

Shifting the Language on Ageism

What is Ageism?

Ageism is age-related discrimination. It refers to “stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) toward others or oneself based on age.”¹

Ageist talk or elderspeak can internalize ageism at a young age. Shifting our language from one that is ageist can help shift the narrative on ageism. Ageing is a normal process, not necessarily one that is debilitating or declining.



Impact of Ageist Language

Ageist language can come off as disrespectful, condescending, patronizing, or degrading despite the speaker’s intention. At times it can also cause amplified sadness, frustration or distress as well as resistance to care. Older adults are unique individuals with their own personalities and lived experiences. Adopting a person-centered approach which caters to their own individual needs and preferences, and is respectful, will ensure that older adults are treated with the respect and dignity they deserve.

Some considerations on reframing the narrative include^{2,3,4}:

Avoid	Recommended Approach
Using terms, such as seniors, elderly, senior citizen, old person, and aged	Replace with “older adult” or more specifics e.g., adults over 60, older writer, etc.
<ul style="list-style-type: none"> Using words that infantilize the older adult e.g., sweetie, dear, darling, honey, sweetheart, good girl, little lady, Grandma, Grandpa, Pop, Mom, Dad, Granny Speaking very slowly or very loudly Using a sing-song voice, exaggerating words, or altering tone Overly simplified language 	Speak to individuals as you would want them to speak to you. Someone may have difficulty hearing or cognitive issues, but it is important to speak to them with respect and inclusion.
<ul style="list-style-type: none"> Stereotypes to describe the adult e.g., frail, weak, vulnerable or cute, adorable Downplaying aging e.g., young at heart, 75 years young, young man 	<ul style="list-style-type: none"> Promote positive and diverse images that illustrate the different realities of older and younger populations. Use language that is objective and not only focused on age, disability or other stereotypes associated with different age groups.
Using collective pronouns e.g., how are we doing today	Ask “how are you doing?”

***Resident’s Name Preference:** According to [eCFR :: 42 CFR 483.10 -- Resident rights](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-B/part-483/subpart-10/section-483.10), all residents should be referred to by either their legal first name, their preferred name (e.g., middle name, or abbreviated first name) or a name given to them by friends or family. Their name preference should be included in their care plan and used by all staff at the facility.

Resources

¹World Health Organization, “Ageism,” 18 March 2021, <https://www.who.int/news-room/questions-and-answers/item/ageing-ageism#:~:text=What%20is%20ageism%3F,Who%20does%20ageism%20affect%3F>

²Changing the Narrative, Guidelines for Age-Inclusive Communication, https://changingthenarrativeco.org/wp-content/uploads/2022/01/Guidelines-for-Age-Inclusive-Communications_ChangingtheNarrative-1.pdf

³Kemper, S. (1994). Elderspeak: Speech accommodations to older adults. *Aging, Neuropsychology, and Cognition*, 1(1), 17–28. <https://doi.org/10.1080/09289919408251447>

⁴Shaw CA, Gordon JK. Understanding Elderspeak: An Evolutionary Concept Analysis. *Innov Aging*. 2021 Jul 3;5(3):igab023. doi: 10.1093/geroni/igab023. PMID: 34476301; PMCID: PMC8406004.

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