



The myths of aging

MYths, according to the Oxford dictionary, are widely held but false notions. Myths about aging abound, as we'll see. Fortunately, new research and the myth-busting lives of many seniors are dispelling myths and changing perceptions about what it means to grow old.

Some myths portray aging negatively, while others offer an equally unrealistic picture of the joys of later life – travel, tennis and golf, dinner and dancing. Certainly these are available to the affluent, but seniors with limited income or poor health, or those isolated in rural areas and inner cities, may be hard-pressed to live up to these media images of the 'golden' years.

Negative myths perpetuate the attitude that aging is a burden on the old and on

society, giving rise to ageism – beliefs, attitudes and acts that denigrate individuals or groups based on their chronological age. Ageism marginalizes older people and devalues their contributions to society. It deprives seniors of the dignity, fair

treatment and social involvement that are everyone's due, regardless of age. That's why we need to challenge myths about aging, show the harm they do and present the facts to counter them.



In the end, it doesn't matter whether a myth is positive or negative. Myths are a poor basis for

public policy, and they're no substitute for facts when it comes to designing programs and services.

Mohindar Singh
NACA Member



NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experience and expertise to advise the federal Minister of Health, her colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

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■ “Old” myths die hard

By definition, myths are untrue. Yet they’re a powerful influence on attitudes and actions. They foster the ‘isms’ – ageism, racism, sexism – that contribute to discrimination. That’s why presenting seniors in all their diversity is important in making sure that they, like Canadians of all ages, are treated fairly.

■ Where myths come from

Some myths and stereotypes are rooted well back in time – think of Shakespeare’s portrait of old age: “sans teeth, sans eyes, sans taste”. In societies where youth is prized, negative attitudes toward aging mirror a fear of death and dying.¹ Even cultures that revere elders can harbour myths about old age – for instance that all older people are wise mentors.

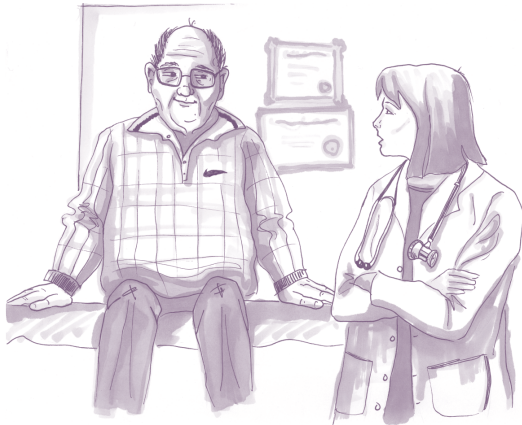
Some myths are related to the outward signs of aging, once thought to signal rapid and irreversible decline in physical and mental abilities. Most older people develop strategies to cope with changing abilities, yet the myths persist – as though gray hair or wrinkled skin interfered with the ability to pursue desired activities or fulfil social obligations.

This tells us that stereotypes have little to do with the reality of aging and more to do with social perceptions. Some myths arise from ignorance: today the generations are often separated by long distances and many seniors live alone, far from children and grandchildren. This means younger people can’t form an accurate picture of what seniors are like – and myths rush in to fill the gap.

Myth: “To be old is to be sick.”

Reality: Most seniors are healthy and active. Three-quarters of Canadian seniors report that their health is good, very good or excellent.

¹ Susan Krauss Whitbourne, *Adult Development and Aging: Biopsychosocial Perspectives*. New York: John Wiley & Sons, Inc., 2001.



"You're happy, healthy, independent...
...We'd better run some tests."

■ Why myths endure

No matter how they arise, myths are reinforced by media reporting, advertising, and political rhetoric. For example, sensationalized coverage of motor vehicle accidents involving seniors contributes to generalizations about older drivers as a group – and a myth is born. The action plan of the **Second World Assembly on Ageing** (held in Madrid in 2002) points out that negative images of aging are reinforced through the media and urges action to encourage the media to move beyond portraying stereotypes and to illuminate “the full diversity of humankind.”

If advertising were your only source of information, you'd likely believe that all seniors are good dancers, financially secure, with plenty of leisure time. Their only ‘problems’ are bladder control, loose dentures and erectile dysfunction – all easily overcome, of course, by purchasing the advertised products. At the other end

of the spectrum, advertisers play on the myth of widespread frailty and vulnerability among seniors to sell alarm systems, life insurance and prepaid funerals.

The rhetoric of some politicians and public thinkers also plays a role in spreading and perpetuating myths – such as the notion that all seniors are in declining health, rapidly filling up hospitals and doctors’ offices and overtaxing the health care system. A useful strategy is always to consider the source and the motives for such generalizations.

Myth: “Seniors are too set in their ways to undertake new things.”

Reality: Dorothy Rungeling of Fonthill, Ontario, published her first book, *The Road to Home*, at the age of 91 and the second, *It's Fun to Grow Old*, a year later in 2002. A third book, about her experiences as a pilot in the 1950s and '60s, is in the works.

■ What myths do

The **Ontario Human Rights Commission (OHRC)** explains the harm myths do: incorrect assumptions and stereotypes about older persons lead to negative attitudes and discrimination. Age discrimination takes many forms; let's look at two examples.

In *employment*, the most obvious form is mandatory retirement, based on the myth that older workers are less ambitious, less



Myth: “Seniors and technology don’t mix.”

Reality: Seniors in the Seniors’ Education program at Ryerson University developed, produced and moderate an interactive website (www.seniorcentre.ca). The webmaster and all those working on the site (all seniors) came to computers with no background in the field. Seniors are the fastest growing group online.

flexible, and less adaptable to new technologies, along with the related myth that older workers block the way for younger workers. The OHRC effectively debunks the myths that job productivity declines with age, that older workers have reduced physical capacity, and that older workers can’t learn new things.² According to the OHRC, older workers also perform at a steadier rate than younger workers and have less job turnover, fewer accidents and less absenteeism. If myths about older workers continue to influence workplace policies and practices, how will Canada deal with current and future labour shortages and the mass retirements of baby boomers?

Myths also affect *health care*. Health professionals’ lack of knowledge about the aging process leads to seniors being under-treated for conditions such as heart disease, hearing loss, chronic pain and depression, because of the myth that these are “just another part of getting old.”³

Some advocates argue that the health care system focuses on acute care, while the parts of the system seniors need most, community-based and long-term care, receive short shrift in spending and priority-setting. As a result, services seniors need are inadequate or not available. Myths may also underlie the long waiting periods for surgery, long-term care and other services. Could it be that it’s assumed that older people have time to waste?

The **OHRC, the Law Commission of Canada** and others have found ageism in housing policies, in age-based requirements for testing senior drivers, in transit

Myth: “Seniors don’t pull their own weight.”

Reality:

- Up to a third of seniors provide help to friends and family, including caregiving for spouses and grandchildren and financial assistance to children.
- Senior volunteers (about 18% of all seniors) spend an average of 5 hours a week on these activities.
- 77% of seniors donated money to a charity in 2000 – the greatest proportion of any age group.
- Seniors pay taxes – just as they’ve done all their lives.

² Ontario Human Rights Commission, *Time for action: Advancing human rights for older Ontarians* (<http://www.ohrc.on.ca>).

³ “Heart attack patients face ageism: study”, *Toronto Star*, June 21, 2002. See also *Expression*, volume 15, number 3.



system and building design, and in the way programs and services are structured. For example, an emphasis on serving clients “quickly and efficiently” may mean that older clients aren’t allotted enough time. Others point to paternalistic or patronizing attitudes among medical, legal and other professionals, based on the myth that seniors can’t or don’t want to make decisions about their health or personal affairs.

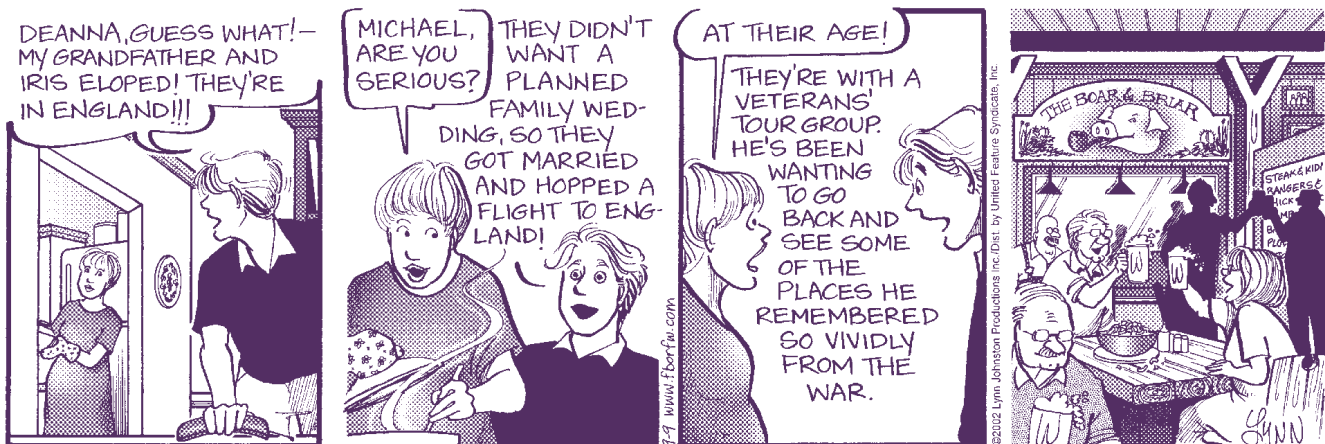
For seniors, myths can become self-fulfilling prophesies. Believing you’re supposed to be frail and dependent “at your age” damages self-image, leading to stress and health problems. Even positive myths about wealthy, care-free retirees can create a sense of inadequacy or failure – much the way fashion magazines undermine women’s self-esteem by creating unrealistic images of the ‘ideal’ woman.

For society as a whole, entrenched myths can skew social and economic decisions, generating policies that don’t square with the facts. Think about health care and

public pensions – which many would have us believe are about to collapse under the burden of too many old people. Debates about the consequences of an aging society often rely on myths such as “all seniors are well off” or “seniors aren’t pulling their weight.” Blaming one generation for the federal deficit, rising demands on health care, or pressures on the Canada Pension Plan shifts the debate away from the real issues – making sure Canada has health and social systems that meet the needs of all members of society, regardless of age. Pitting generations against each other means the real issues aren’t dealt with, so policies not only fail to solve problems but may make them worse.⁴

■ Myth busting anyone?

We can start dispelling myths by attacking them at their source. More contact between generations can create a more realistic picture of aging. According to **United Generations Ontario (UGO)**, “Our experience clearly shows that programs and activities that bring members



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⁴ Ellen M. Gee, "Population and Politics", in Ellen M. Gee and Gloria M. Gutman, *The Overselling of Population Aging: Apocalyptic demography, intergenerational challenges, and social policy*. Toronto: Oxford University Press, 2000.



of different generations together in

meaningful ways break down stereotypes, destroy myths and create a climate of mutual caring and sharing.”⁵ The key is to block myths early, before they harden into lifelong beliefs and attitudes.

Public education also has a role; disseminating research findings can promote a more realistic understanding of aging as part of human development. For instance, **Jacques Roy** of Laval University studied 575 elders living in urban and rural Quebec. “Throughout our study we met older people who were living independently, in good health, satisfied with their social life, involved in their community. We need to debunk the old view that people are ‘finished’ when they turn 65.”⁶ Similarly, the **New England Centenarian Study** shows that people can continue to be healthy at 100. Not everyone is genetically programmed to live that long, but the growing number of people who live well into their 90s and past 100 (as many as 75,000 in North America today and four or five times that number by the middle of this century) shows the potential for many satisfying and productive years after 65.

Advocacy by seniors is another way to inform and dispel myths. Many suggestions in the OHRC study of ageism came from seniors and their organizations:

Myth: “Most seniors live in nursing homes.”

Reality: Just 5% of men and 9% of women over age 65 live in health care institutions; most are 85 or older. These percentages have declined since 1991.

- Education and training for public transit employees and others who provide services to seniors that include awareness of and sensitivity to age and disability issues
- Education for caregivers, physicians and other professionals to make them more familiar with the aging process and the health needs of older adults
- Public awareness campaigns to counter myths and stereotypes and to empower those experiencing ageism to recognize and respond to it.

The OHRC recommended that governments assess their laws, policies and programs to make sure they contain no erroneous age-based assumptions or stereotypes – in short, to make sure that myths aren’t being perpetuated through public policy.

⁵ UGO brief to the OHRC Study of ageism, in: *Ontario Human Rights Commission. Time for action: Advancing human rights for older Canadians.* Toronto : the Commission, 2001.

⁶ “Finis, les vieux?”, <http://www.ulaval.ca/scom/Au.fil.des.evenements/1999/02.18/vieux.html> (February 1999).



Between generations

Seniors in Ryerson University's seniors' education programs have many opportunities to talk with young students and faculty through a unique inter-generational dialogue program. "Words of Wisdom... Shared" is one such dialogue, bringing together young immigrant women and experienced senior women for support and mentoring on skills to help the younger women adapt to the Canadian work culture and contribute to their family, career and life management.

The gerontology profession – those who study aging – can involve older people in research and ask them for input, so that research reflects the voices of the group being studied.

The Canadian Association of Retired Persons says programs and services can avoid the trap of myths by including seniors in planning and evaluation. Partnerships with seniors and their organizations can identify needs, gaps and solutions in areas such as home care, community-based services, transit services, rehabilitation and chronic care.

■ The social costs of myths about aging are high: they're paid by individual seniors, through ageism and discrimination; by younger people, deprived of wisdom from their elders and personal knowledge of what aging is really like; and by society as a whole, robbed of seniors' contributions through employment and volunteering.

We need to hasten the shift toward more realistic images of aging; it's already under way, thanks to better evidence about the realities of aging and the myth-busting lives of many seniors. Dispelling myths doesn't mean glossing over the difficult truths about aging – it simply means acknowledging seniors' diversity, respecting their contributions, and treating them fairly – based on fact, not myth. ■



Mohindar Singh has had a successful career as a teacher, school administrator, program consultant, college professor and psychologist, also working at the community level promoting talent development, conflict resolution, creative problem solving and heritage language teaching. He has considerable knowledge of seniors' health and communication issues, having developed workshops, health surveys and interactive sessions to address geriatric problems. Throughout his life, Mr. Singh has worked to eradicate racism and promote the civic participation of all Canadians. He lives in Manitoba and is currently President of the National Association of Canadians of Origins in India. He was appointed to NACA in October 2002.



For more information...

John F. Lauerma, Thomas T. Perls and Margery Hutter Silver. *Living to 100: Lessons in living to your maximum potential at any age.* New York: Basic Books, 2000.

Douglas Powell. *The nine myths of aging.* W. H. Freeman: 1998.

Dorothy Pringle. *Aging and the Health Care System: Am I in the Right Queue?* Ottawa: National Advisory Council on Aging, 1998.

John W. Rowe and Robert L. Kahn. *Successful Aging.* New York: Pantheon, 1998.

Info Online

www.chpna.ca/newsite/downloads/chpnotes/aging_en.html "Aging: Debunking the myths", Community Health Protection Network Atlantic.

<http://www.seniorcentre.ca> An interactive website by and for seniors.

www.go60.com/myths.htm presents a thoughtful review of *Successful Aging* by Rowe and Kahn.

www.who.int. *Aging: Transcending the myths*, from the World Health Organization.

<http://medicalreporter.health.org/tmr0595/exercise0595.html>. "Aging, exercise and depression: Separating myths from realities", the CIGNA Health Care Report (1995).

www.50plus.com The Canadian Association of Retired Persons website combines advocacy, information and entertainment. The site contains CARP's brief to the OHRC on ageism.

www.harvardmagazine.com/issues/mj99/health.html "Myths of old: Fictions and facts about aging" by John F. Lauerma, in *Harvard Magazine*.

www.encoreeugene.net/story.html The story of the Encore Theatre, where seniors and youth communicate through interactive theatre, song, dance and storytelling.

NACA's recent releases

■ *Mental health and aging*

This collection of articles (Writings in Gerontology) presents a survey of current knowledge of mental health and mental disorders in seniors, and offers a summary of treatments and best practices in the field. It also looks at the situation and needs of particular groups (isolated seniors, caregivers, gay seniors and seniors in institutions). 118 pages. 2002.

■ *The NACA position on supportive housing for seniors*

The report examines the role that various stakeholders can play to help develop supportive housing for seniors, a housing option that offers a variety of services to residents. It takes a look at the barriers affecting the affordability and availability of supportive housing (lack of awareness, municipal bylaws, community access, etc.) and proposes means to overcome these barriers. 88 pages. 2002.