law Enforcement Bulletin*, 71(5), 20-23.
- HYDE, C. A., & RUTH, B. J. (2002). Multicultural content and class participation: Do students self-censor? *Journal of Social Work Education*, 38(2), 241-256.
- KANE, M. N. (2004). Ageism and intervention: What social work students believe about treating people differently because of age: *Educational Gerontology*, 30, 767-784.
- KLAUS, M. B. (2005). *Crimes against persons 65 or older, 1993-2002*. Retrieved from <http://www.ojp.usdoj.gov/bjs/pub/pdf/cpa6502.pdf>
- KOGAN, N. (1961). Attitudes toward old people scale. *Journal of Abnormal and Social Psychology*, 62(1), 44-54. Retrieved from <http://www.aacn.nche.edu/Education/Hartford/docs/FairfieldKoganAttitudes.doc>
- LOMAX COOK, F., & KUNKEL, S. R. (2006). Age stereotype. In R. Schulz (Ed.), *Encyclopedia of aging* (4<sup>th</sup> ed., Vol. I, pp. 43-44). New York: Springer Publishing Company.
- LUBOMUDROV, S. (1987). Congressional perceptions of the elderly: The use of stereotypes in the legislative process. *The Gerontologist*, 27(1), 77-81.
- MALONE, M. L., & CAMP, C. J. (2007). Montessori-Based Dementia Programming<sup>®</sup>: Providing tools for engagement. *Dementia*, 6, 150-157. doi: 10.1177/1471301207079099.
- MCCONATHA, J. T., HAYTA, V., RIESER-DANNER, L., & POLAT, T. S. (2004). Turkish and U. S. attitudes toward aging. *Educational Gerontology*, 30(3), 219-234.
- NATIONAL INSTITUTE OF MENTAL HEALTH. (2007). *Older adults: Depression and suicide facts*. Retrieved from <http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>
- NELSON, T. D. (2005). Ageism: Prejudice against our feared future self. *Journal of Social Issues*, 61(2), 207-221.
- OLSON, M. D. (2007). Assessing attitudes toward older adults and interest in gerontology among social work students. (Doctoral dissertation). *Dissertation Abstracts International*, 68(5), 2173.

- PATTERSON, F.M. (2004). Motivating students to work with elders: A strengths social construction and human rights and social justice approach. *Journal of Teaching in Social Work*, 24(3/4), 165-181.
- PRESIDENT'S COUNCIL ON BIOETHICS. (2005). *Taking care: Ethical caregiving in our aging society*. Retrieved from [http://bioethicsprint.bioethics.gov/reports/taking\\_care/chapter7.html](http://bioethicsprint.bioethics.gov/reports/taking_care/chapter7.html)
- REVENSON, T.A. (1989). Compassionate stereotyping of elderly patients by physicians: revising the social contact hypothesis. *Psychology & Aging*, 4(2), 230-234.
- ROHAN, E. A., BERKMAN, B., WALKER, S., & HOLMES, W. (1994). The geriatric oncology patient: Ageism in social work practice. *Journal of Gerontological Social Work*, 23(1/2), 201-221.
- RUPP, D. E., VODANOVICH, S. J., & CREDE, M. (2003). *The multi-dimensional nature of ageism: Construct validity and group differences*. Retrieved from <http://io.psych.uiuc.edu/sio2003/psychometric%20paper%on%ageism%20-%April202003.doc>
- SCHARLACH, A., DAMRON-RODRIQUEZ, J., ROBINSON, B., & FELDMAN, R. (2000). Educating social workers for an aging society: A vision for the 21<sup>st</sup> century. *Journal of Social Work Education*, 36(3), 1-16.
- SCHILLER-SCHIGELORE, A. R. (2003). How can we ignore the why? A theoretical approach to health care professionals' attitudes toward older adults. *Journal of Gerontology Social Work*, 40(3), 31-50.
- UNITED NATIONS. (2002). *World population ageing: 1950-2050*. New York, NY: Author.
- U.S. BUREAU OF THE CENSUS. (2003). *Census brief 2000: Grandparents living with grandchildren*. Retrieved from <http://www.census.gov/prod/2003pubs/c2kbr-31/pdf>
- WARR, M. (1990). [Review of the book *Crime and victimization of the elderly*, by E. A. Fattah & V. F. Sacco]. *Contemporary Sociology*, 19(4), 588-589.
- WERNER, C.A. (2011). The older population: 2010. (Report No. C2010BR-09) Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>

- WORLD HEALTH ORGANIZATION. (2002a). Active aging: A policy framework. Retrieved from [http://whqlibdoc.who.int/hq/2002/WHO\\_NMH\\_NPH\\_028.pdf](http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_028.pdf)
- WORLD HEALTH ORGANIZATION. (2002b). *World report on Violence & health*. Retrieved from [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/factsheets/en/elderabusefacts.pdf](http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/elderabusefacts.pdf)
- WORLD HEALTH ORGANIZATION. (2013). *World Health Day*. Retrieved from <http://www.who.int/world-health-day/2012/toolkit/background/en/>