EFFECTS OF ‘POSITIVE’ AGEISM ON OLDER PEOPLE:

A SYSTEMATIZED CRITICAL REVIEW

MATTHEW LE

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Abstract

There has been scattered research that explores so-called ‘positive’ generalizations of ageism. These ‘positive’ forms of ageism are more subtle than the negative and is often overlooked in literature and society. The aim of this systematized critical review is to synthesize the current knowledge of these ‘positive’ forms of ageism. A comprehensive literature search was performed on 8 databases to identify primary research articles on the overarching concept of positive ageism. The systematic search yielded 2,216 studies to which 5 met the inclusion criteria and were selected for full text review/data extraction. Definitions of ‘positive’ ageism featured the term benevolent ageism. ‘Positive’ ageism was found to influence the affective state of younger people and the perceptions of older people. Furthermore, intersectional analysis found one study examining the interactions between age and gender. Results may aid to inform future research and policy on ‘positive’ ageism and its implications.

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Chapter 1: Introduction

Chapter Introduction

This introductory chapter briefly outlines the key concepts and ideas that represent the research aim that is to a) locate and systematically describe research on 'positive' ageism, its representations, and definitions; b) explore what outcomes does 'positive' ageism predict; and c) evaluate how current research on 'positive' ageism includes intersectional perspectives.

Background

Ageism is the differential treatment of individuals based on chronological age. As current projections of the global older population are set to double over the next 30 years, the instances of ageism would follow similar trends (World Health Organization, 2022). However, ageism is often underrepresented within mainstream and scientific discourses as a major form of oppression (Carey et al., 2017). Despite this under acknowledgement, ageism is a current and future global issue that has implications on the lives of aging populations (World Health Organization, 2022).

Robert Butler (1969), a physician, initially defined ageism as a revulsion to old age due to common associations between advanced age with uselessness, disease, and mortality. He described ageism as a process and experience akin to racism or sexism whereby stereotypes contribute to prejudicial attitudes and discriminatory behaviour based on actual or perceived age as a social identity factor (Butler, 1975). The current understanding of ageism from the World Health Organization (World Health Organization, 2021) describes the three main aspects of ageism: 1) it has three dimensions, including thoughts, feelings, and behaviours; 2) it manifests within systems and institutions; between individuals, interpersonally; and within the self, intrapersonally; and 3) it is expressed either explicitly through conscious operations or implicitly

below the level of awareness. Furthermore, ageism intersects with other aspects of an individual's social identity and locations (i.e., racism, sexism, ableism, etc.) to create unique dynamics and effects (Collins & Bilge, 2020). Intersectionality recognizes and analyzes the interconnected nature of social categorizations, such as race, gender, dis/ability, age, etc. by highlighting how multiple positionalities create complex and unique systems of oppression and privilege. There has been increasing research (Steffensmeier et al., 2017; Taylor & Richards., 2019) that explores intersectionality based on multiple, interlocking forms of oppression. However, much of the extant gerontological research that incorporates intersectionality focuses on the 'intersection' between ageism and sexism, only, without consideration for the ways in which racism, homophobia, transphobia, Islamophobia, anti-Semitism, disability, classism, etc. also compound and interact with ageism. Understanding the nuances of ageism is crucial as it is often experienced in conjunction with other forms of discrimination, and often results in discourses or approaches that treat older persons as monolith or homogenous group (World Health Organization, 2021). Therefore, a synthesis of the current research that employs an intersectional lens is greatly needed to inform future research and policy that aim to be inclusive of all older persons and their often diverse and unique desires and needs.

The implications of ageism on the lives of diverse groups of current and future older people are vast. For example, in a systematic review analyzing the relationship of ageism in relation to health outcomes, it was found that ageism is associated with poor health outcomes in 45 countries with trends increasing with time (Chang et al., 2020). The mechanism of this trend is demonstrated through the self-fulling influence of age stereotypes, prejudice, and discrimination on an older person's wellbeing by two primary mechanisms: 1) the assimilation of

age stereotypes from society to the individual and 2) the accommodation of age stereotypes throughout the lifespan (Levy, 2009; Meisner & Levy, 2016).

While negative or hostile ageism has remained dominant in research, ageism is not experienced solely in this way/dimension. Throughout the past 40 years, there has been sparse and scattered research that explores so-called "positive" forms of ageism. These "positive" expressions are more subtle and pervasive than negative forms of ageism and are often overlooked in research and by people in society. Over time, a few terms have been used to note this type of ageism. To illustrate, Binstock (1985) coined the term "*compassionate* ageism" as "the attribution of the same characteristics, status, and just deserts to a heterogeneous group of "the aged" that tended to be stereotyped as poor, frail, dependent, objects of discrimination, and above all "deserving" (p. 422). This definition describes how older persons 'deserve' to be protected, which was exemplified through public policy such as old age security (Binstock, 2010). These ideas are also reflected by Palmore (1999) who described "*positive* ageism" as discrimination 'in favour' of older persons. Like Binstock (1985), Palmore (1999) focused on positive representations when describing positive ageism. This is demonstrated across the three dimensions of ageism as Palmore (1999) discussed positive age-based stereotypes (e.g., kindness and wisdom), attitudes (e.g., excitement of reaching the 'golden years' in lieu of death), and behaviours (e.g., overwhelmingly applauding an older person's talents). Across these two early conceptualizations of "positive ageism" lies the assumption that 'positive' forms of ageism have good intentions and are harmless to older persons. While the connotation of these thoughts, feelings, and actions are positive, its implication brings into question if positive ageism is really 'positive.'

To understand this implication, ‘positive’ ageism is often represented through the stereotype content model, which is a social psychological theory that assesses generalizations towards others (e.g., older adults) based on two aspects: warmth and competence (Cuddy et al., 2008). In combination, these aspects represent how social groups can be ‘positively’ stereotyped in one dimension but negatively in the other. Older adults, as a social group, is one example of a categorization that is perceived as ‘warm’ and ‘incompetent’ by other individuals (Cuddy et al., 2008). This positive and negative stereotyped combination contributes to generalized feelings of pity towards older individuals that leads differential and paternalistic treatment. An example of this expression of ageism includes overzealous ‘helping’ behaviours that neglect an older person’s autonomy (Cuddy et al., 2008; Vervaecke & Meisner, 2021). The embodiment of these age stereotypes negatively contributes to an older person’s health and wellbeing through the development of learned helplessness (Meisner & Levy, 2016; Olson, 2013). As such, so-called ‘positive’ forms of ageism can have substantial negative implications.

The Global Report on Ageism (WHO, 2021) provides an updated definition and aims to synthesize the existing knowledge on ageism and suggest avenues for future research. This report was developed in conjunction with a bevy of review articles (Chang et al., 2020; de la Fuente-Núñez et al., 2021; Marques et al., 2020) that discussed the global determinants and implications of ageism. Further, there are many studies that aim to understand the various nuances of ageism such as through reviewing scales and interventions (Ayalon et al., 2019; Burnes et al., 2019). These reviews aim to contextualize and quantify ageism across various situations; however, one common thread is apparent — the focus on negative or hostile ageism as the de-facto expression and experience of ageism.

While research on negative ageism is important, it is evident that 'positive' ageism also has negative implications on the experiences of older individuals (Cuddy et al., 2008). This is further magnified with the influence of COVID-19, increasing the prevalence of positive ageism on a global scale, with little work being done to examine its implications (Swift et al., 2021; Vervaecke & Meisner, 2021). Additionally, there is a need to understand how ageism intersects with other forms of oppression (WHO, 2021), which reflects a common critique in gerontology regarding a need for more critical perspectives (Meisner, 2022; Phoenix, 2018). Synthesizing the current knowledge on 'positive' ageism addresses these gaps and aids in the generation of more critical perspectives.

Research Aims

The aim of this study is to conduct a critical systematized review to synthesize the current knowledge on positive ageism and all its derivatives. As outlined in the recent Global Report on Ageism (WHO, 2021), there is a need for a greater understanding of the dimensions and manifestations of ageism. This study has three primary objectives: a) to locate and systematically describe research on 'positive' ageism, its representations, and definitions; b) to explore what outcomes does 'positive' ageism predict; and c) to evaluate how current research on 'positive' ageism includes intersectional perspectives.

Chapter Summary

Chapter 1 introduced the concept of ageism more broadly and its connection with 'positive' ageism. A distinction between the more commonly understood hostile forms of ageism and its 'positive' counterpart was made to highlight the need for a greater understanding of 'positive' ageism to address research gaps. Further, the importance of intersectional research in

de-homogenizing older persons was described. To fully understand ageism and its ‘positive’ hue, a detailed discussion of these ideas is presented in Chapter 2.

Chapter 2: Literature Review

Chapter Introduction

Chapter 2 situates this thesis within the context of aging. From there, a general review of the literature regarding ageism to provide a general background for this research. It begins by discussing ageism and its various definitions across time with a focus on the recent presentation of ageism by the World Health Organization (WHO). Then, nuances of ageism are detailed by describing so-called 'positive' ageism in relation to the more common negative interpretation of ageism. Gaps in the literature are identified and the rationale for this study is provided.

Older People and Aging Over Time

Over historical time, technological, social, and cultural developments have influenced the construction of older age. This chapter subsection aims to highlight moments that describe the construction of later life and treatment of older persons.

Reverence for Older Persons

Prior to the period of the European Renaissance between the 14th and 16th centuries, histories, cultures, and practices of societies were held by older persons in the community (Nelson, 2005). This generally resulted in 'gerocratic' societies where older men maintained positions of power (Learner, 1986). In early colonial society, religious institutions mandated a moral code for respecting older persons through their governing body being referred to as "The Board of Elders" (Palmore, 1999). This notion of reverence for older persons transcended religious spaces and into other institutions such as in agriculture, and the trades (Learner, 1986; Palmore, 1999). For instance, older persons' control of the land granted them power on

development and crops (Palmore, 1999). Further, their perceived greater experience and skills afforded them more power and a societal duty to instruct younger persons (Palmore, 1999).

The 'Usefulness' of Older Persons

During the Renaissance period, there was significant technological advances that influenced the Western conception of aging and older persons. For example, the development of the printing press allowed for knowledge to be preserved and replicated across time, which diminished the perceived 'usefulness' of older persons as community historians (Nelson, 2005). Within North America, this cultural aging shift occurred later, coinciding with widespread European colonization (1492-1763) and the delayed arrival of the printing press during the mid-17th century. As such, the printing press served as a disruptive development in altering the societal construction of older persons.

Also, within the Western worldview, another significant historical influence on how older adults are viewed in society stems from the Industrial Revolution. This time brought upon the use of new power sources to drive development in production and manufacturing modalities, which harnessed using coal in newly developed steam engines that later complemented the advent of electricity, internal combustion engines, and petroleum (Stearns, 2020). With this new change toward production, there were coinciding alterations in occupational structures that called for increased levels of human specialization and technological coordination that was not yet seen in pre-industrial agricultural societies (Stearns, 2020).

The nature of industrial work shifted to long, strenuous, manual labour. Working conditions were harsh whereby Stearns (2020) describes how, "safety conditions were dreadful; textile factories were dusty, chemical workers filled with noxious fumes. Hours of work were long, ranging up to fourteen a day." (p. 129). Having the ability to adapt to these changes was

seen as an asset relative to temporality and experience (Nelson, 2005). Given these conditions, the working lifespan of an individual maintaining optimal levels of health and performance was diminished; thus, favouring younger workers and bodies to replace older ones (Nelson, 2005).

Society at large during this time began to associate older persons with negative traits that deemed them as 'unproductive' members of society (Nelson, 2005). A historical study that examined the salience of age-related words (i.e., age stereotypes) across time found that negative views on aging in society have increased since 1880 (Ng et al., 2011), which corresponds to the forced retirement of older workers during the time of the Industrial Revolution. Industrialization not only impacted how and if individuals worked, but it also affected physical social environments by favouring the rapid development of dense communities and subsequently cities (Stearns, 2020). As a result, the family unit necessitated a high degree of flexibility to relocate efficiently for new employment opportunities (Nelson, 2005) that resulted in a change in traditional extended family structures (i.e., living with grandparents) in lieu of the immediate nuclear family (i.e., without grandparents). This allowed young adults to move and reduced the perceived 'burden' of older persons on the family. These views on aging and older adults, as useless and burdensome, fueled fears about the aging process that would continue in the future.

Following the Industrial Revolution came a period that saw the growth of large-scale capitalism within North American societies. This was also a time where the long-term implications of the Industrial Revolution began to unfold. Life expectancy was increasing and the physiological consequences of labour-intensive industrial work were impacting working bodies over time and, as a result, many older persons had to rely on family support and resources during retirement (Nelson, 2005; Palmore, 1999) and, if that was not possible, older family

members were relegated to “poor” houses (Palmore, 1999) where the care of their bodies, not their labour, was monetized.

A contributing factor to this institutionalization of older people was the dominant political ideology of Lockean liberalism within the United States and, to a lesser degree, Canada at that time (Binstock, 2010). This political view focuses on laissez-faire economic policy, small government, and protecting individual and corporate wealth (Binstock, 2010). Funding for social programs were not part of governmental policy at this time because the collection of income taxes went against the political and societal appetite for maximizing capital. Regardless, ageism was deployed as a rationale to favour the speed, production maximum, and vitality of younger workers to meet the growing economic demands of the free market (Binstock, 2010; Palmore, 1999).

Shifts in Perceptions of Older Persons

The denouement of this political thinking came a couple decades later following the Great Depression where the public’s trust in the market and economy dissipated. Roosevelt’s New Deal, and similar policies in Canada by R. B. Bennet, established a bipartisan political shift in favour of the collective over individuals (Binstock, 2010). During this time, the inception of ‘compassionate ageism’ was observed where negative stereotypes were still prevalent but now older persons are viewed as a population that must be protected (Binstock, 1985; 2010). Early science on aging was analogous to the narrative of protecting against the clinical ‘inevitabilities’ of old age (e.g., cognitive decline) through studying lifespan extending modalities (McCay et al., 1935; Palmore, 1999; Zainabadi, 2018).

One of the first policies that came out in support of this new ‘compassionate’ welfare state is the Old Age Pension Act of 1927 in Canada whereby low-income older persons were

provided $240 (not adjusted for inflation) per year (History Museum, 2023). However, being a colonized country, pensions excluded older Indigenous persons who were legislatively segregated via the Indian Act of 1876 (History Museum, 2023). The implication of this policy was that older persons were constructed as poor or incapable or incompetent of acquiring capital due to old age and was then deemed as a group that needed to be protected. This was slightly different from the approach taken in the United States with the creation of Social Security in 1935. It specifically targeted all older persons as a demographic that must be insured against the issues that come in later life (Binstock, 2010). With this policy, the government homogenized older people as a monolithic group destined to be poor, frail, and in need of being taken care of (Binstock, 2010). This period of 'compassionate' ageism would last until the late 1970s (Binstock, 2010).

The 1980s saw an ideological swing back to the pre-compassionate era. Traditional liberalism arose and was rebranded under an ideological concept known as neoliberalism which valued laissez-faire capitalism, anti-big government, and individuals over a collective (Ayo, 2012; Binstock, 2010). There was some development in health promotion with the release of the Lalonde Report (1981) and the Ottawa Charter for Health Promotion (WHO, 1986), which were globally recognized documents outlining social ecological approaches to health. The governments of Ronald Reagan (United States), Brian Mulroney (Canada), and Margaret Thatcher (United Kingdom), slowed progress in health promotion in lieu of population health starting the late 1980s to 1990s. Contrasting to the earlier focus on social welfare, population health focused its language on quantitative outcomes (i.e., variables, outcomes, exposures) and 'evidence-based decisions' (Labonte, 1997). As such, neoliberal economic policies, combined with epidemiological data, were used to inform healthcare priorities and decisions.

During this time, ‘compassionate’ stereotypes of older persons remained with an additional view that older persons are becoming greedy (Achenbaum, 2015; Binstock, 2010). Among scholars at the time, there were increasing concerns about the costs of these social support programs and policies with older persons “greying” the budget (Hudson, 1978). These concerns were brought to the public’s attention via the media which framed it, again, as the elderly burden (Binstock, 2010). Throughout this era, older persons were constructed as a significant determinant for various political and economic issues which was where intergenerational tensions began to arise in society (Binstock, 2010). For instance, the United States Secretary of Commerce in the 1980s advocated for the reduction in social spending for older persons based on their economic analysis to ensure the U.S. reignites its ‘first-class’ position on the world stage (Binstock, 2010). Towards the end of the 20th century, these concerns were magnified given the ‘baby boom’ generation was progressing toward older ages. There was increased political tension against this aging group in fear of them decimating the economic prosperity of younger groups (Binstock, 2010). Implications from this era, such as the intergenerational tension and the discourse surrounding it, have lasted to contemporary times.

This section provided abridged highlights of the sociopolitical context of ageism. It was evident that both negative and ‘positive’ forms of ageism shifted based on historical, economic, and political environments. The context provided here allows for a more nuanced understanding of the development of current aging and ageism outlined in the subsequent sections.

Current Aging and Ageism

Population aging is a global occurrence, current projections of the global older population are set to double over the next 30 years (WHO, 2022). Canada is not an outlier to this trend. As of 2019, there was a population of 6,600,010 older adults 65 years or older compared to

7,329,910 older adults in 2022 (Statistics Canada, 2021a). Further, it has been established that the 85 years and older age group is the fastest growing age demographic, with a 12% increase from 2016 to 2021 alone (Statistics Canada, 2021b). Similar trends are apparent in the United States with a 1,000% growth in the population of older persons (65+ years) since 1920 (Caplan, 2023). Currently 1 in 6 Americans are classified as older adults and this number is projected to increase to 1 in 5 by 2040 (Caplan, 2023; Urban Institute, 2023).

Given these age demographic trends, it is important to understand the experiences of older persons in society. One such example is age discrimination, otherwise known as ageism, which describes the differential treatment of someone based on their actual or perceived chronological age. Despite the population aging trends, ageism is often overlooked within mainstream and scientific discourses as a major form of oppression (Carey et al., 2017). Ageism is sometimes grouped with other intersections of oppression, such as sexism or racism, however, ageism is unique in the sense that it is experienced by everyone (Cruikshank, 2009). The effects of ageism are prevalent across the globe, increasing in tandem with population aging, yielding differential implications on marginalized groups.

To understand these effects, it is important to describe the current conceptualization of ageism. The World Health Organization's (WHO, 2021) current definition of ageism describes the main features as: 1) three-dimensional (i.e., thoughts, feelings, and behaviour); 2) manifesting within institutions, interpersonally, and within the self; and 3) expressed explicitly through conscious choice or implicitly by operating below the level of awareness. The WHO's (2021) recent definition demonstrates the complexity and nuances of ageism, so that it may be applied across various contexts. Each of these three main features of ageism are described below.

Dimensions and Manifestations of Ageism

The Global Report on Ageism (WHO, 2021) describes the dimensions of ageism, which are the ways individuals can experience and exhibit age discrimination. The dimensions are demonstrated in one's cognition (i.e., how people think), attitudes (i.e., how people feel), and behaviours (i.e., how people act). An example of the cognitive dimension is through age stereotypes, which are cognitive representations that operate on generalizations to define social groups in society (Rosenthal & Overstreet, 2016). In terms of ageism, age stereotypes provide a heuristic of one's expectations about aging, which includes physical, mental, and social abilities (WHO, 2021). Age stereotypes contribute to generalizations about older adults, neglecting the heterogeneity found within the older adult group (WHO, 2021). The attitude dimension of ageism refers to how people feel about aging as well as about people of certain age groups (WHO, 2021). Within this context, it describes the prejudice against or in favour of older individuals due to age and age stereotypes. For instance, younger people may experience a fear of aging, as they associate older adults with their own mortality where ageism serves as a defense mechanism (Martens et al., 2005). This dimension may then translate into the behavioural dimension of ageism through active avoidance or the unfair treatment of older individuals. Another instance of ageist behaviour is demonstrated by policy that discriminates against individuals based on their age (WHO, 2021). Age-based employment regulations are examples where a lack of anti-ageism policy allowed for the proliferation of age discrimination in the workplace as well as in hiring and firing (e.g., mandatory retirement) protocols (Suh, 2021).

These three dimensions (i.e., cognition, attitude, and behaviour) aid in the understanding of various manifestations of ageism, where each dimension may be expressed at different levels (i.e., institutional, interpersonal, and individual).

Institutional Ageism

Institutional ageism is defined as the "laws, rules, social norms, policies and practices of institutions that unfairly restrict opportunities and systematically disadvantage individuals on the basis of their age" (WHO, 2021, p. XV). This manifestation of ageism often goes unnoticed because of the normalized practices of institutions (WHO, 2021). This normalization was predicted by Robert Butler in 1969 whereby he described "'[a]gism is the great sleeper in American life,' he declared, noting that ageism permeated programs and resources meant to serve older Americans, such as Medicare, Social Security, and public housing, marginalizing older adults" (as cited in Achenbaum, 2015). Socio-politically, these observations were demonstrated throughout history with organizational policy in the post-industrial era to 'compassionate' programs targeted to protect older persons (Binstock, 2010). An example in healthcare is evidenced by a systematic review that found health workers were more likely to suspend life sustaining treatment for older patients compared to younger individuals, even after controlling for prognosis (Chang et al., 2020). This tendency may be due to health resource allocation policies that restrict opportunities for older adults. The idea of resource allocation remains prevalent within employment where there was a significantly higher likelihood of hiring a younger person over an older individual, due to a perceived longer 'useful' workspan. The result of this effect also yields older persons with less access to opportunities in the workplace (Chang et al., 2020). A tangible example of institutional ageism lies in Canadian immigration policy. Generally, immigration policy is influenced by the economic and labour needs of a country (Dolberg et al., 2018). Given the historical discussion on the economic 'usefulness' of older persons in later life and the bias towards younger individuals, it is apparent that ageism is implicitly embedded in this type of policy. Another form of migration is family reunification which facilitates the migration of "dependants" (p. 178), typically only spouses and children

(Dolberg et al., 2018). Of the total number of older immigrants to Canada, 80% of them are identified as Family Class (Kohen et al., 2010). In British Columbia, the sponsor then agrees to unconditionally support them for a period of 10 years (Kohen et al., 2010). This period is longer than any other group with only 3 years expected for spouses (Kohen et al., 2010). The implicit assumption is that older persons are not economically viable relative to the longer working span of a younger person's spouse. These broader, overarching manifestations of ageism have implications on lower social ecological levels.

Interpersonal Ageism

Institutional manifestations of ageism may also contribute to interpersonal ageism, which is present within social relationships and interactions between individuals (WHO, 2021). Interpersonal ageism is salient across countries, as demonstrated by a global survey of 83,034 participants which found that 56% of respondents held moderate or high ageist attitudes (Officer et al., 2020**)**. Ageist discourse within societies, communities, or organizations can influence the norms of their environments and thus individual behaviour. Historically, this ageist discourse was demonstrated through the "greedy geezer" movements and discourse on the "greying budget" during the late 20th century (Binstock, 2010). A more recent example was described with the discussion on family reunification. While at the institutional level, this policy has direct implications on shaping the day-to-day ageism experienced by older migrants. For instance, the significant financial burden imposed by the government can contribute to emotional and physical neglect of older migrants (Koehn et al., 2010). Other general examples of interpersonal ageism include disrespecting older adults and using a patronizing or simplified speech (i.e., elderspeak) when communicating with older adults (WHO, 2021). Within the Canadian context, it is also

seen as socially acceptable to use ageism as a form of humour within interpersonal communication (Dahlke et al., 2021).

Internalized Ageism

Ageism that manifests at the individual level is referred to as self-directed, which is ageism that is targeted towards oneself (WHO, 2021). This may be a result of societal conditioning, stereotypes, and a culture that normalizes ageist discourses to which then the individual applies to their own life. An example of self-directed ageism is when older individuals believe they cannot learn new skills, so they do not (WHO, 2021). A potential problem with this form of ageism is that these beliefs are internalized throughout the life course and may be embodied in later life (Levy, 2009). Socialized aging norms (e.g., old dog can't learn new tricks) during early life become ingrained into our expectations on aging, which then modifies an individual's behaviour to serve these ageist norms. Furthermore, it is important to acknowledge that these three manifestations of ageism do not progress linearly. Self-directed forms of ageism may influence one's behaviour when interacting with others, which may be eventually normalized into societal discourse whereby ageism is seen as the status quo. Now that the concept of ageism has been described, it is also important to understand how it affects individuals who possess differing social identities.

Ageism and Intersectionality

Ageism, akin to similar forms of oppression (e.g., racism, sexism, ableism, etc.), is not experienced independently. Individuals possess many social locations (e.g., race, gender, dis/ability, etc.) including chronological age that constitutes their lived experiences in society. Intersectionality helps to elucidate the interactions between age and other social locations. Coined by Kimberlé Crenshaw (1989), intersectionality aims to act as a prism in understanding

how people's experiences are shaped by the interactions/intersection of forms of dis/advantage. Its roots lie within Black feminist scholarship, such as Patricia Hill Collins (2019) describing its premisses:

> (1) race, class, gender, sexuality, nationality, ethnicity, ability, age, and similar markers of power are interdependent and mutually construct one another; (2) intersecting power relations produce complex, interdependent social inequalities; (3) the social location of individuals and groups within intersecting power relations shapes their experiences within and perspectives on the social world (p. 694)

Within the field of gerontology, there have been limited intersectional studies which primarily focus on the influence of age with gender or ability and even less work being conducted when considering race (Torres et al., 2020; WHO, 2021). An explanation for this trend coincides with the historical context of ageism scholarship. Robert Butler's (1969) initial conceptualization of ageism came during a period of social and political change. With the conclusion of the Civil Rights Movement and the beginning of the second wave of feminism (Rampton, 2015), ageism was often overlooked relative to more established research and social activism within those respective areas. The third wave of feminism, beginning in the 1990s, saw greater inclusion of women from varying racial, economic, and sexual orientations when intersectionality was initially conceptualised (Crenshaw, 1989; Rampton, 2015). Despite this, feminist scholars generally disregarded issues pertaining to older women, favouring the young and middle aged (Calasanti & Slevin, 2006). While there were advancements, the was still a lack in understanding the intersections of inequalities in later life (Calasanti & Slevin, 2006). It was not until the 2000s that more significant work was done to advocate for the experiences of older

women (Calasanti & Slevin, 2006). During this time, Calasanti and Slevin (2006) called upon researchers to cease generalizations that assume a younger, white, middle class, heterosexual woman. The advancement of scholarly work during this time, and leading to the present day, may explain why the intersection between age and gender has been studied more frequently within the smaller field of intersectional gerontology compared to other, or additional, social locations.

Examples of Intersectional Aging & Ageism

Plurality of Aging Perspectives. While older persons have been traditionally treated as a homogenous group (WHO, 2021), there has been increasing work in understanding the differences in aging and ageism among various cultural groups. For Korean American older persons Tae-Ock Kauh (1999) discusses how aging contributed to a loss of social status and value in their familial life. For instance, Wong et al., (2006) identified that older Korean and Chinese Americans felt a loss of authority as they transitioned into being peripheral members of their families. This new social identity for East Asian older persons may contribute to their perception of futility as they age (Chung et al., 2008). In the Canadian context, Devi et al., (2021) describe the experience of aging within the Indian Gujarati diaspora. In their study, they highlight 4 major themes: gendered constructions of ‘old’ age, coping with physical changes, experiences as an older migrant, and the ambivalent notion of home. The first theme highlights the different experiences of older men and women. Both view aging in terms of deficits: older men understand the aging process to be a loss of economic and social worth whereas women perceive a loss of physical usefulness (Devi et al., 2021). Further, participants in the study described increased pro-health behaviours (e.g., physical activity, improving diet) in coping with the changes ‘associated’ with aging. That said, there was a resistance towards ‘anti-aging’

products as there lies a preference to age naturally (Devi et al., 2021). Older Indian Gujrati individuals fear losing their independence and experience anxiety due to impending frailty. The last theme discussed their challenges in navigating racism as an immigrant to Canada. One of the participants recalled the racism they experienced resulting in them conforming to the 'Canadian' palate and being fearful of spices to avoid comments and further stigmatization (Devi et al., 2021). This experience resulted in her preference for 'Canadian' food during older age and subsequent loss of cultural identity (Devi et al., 2021)

Intersectional Ageism. Ageism can interact with other social locations. Therefore, it is important to acknowledge the interdependence of such intersecting social locations (i.e., ageism influences sexism but sexism also influences ageism). Further, these social locations can accumulate across the life course yielding differential effects of advantage and disadvantage in later life (Grenier & Phillipson, 2018). Examples of the intersections between ageism and other social locations are provided below.

Along the intersection of age and gender lies the concept of 'gendered ageism' aimed at understanding the experiences of ageism among individuals who identify as women (Edström, 2018; Thompson, 1994). A double jeopardy occurs in this situation through a synergistic combination of patriarchal and youth-favouring systems of oppression (WHO, 2021). This is demonstrated through media bias whereby older persons, and especially older women, become underrepresented (Edström, 2018). There are many more examples and studies that examine this effect across various contexts such as in the workplace, media, and academia (Granleese & Sayer, 2006; Jyrkinen, 2014; McMullin, 2013). When thinking about the lived experiences of older men, it was found that research has primarily focused on younger and middle-aged masculinities, even when considering life course perspectives (Thompson, 1994). The

implication lies in the assumption that older men as a monolithic group are devoid of diversity, which is far from the truth (Thompson, 1994).

Furthermore, the interaction between ableism and ageism are often connected due to the ageist conceptions of the inevitability of disability in older age (WHO, 2021). An explanation of this effect may be due to the advent of 'successful aging' (Rowe & Kahn, 1997), which was operationalized using three primary objectives for 'success' in later life: the absence of disease and disability; having high cognitive and physical capacity; and being actively engaged with life. This concept has since been critiqued numerous times citing implied ageism and ableism (Martinson & Berridge, 2015). Given the historical context at the time, as well as the popularity of population health and neoliberalism, successful aging was reduced to so-called standardized quantifiable outcomes (i.e., binary yes or no measures of 'success' or 'normal' aging) and assumed universal and attainable individualistic goals for aging and health. This contributes to the concept of 'compulsory youthfulness' which describes the social norm to "maintain the ideals of youthfulness in regard to ability, memory, health, appearance, activity, energy, sexuality, and social roles throughout the life course, including in later life" (Gibbons, 2016, p. 5).

Lastly, there is limited research that assesses the intersections between age and race (Torres, 2020). Many quantitative works have used race as a stratifying variable for analysis but have yielded inconclusive results of potential associations (Marques et al., 2020). Recent qualitative works for understanding the racialization of older racialized peoples have found instances of internal conflict when navigating anti-Black racism and ageism. For example, one subtheme discusses a conflict when the subject (i.e., an older Black woman) is being followed and is navigating the social context on whether there is a racist implication of theft or if they are

wanting to assist due to older age (Steward et al., 2023). Generally, older persons of colour felt ignored and/or othered due to another person's racialized ageist beliefs (Steward et al., 2023).

While there are instances of gerontological research examining the intersections of age and another social location, many of these studies solely focus on two single locations only. There has been increasing work being conducted that explores intersectionality based on multiple intersections (Steffensmeier et al., 2017; Taylor & Richards, 2019); however, there is still limited and scattered research that provides a holistic intersectional approach. Therefore, a synthesis of the current intersectional research and disclosure of future areas of research is greatly needed in gerontology, especially as it pertains to intersectional forms of oppression with ageism (WHO, 2021).

Ageism Variants

While the definition offered by the WHO (2021) nuances the complexity of ageism by clarifying its dimensions and manifestations, what was not explicitly described are the variants of ageism that contribute to the WHO's (2021) framework and its effects on people of different social identities and locations. Situated on polar ends of the ageism spectrum are negative and 'positive' variants of ageism. The Stereotype Content Model is a social psychological theory that helps in understanding the differences between these two variants. This theory assesses one's generalizations towards another social group based on two dimensions: warmth and competence (Cuddy et al., 2008). The warmth axis refers to the perception of an outgroup as trustworthy, kind, and sociability (Cuddy et al., 2008). Competence is associated with traits such as efficacy, creativity, intelligence, and creativity (Cuddy et al., 2008). This dual-axis compass represents how social groups can be positively and/or negatively stereotyped across both dimensions. Therefore, negative, and positive dimensions can be experienced concurrently.

Older persons are generally stereotyped as either: low warmth and low competence or high warmth and low competence. Older persons who are stereotyped as low warmth and low competence experience negative or hostile forms of ageism. Older persons who are viewed with high warmth and low competence usually elicit feelings of pity, care, and sympathy. Terms such as positive, compassionate, or benevolent ageism generally refer to this variant ageism. The subsequent section describes these two variants in greater depth.

Negative Ageism

The historical origins of negative ageism lies during the Industrial Revolution whereby the 'usefulness' of older persons were diminished in lieu of more productive younger workers. Older people were viewed negatively as a burden as their bodies were no longer physically competent in producing capital. As the Industrial Revolution passed and the 20th century began, research on ageism was primarily on this negative version of ageism. For instance, the 1960s were a decade that saw government investment in social programs for older persons (Achenbaum, 2015). One of which was affordable housing in Washington DC for older persons (Achenbaum, 2015). This was brought with significant resistance among homeowners around the area citing both age and race-based concerns (Achenbaum, 2015).

In response to this event, Dr. Robert Butler described the negative prejudice and discrimination pertaining to the age component of their 'concerns' to be "age-ism" (Achenbaum, 2015). He later described ageism as a "deep seated uneasiness on the part of the young and middle-aged–a personal revulsion to and distaste for growing old, disease, disability; and fear of powerlessness, 'uselessness,' and death" (Butler, 1969, p. 243). He equated the mechanism of ageism to be analogous to racism or sexism with respect to race or gender (Achenbaum, 2015). This definition served as a seminal point as it was the first operational definition of ageism that

would be accepted and developed throughout the following decades. The focus of research has then been to outline ageism within differing contexts with a focus on medicine, as Robert Butler was a physician (Gilbert et al., 1989; Greene et al., 1986; Settin, 1982). These studies have primarily focused on the interpersonal expressions of ageism within the context of healthcare provider-patient relationships.

Throughout time, critiques of this first definition emerged, describing it as ageist through its assumption of an objective old age rather than a social construction (Bytheway, 1995; Iversen et al., 2009). Further, it focuses on negative forms of ageism, which would not accurately capture the 'compassionate' instances of ageism demonstrated historically since the 1930s (Binstock, 2010; Iversen et al., 2009) as represented in the Stereotype Content Model (Cuddy et al., 2008). The critique of this definition mirrors the broader state of ageism research whereby there is a lack of parity in research output of 'positive' forms of ageism compared to negative forms (Chonody, 2015). In a systematic review describing the increasing negative impact of ageism on health globally, the definition described self-directed ageism as "culture-based negative age stereotypes and negative self-perceptions of aging on the health of older persons" (Chang et al., 2020, p. 2). The review described the malignant influence of ageism in significantly hindering positive health outcomes across five continents (Chang et al., 2020). However, the issue lies in the study by positioning itself as a review on ageism while only recognizing the negative variant of ageism. This is not an isolated phenomenon.

Another systematic review identified the key determinants of ageism (e.g., fear of death, aging anxiety, positive or negative contact) (Marques et al., 2020). While that study identified that positive representations of older persons reduces ageism, it does not explicitly capture the pseudo-positive variant of ageism. Instead, that review merely describes determinants in

reference to negative ageism. Further, the arguments of that study are focused on how positive representations of older people reduce ageism, which is, again, in reference to negative ageism (i.e., low warmth, low competence) as being viewed as kind may influence the warmth dimension. Contrastingly, the relevance of this finding is less clear in terms of pseudo-positive ageism (i.e., high warmth, low competence).

Lastly, a review describing the manifestations of ageism in the workplace described numerous challenges facing older persons in the hiring process, interpersonal communication, and work evaluation (Cebola et al., 2023). While the review recognized the influence of benevolent ageism, the studies retrieved from the greater body of literature mostly captured negative ageism (Cebola et al., 2023). These examples demonstrate the implications of negative ageism while establishing a line of evidence that demonstrates the disparity of ageism research in general and within systematic reviews. It is important to highlight these limitations especially when systematic reviews (Chang et al., 2020; Marques et al., 2020) form the basis of important documents such as the Global Report on Ageism (WHO, 2021).

Pseudo-Positive Ageism

As explained earlier, the dimensions and manifestations of ageism are not exclusively hostile or negative. However, there has been scattered research within the past 30 years that explores the other nuances of ageism, namely the so-called ‘positive’ variant. While there are various names for this type of ageism used (e.g., positive, compassionate, benevolent), across all of them exists a hue of so-called “positive” generalizations and application of age stereotypes, prejudice, and discrimination (Binstock, 1985; Fiske et al., 2002; Palmore, 1999). These ‘positive’ form of ageism does not fit under Robert Butler’s (1969) definition. As such, this section aims to highlight the historical conceptions of ‘positive’ ageism, scales, and implications.

Context. Based on the historical context of the 1930s to 1970s, Binstock (1985) coined a 'positive' ageism form called, 'compassionate ageism' to describe the societal concern for older persons which is expressed through public policy (i.e., social security). Similar to the WHO's (2021) modern conceptualization of ageism, Binstock (2010) described the cognitive (i.e., stereotypes) component of ageism through the attribution of characteristics towards a heterogenous group (i.e., "the aged") as poor, frail, and dependent. It is evident that these stereotypes are situated within the negative variant of ageism. The compassionate aspect lies in the attitudes (i.e., prejudice) whereby people view older persons as needing and deserving of help, which leads to behaviours in the form of policy (Binstock, 2010).

These historical instances of compassionate ageism were generally thought of positively (Binstock, 2010). This theme of positivity would continue into the 1990s with Palmore's (1999) definition of positive ageism as discrimination "in favour" of older persons (p. 4). In his book on ageism, Palmore (1999) presents ageism as a polar concept consisting of both negative and positive components. He describes the positive stereotyping of older persons as a harmless practice based on generalizations such as kindness and wisdom. An example of this is the idea that all older persons are inherently wise due to years of life experience. This specific instance of positive stereotyping is referred to as 'sageism' (Minchiello et al., 2000).

The attitudinal dimension of Palmore's (1999) positive ageism describes how individuals patronizingly applaud the efforts of older persons. An example of this is praise and loud applause for older persons playing a "rhythm band" at a senior centre (Palmore, 1999). This was one of the early acknowledgments of a pseudo-positive form of ageism through paternalistic behaviours. However, there lies a discrepancy in Palmore's previous assertions that positive ageism is not harmful. Lastly, Palmore (1999) describes instances of positive discrimination

within historical policies aimed at benefiting older persons akin to Binstock (1985). Again, across these two conceptualizations lies the assertion that positive ageism has no negative implications for older persons. However, this notion would pass during the beginning of the 21st century with a more nuanced understanding of so-called 'positive' ageism. The Stereotype Content Model (Cuddy et al., 2008) clarifies these differing ideas by suggesting that older persons can be stereotyped positively (i.e., high warmth) and negatively (i.e., low competence) concurrently, which contribute to the paternalistic 'helping' behaviours that Binstock (2010) and Palmore (1999) described.

Scales. While research has been advancing in defining and nuancing 'positive' forms of ageism, there has also been work in quantifying it. Prior to the initial definition of ageism by Robert Butler (1969), Kogan (1961) developed the Attitudes Towards Old People Scale that assesses positive and negative prejudice towards older persons. The 'positive' component includes stereotypes of older persons (e.g., "people grow wiser with the coming of old age") that was answered on a 6-point Likert scale (1 = Strongly Disagree, 6 = Strongly Agree). Later, to complement his seminal book on positive ageism, Palmore (1999) developed the Facts on Aging Quiz, which assesses positive and negative attitudinal age bias. The Quiz lists several assertions about aging (e.g., "the aged are the most law abiding of all adult groups according to official statistics) to which participants answer as true or false.

Cherry and Palmore (2008) then created a new scale called the Relating to Older People Evaluation (ROPE) that assesses positive (6 questions) and negative (14 questions) ageist behaviours (e.g., "hold doors open for old people because of their age"). Unlike the previous scales, this one includes questions that are updated to reflect the stereotype content approach to 'positive' ageism via probing for ageist helping behaviours. In 2011, the Ageism Attitude Scale

was developed, which consists of a 5-point Likert scale assessing positive and negative ageism (Vefikuluçay, Yilmaz, & Terzioglu, 2011). Many of the questions assessing positive ageism are relevant to its original conception regarding positive stereotypes (e.g., "elderly people are more compassionate") with one of the questions addressing paternalistic stereotypes and behaviours from the Stereotype Content Model (i.e., "preference should be given to the elderly in places where waiting in line is required") (Vefikuluçay Yilmaz & Terzioglu, 2011). The Adolescents' Ageism Toward Older Adults Scale (Marchetti et al., 2022) is similar whereby the positive ageism component stays within the attitude dimension (e.g., "they are wise"). Further, the Workplace Intergenerational Climate Scale (King & Bryant, 2017) features a question that alludes to the low competence component of the Stereotype Content Model (i.e., "my co-workers make older workers feel they should retire"). Lastly, the Ambivalent Ageism Scale (Cary et al., 2017) is the only one that has a benevolent subscale that highlights the interaction between stereotypes and behaviours (e.g., "even if they do not ask for help, old people should be helped with their groceries"). It is measured using a 7-point rating scale (1 = Strongly Disagree, 7 = Strongly Agree) (Cary et al., 2017). Based on these scales, it is evident that there are conflicting interpretations of 'positive' ageism as there is a dearth of research that provides a critical synthesis of perspectives on this area of study.

Implications

Now that there is an understanding of what positive ageism is, where it came from, and how it is measured, it is crucial to discuss why it is an important topic to research. This importance is exemplified through a deeper analysis of the negative and positive ageism research. Based on the Stereotype Content Model, older persons are commonly grouped in the low competence and low warmth, or low competence and high warmth quadrants. The former

elicits feelings of contempt, which is where negative or hostile forms of ageism reside (Fiske et al., 2002). Older adults are therefore assumed to be a drain on public resources and the target of negative prejudice and discrimination (North & Fiske, 2012). Historically, this viewpoint was demonstrated during the pre-compassionate ageism era and the rise of neoliberalism during the 1970s.

In research, negative ageism has been studied more extensively (Chonody, 2016). Contrastingly, the stereotype quadrant of high warmth and low componence elicits feelings of pity towards others (Cuddy et al., 2008). Older persons are one example of this categorization where the positive and negative stereotyped combination (i.e., warmth and incompetence) contributes to paternalistic beliefs, attitudes, and acts towards older individuals. The development of this model saw an epistemic shift in the understanding of 'positive' ageism as the warm component of this model serves as a ground for the development of positive stereotypes. However, this model also notes that, while the intention of these acts may be considered 'good,' positive ageism, when patronizing, nonetheless yields negative implications on the lives and well-being of older people through the reduction of their agency and autonomy (Tuckett, 2006).

Critical perspectives on 'positive' ageism demonstrate the subtle and pervasive nature of this variant of ageism, which can lead to harmful consequences on older individuals. Evidence of this assertion is prevalent in the interpersonal domain, through the manifestation of overzealous "helping" behaviours that undermines an older adult's own conscious decisions (Cary et al., 2017). One such example was demonstrated during COVID-19 with the "caremongering" movement that aimed to assist and support older adults during lockdowns regardless of whether the 'help' was needed or wanted (Vervaecke & Meisner, 2021). It is important to note that the

reduction of an older person's autonomy is not an isolated event. For example, the paternalistic messaging pertaining to age due to COVID-19, in conjunction with the existing societal perceptions of older people contributes to a culture where these stereotypes can be embodied. Internalization of the stereotype of high warmth but low competence can contribute to older individuals exhibiting helpless behaviour–assuming that one cannot perform a task based on ageist ideas. Therefore, demonstrating how various acute instances of ageism can have lasting implications on current and future older persons.

Fundamentally, the current limitations of 'positive' ageism research (i.e., disparity with negative ageism; limited intersectional perspectives; varying terms, definitions, and interpretations) lie within the current scattered nature of this area of study. For instance, some researchers may only cite various derivatives of 'positive' ageism, which may explain why some studies treated this ageism variant as a universal good (e.g., Ayoğlu et al., 2014; Özdemir & Bilgili, 2016). As such, a synthesis of the current evidence on what 'positive' ageism is, and its associated outcomes, addresses these issues by providing a single and clear starting point for future work in the field.

Chapter Summary

The historical context of the treatment of older people was provided to situate this study within the pivotal moments of ageism research. This was accomplished through providing context to aging and ageism. From there, an in-depth general overview of ageism and its intersections with other social identities and locations was provided to describe the common (mis)interpretations of ageism in research, policy, and practice. The focus on hostile or negative forms of ageism throughout time necessitates the need to understand 'positive' forms of ageism. This rationale was accomplished through describing a brief history of positive ageism, as well as

its evolving definition and its implications on older people. This study aims to provide a critical systematized review that synthesizes the contributions within the field of ‘positive’ ageism to provide a more cohesive and nuanced understanding on the topic. The methods used for this review to accomplish these aims are detailed in Chapter 3.

Chapter 3: Methods

Chapter Introduction

This chapter describes the methodology and methods that guided the thesis research. It begins with a presentation and justification for using a critical review, used in conjunction with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. The search strategy, eligibility criteria, data extraction, and synthesis are detailed.

Critical Review Methodology

A critical review methodology was used in conjunction with the rigorous standardized process of a systematized review. Critical reviews have two primary aims: to conduct extensive research of the literature and to interpret the identified evidence (Grant & Booth, 2009). A critical review extends a general review methodology through the generation of a model, norm, or hypothesis based on the findings (Grant & Booth, 2009). As such, this study addresses these components through systematically reviewing the literature on "positive" ageism, evaluating the use of intersectionality in the subject area, and developing a cohesive definition of "positive" ageism.

To ensure that this review maintains its rigour, the PRISMA statement was used as a guide of the study design and reporting, as this statement aims to ensure methods are informed by evidence-based research practices (Page et al., 2021). PRISMA is considered to be the gold standard in reporting systematic reviews and has been used across academic disciplines. The 2020 PRISMA statement outlines the necessary items that researchers and authors must include for reviews along with numerous examples of the method within published studies (Page et al., 2021). Using PRISMA was appropriate for this systematized review as it provides a rigorous, systematic approach to reviews that is strongly supported within gerontological research (Heyn

et al., 2019). The following subsections describe the necessary methods used for this study to conduct a PRISMA review.

Systematized Search Strategy

This critical systematized review employed an iterative search strategy to capture the published studies that focus on "positive" ageism and its derivatives. A literature search was performed in eight bibliographic databases, which included the following: Medline, CINAHL, Embase, PsycINFO, Sociological Abstracts, Web of Science, JSTOR, and Google Scholar. This range of databases allowed for the identification of published studies from a diverse array of academic disciplines. The searches conducted on Google Scholar included every page of results.

The overall search strategy involved a combination of precise terms that were selected in consultation with an experienced ageism research team. Search terms were used in combination with the "AND" Boolean operator (e.g., positive AND "age discrimination") to yield a greater breadth of potentially eligible articles. Thus, manual searches were completed using variations of the "positive" prefix (i.e., positive, compassionate, and benevolent) with the ageism suffixes (i.e., ageism, agism, "age discrimination," "aging discrimination," "ageing discrimination," and "ageist discrimination"). The separation of "positive" and "ageism" as independent categories allowed for the research team to search for the various forms of "positive" ageism (e.g., compassionate ageism, benevolent ageism) while recognizing other labels of "ageism." The search terms and strategy used for this review are summarized in Appendix A.

The terms 'benign' and 'ambivalent' were omitted as terms representing ageism from the search strategy after discussion. Buter (1980) described "benign ageism" as an anxiety or fear towards aging, which is more closely related to negative ageism than "positive" ageism. The omittance of the expression "ambivalent ageism" was due to the mixed nature and uncertainty of

the term as studies have considered both benevolent and hostile ageism in its definition (Cary et al., 2017). As such, the inclusion of search terms representing "benevolent" ageism included ambivalent ageism studies, of which benevolent ageism is a primary factor. Searches were conducted based on the title and abstracts of the studies in the bibliographic databases. Final searches were completed in February 2023.

Study Eligibility Criteria

The eligibility criteria for study inclusion in the review were kept broad to ensure a wide range of studies on "positive" ageism were captured across many academic disciplines (see Appendix A). To be included in this review, studies had to: be peer-reviewed, use a direct and causal research design, be focused on "positive" ageism as an exposure or independent variable. The focus on causal research designs (i.e., experiments) was selected for this review as this research approach represents measurable cause-and-effect outcomes of "positive" ageism. As a result, non-causal research, including, but not limited to, commentaries, dissertations, and editorials were not eligible for this review. Other factors, such as participant chronological age and date of study publication, were not included in the eligibility criteria, which allows this review to understand the impacts of "positive" ageism across the lifespan and history. Further, studies published in all languages were included through the use of Google Translate to bolster the rigour of this review by capturing research published in languages other than English.

Data Collection and Screening

The articles were initially entered into a reference management platform (i.e., Zotero) to combine all bibliographic database results into one platform**.** A single database (i.e., a RIS file) was generated that was then uploaded onto a systematic review management software (i.e., Covidence) to facilitate the screening process. Duplicate publications were removed through

three methods: through the database website file complier, using the automation functionality of the systematic review management software and by the manual screening of two independent researchers.

Titles and abstracts were screened based on eligibility criteria as detailed above. This process was undertaken independently by two researchers whereby they voted (i.e., yes, no, or maybe) on potential inclusion for each study. When there was a clarity issue with the abstracts (e.g., relevant scales used, behavioural component of ageism was not clearly specified), then these studies were voted on as 'maybe' and proceeded to full-text review. Discrepancies between reviewers were resolved through discussion and consensus among the research team. Finally, studies were then independently screened for eligibility criteria based on their full text (i.e., voting yes, no, or maybe) before a collaborative discussion session to review the eligible studies and resolve conflicts. Completion of the full-text review yielded the final population of publications that were included for data extraction.

Data Extraction

Following data screening, a data extraction form developed by the primary researcher in consultation with the research team based on the Cochrane standardized guidelines (Li et al., 2019) and in terms of the specific objectives of the review. The data extraction form included entries pertaining to general information about the study (i.e., review identification number, author name(s), journal of publication), study characteristics (i.e., aims, interventions, study design, variables), population characteristics, tabulation of findings (i.e., outcomes, exposures, time points, population number, scale validation, statistical results), operationalization of "positive" ageism and health, and PROGRESS-Plus tool to assess intersectionality.

The PROGRESS-Plus tool is an acronym which describes the social stratification and oppression experienced by individuals or populations in studies (i.e., place of residence, race/ethnicity/culture, occupation, gender/sex, religion, education, socioeconomic status, and social capital) (O'Neil et al., 2014). The "Plus" component discusses individual level social disadvantages which includes, but is not limited to, age and disability (O'Neil et al., 2014). The PROGRESS-Plus tool was used to examine intersectional approaches within the extant research as it is the only tool that takes into consideration intersecting identity or contextual experiences that has been used in other systematic reviews on aging-related subject areas (e.g., Attwood et al., 2016; Lehne & Bolte 2017; Madani et al., 2022;).

The data extraction form was uploaded on to the systematic review management software (i.e., Covidence), which facilitated the collaborative data extraction process. Data extraction was completed independently by two researchers who then meticulously compared the extracted data to ensure validity and reliability of the findings. Inter-rater reliability was determined and compared to the conventional recommendation of >80% (McHugh, 2012). The completed data extraction form was then downloaded from the software to create a spreadsheet that consisted of the consensus extraction results.

Data Synthesis

The synthesis method used for this review was narrative, which is an appropriate analytical approach for studies with a critical review methodology (Grant & Booth, 2009). Narrative synthesis is a textual approach to analyze the similarities and differences among eligible studies. A meta-analysis was not performed for this review because the measures and outcomes of the included studies were diverse (e.g., varying contexts, disciplines, and interventions). As such, combining these outcomes is not appropriate (Cochrane, 2023).

Based on the Cochrane (2013) framework, the narrative synthesis process consisted of four steps: organizing the initial data extraction of the included studies, exploring data within and across studies, assessing the quality of studies, and developing a model, norm, or hypothesis (Grant & Booth, 2009). The first step was completed through tabulating the results from the data extraction tool and providing summaries for the included studies. Tabulation of the results allowed for the identification of patterns across studies so that summaries were grouped in separate tables using conceptual mapping. The methodological quality of the studies was assessed in terms of the peer-reviewed eligibility criteria as a publication in a refereed academic journal necessitates a level of research rigour, which is sufficient for this review (Grant & Booth, 2009). These steps, overall, resulted in the development of a "positive" ageism model based on the definitions and results from the eligible studies.

Chapter Summary

A critical review was chosen as it encapsulated the aims of this research through providing extensive research of the literature and an interpretation of it. Combining this method with the PRISMA statement ensured a rigorous procedure throughout conducting and reporting this study. A search was performed in eight bibliographic databases to identify primary studies on "positive" ageism that use a causal research design. The inclusion of intersectional analyses was assessed using the PROGRESS-Plus framework. The results from the data extraction and synthesis are presented in Chapter 4.

Chapter 4: Results

Chapter Introduction

This chapter presents the results of this thesis. First, the search results are described that synthesize the studies eligible for this review. Then, the results are presented to reflect the three research aims of this thesis. Tables and figures are provided to organize important aspects of the results.

Search Results

The literature search yielded a total of 2,216 studies (Figure 1; Table 1) where 852 duplicates were removed (n=45 duplicates removed manually, and n=1,130 through the Covidence algorithm, n=276 identified by the database websites). The remaining 765 studies underwent title and abstract eligibility criteria screening that resulted in the inclusion of 33 studies and the exclusion of 732 studies (n=600 non-primary research, n=132 non-causal research). The screening process yielded an 87.4% agreement rate between the two independent researchers. These 33 studies subsequently underwent full-text screening and 28 were excluded due to not meeting the inclusion criteria after further inspection for details missing in the titles and abstracts (n = 7 longitudinal studies, n=7 positive ageism was an outcome variable and not an intervention, n=3 used other non-experimental research design, n=9 content was not about positive ageism, n=2 content lacked a connection between thoughts to behaviour). Between the two independent researchers, there was an 88.4% agreement rate for the full-text review. In total, 5 studies were included in this review.

Figure 1.

PRISMA Flow Chart

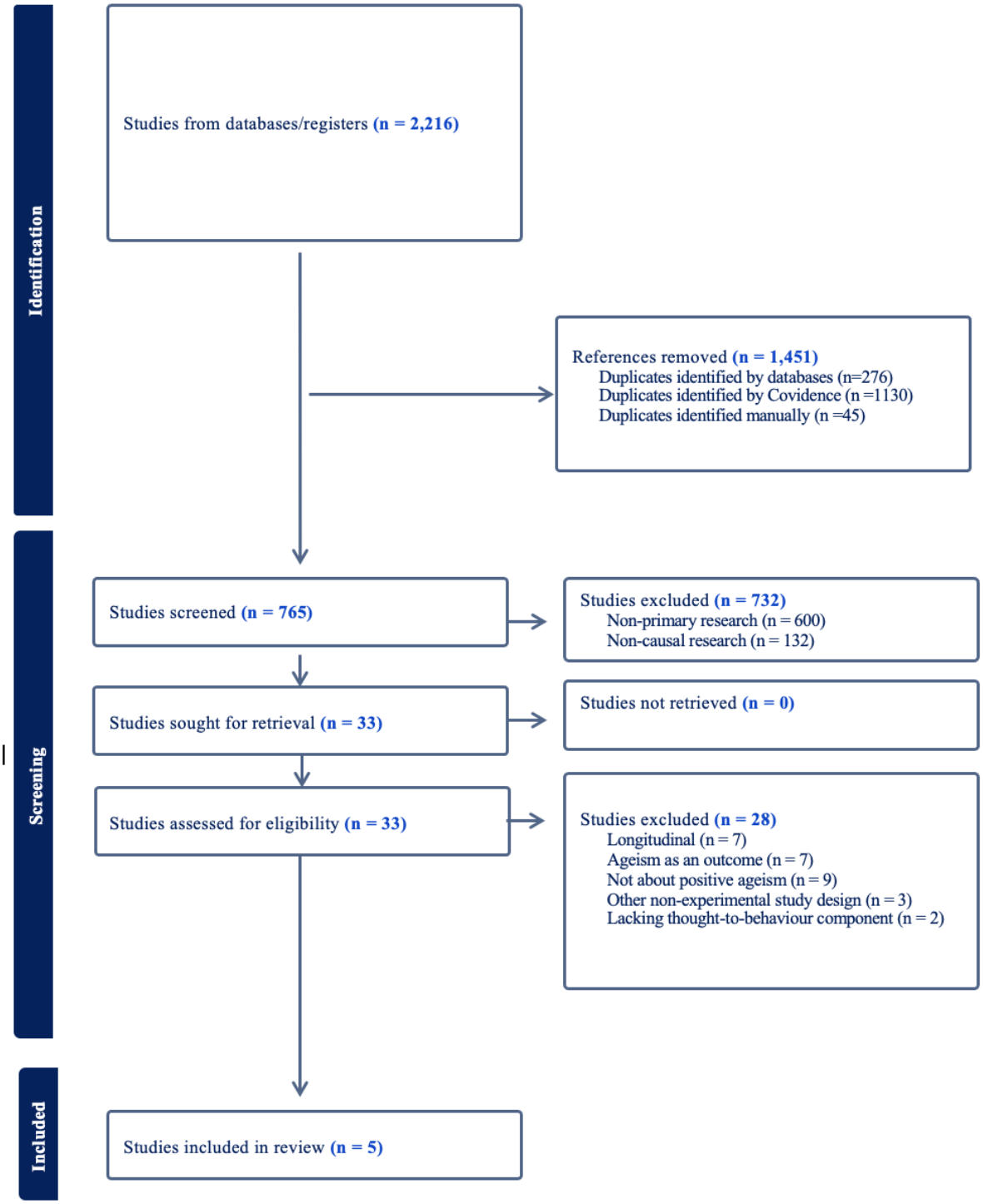


Table 1.

Search Output

Search Terms	Medline	CINAHL	EMBASE	PsycINFO	Soc Abs	Web of Sci	JSTOR	Google	Total
positive AND ageism	218	229	282	286	159	301	13	30	1,518
compassionate AND ageism	7	8	10	11	10	12	2	6	66
benevolent AND ageism	18	12	15	21	11	30	0	7	114
positive AND agism	4	229	3	5	3	5	0	0	249
compassionate AND agism	0	3	0	0	1	0	0	0	4
benevolent AND agism	0	8	0	1	0	0	0	0	9
positive AND "age discrimination"	40	23	42	48	28	65	0	0	246
compassionate AND "age discrimination"	1	0	1	0	0	1	0	0	3
benevolent AND "age discrimination"	0	0	0	0	0	2	0	0	2
positive AND "aging discrimination"	1	0	1	1	0	1	0	0	4
compassionate AND "aging discrimination"	0	0	0	0	0	0	0	0	0
benevolent AND "aging discrimination"	0	0	0	0	0	0	0	0	0
positive AND "ageing discrimination"	0	0	0	0	0	0	0	0	0
compassionate AND "ageing discrimination"	0	0	0	0	0	0	0	0	0
benevolent AND "ageing discrimination"	0	0	0	0	0	0	0	0	0
positive AND "ageist discrimination"	0	0	0	1	0	0	0	0	1
compassionate AND "ageist discrimination"	0	0	0	0	0	0	0	0	0
benevolent AND "ageist discrimination"	0	0	0	0	0	0	0	0	0
positive AND "agist discrimination"	0	0	0	0	0	0	0	0	0
compassionate AND "agist discrimination"	0	0	0	0	0	0	0	0	0
benevolent AND "agist discrimination"	0	0	0	0	0	0	0	0	0
Total	289	512	354	374	212	417	15	43	2,216

Study Research Designs

Based on the inclusion criteria for this review, the included studies all featured an experimental research design. All studies (n=5) used randomization participant allocation to experimental groups in the study design. Of these studies, some had a randomized experimental design with control groups (n=1), while others did not have a control group (n=4).

Study Participants

Table 2 summarizes the 5 studies, which includes relevant participant demographics. Study sizes ranged from 40 to 838 participants. Studies included participant samples of university/college students (n=5) and non-student community-dwelling individuals across the lifespan (n=2). The lowest reported participant chronological age was 7 years, and the greatest was 91 years.

All included studies were conducted in Western countries with most (n=3), perhaps more (n=4), of them in the United States (one study did not report the location of recruitment but the authors' affiliation was in the United States) and (n=1) in Belgium (based on author affiliation).

Table 2.

Study Design and Descriptive Summary

Author	Study Design	Start Date	End Date	Sample Size	Gender	Ages	Location
Chasteen et al. 2021	Randomized multi group pre, post study (no-control)	N/A	N/A	n=838	n=265 (72.8% female) n=338 (63.6% female) n=235 (67.7% female)	n=265 (18-34) n=338 (39-55) n=235 (60-91)	Furman Univeristy (USA) Internet (Amazon Mechanical Turk)
Chu et al. 2018	Randomized "controlled" study but not an RCT (no-control)	N/A	N/A	Study 1 n=563 Study 2 n=509	Study 1 n=563 (43.3% Female) Study 2 n=509 (N/A)	Study 1 n=563 (18-72) Study 2 n=509 (18-71)	American Univeristies (USA) Internet (Amazon Mechanical Turk)
Silvestre et al. 2017	Randomized controlled study but not RCT	N/A	N/A	Study 1 n=68 Study 2 n=40 Study 3 n=132	Study 1 n=68 (52.9% Female) Study 2 n=40 (50% Female) Study 3 n=132 (50% Female)	Study 1 n=68 (mean age = 20.90) Study 2 n=40 (mean age = 22.05) Study 3 n=132 (mean age = 22.53)	Belgium
Sublett et al. 2022	Randomized pre, post study (no-control)	N/A	N/A	n=698	70% Female	18-26	USA
Vale et al. 2020	Randomized pre, post study (no-control)	N/A	N/A	n=734	65% Female	18-42	USA

Definitions of 'Positive' Ageism

There was some degree of variability in the definitions of 'positive' ageism presented within the studies, which are presented in Table 3. Many of the studies (n=4) described 'positive' ageism using the term "benevolent ageism" (Chasteen et al., 2021; Chu et al., 2018; Sublett et al., 2022; Vale et al., 2020). All the studies (n=5) featured Fiske and colleagues (2002) as the conceptual model on this topic area, which describes the Stereotype Content Model and, in particular, the paternalism stereotype applied to older persons. For example, one of the studies in this review included the following:

> Ageism toward older adults is grounded in stereotypes that suggest that older adults are warmer but less competent (Cuddy & Fiske, 2002; Fiske et al., 2002), and cognitively and physically less able than young or middle-aged adults (Kite et al., 2005; Löckenhoff et al., 2009). The result

Table 3.

Definitions of 'Positive' Ageism

Author	How did they describe positive ageism	Defintion	Citation	Scales
Chasteen et al. 2021	Benevolent Ageism	"Ageism toward older adults is grounded in stereotypes that suggest that older adults are warmer but less competent (Cuddy & Fiske, 2002; Fiske et al., 2002), and cognitively and physically less able than young or middle-aged adults (Kite et al., 2005; Löckenhoff et al., 2009). The result is that ageism toward older adults is often benevo- lent or paternalistic in nature (Cuddy & Fiske, 2002)" "Benevolent ageism is grounded in assumptions of incompetence, frailty, or other negative views of older adulthood and is often conveyed as offers of unnecessary help or kindness" (Bugental & Hehman, 2007)	(Bugental & Hehman, 2007; Cuddy & Fiske, 2002; Fiske et al., 2002; Kite et al., 2005; Löckenhoff et al., 2009)	
Chu et al. 2018	Benevolent Ageism	"Old adults and women are percieved to be warm but incompetent. The combination of high warmth and low competence elicits paternalistic prejudice that is often expressed in the forms of benevolent ageism and benevolent sexism, which are characterized by the belief that old adults and women are so warm and fragile that they deserve help, care, and protection from young adults and men."	(Chasteen & Cary, 2015; Cuddy & Fiske, 2002; Cuddy, Fiske, & Glick, 2007; Glick & Fiske, 1996)	Developed by authors based on Cherry & Palmore, 2008
Silvestre et al. 2017	Other: Paternalism	Paternalistic stereotypes appear when social groups and their members are seen as very nice and sociable - high on the warmth dimension- but incompetent - low on the competence dimension (Fiske et al., 2002). Research has repeatedly shown that stereotypes about the elderly fall into this category, while younger people (adults) are seen as more competent."	(Cuddy, Fiske & Glick, 2008; Fiske et al., 2002)	
Sublett et al. 2022	Benevolent Ageism	Older adults are commonly regarded as doddering but dear from a stereotypical viewpoint. Therefore, they receive avoidance and helping behaviors out of pity. Although assisting older adults is seemingly positive, unnecessary helping behaviours can undermine older adults,Äô independence if they are accompanied by judgments of incompetency from those providing unnecessary assistance.	(Cuddy, Fiske, & Glick, 2007; Cuddy, Norton, & Fiske, 2005; Fiske, 2012; Fiske, Cuddy, Glick, & Xu, 2002).	
Vale et al. 2020	Benevolent Ageism	"Ageism is more nuanced than sexism and racism in that people often overaccommodate in the treatment of older adults assuming they require additional assistance for even menial tasks (Chonody, 2016). Fiske, Cuddy, Glick, and Xu (2002) explain this type of benevolent ageism with their taxonomy in the Stereotype Content Model (SCM)." "The paternalistic stereotype subgroup is mixed in its composition and is viewed both positively and negatively (Cuddy et al., 2005; Fiske et al., 2002). Because of the split perception of these individuals being high on emotional attributions and low on cognitive components, people tend to feel pity toward people in this quadrant (Cuddy et al., 2005)."	(Chonody, 2016; Cuddy et al., 2005; Fiske et al., 2002)	

> is that ageism toward older adults is often benevolent or paternalistic in nature (Cuddy & Fiske, 2002; Levy & Banaji, 2022) (as cited in Chasteen et al., 2021).

One other study (Silvestre et al., 2017) described the Stereotype Content Model and paternalism experienced by older people without reference to benevolent ageism. Instead, they referred to this phenomenon as “paternalistic stereotypes”" while citing the Fiske et al. (2002) study. Finally, no studies in this review explicitly used the terms positive or compassionate ageism.

Positive Ageism as a Predictor

Positive Ageism Predicting Affect

Table 4 presents the findings from the studies. One study (Silvestre et al., 2017) examined paternalistic stereotypes amongst younger female persons in the workplace. In a series of 3 sub-studies, participants were randomly allocated into three exposure groups (i.e., paternalistic, hostile, neutral) targeting younger persons. They used affective measures as their outcome variables to determine whether the negative component of paternalistic stereotypes is revealed using explicit and/or implicit measures. In sub-study 1, explicit self-reports of their affective state revealed mainly positive affect in the paternalistic condition. More specifically, both positive and neutral conditions reported significantly more positive emotions than the hostile condition ($p<.001$); however, there was no significant difference between positive and neutral conditions ($p>.05$). Results confirmed the researchers’ hypothesis that the sole use of explicit self-reports does not capture the negative aspect of youth-directed paternalism in the workplace.

Similar to sub-study 1, sub-study 2 used the same exposure groups (i.e., paternalistic, hostile, neutral) in a job interview scenario. Outcomes were measured using a Stroop test where

subjects were presented with 5 positive, 15 negative, and 10 neutral words describing emotions. Words were presented on a white background and presented once in each colour (i.e./e.g., black, green, blue, and red) totalling 120 trials. The goal of this task was to successfully identify the colour of the presented word whereby the time to answer was recorded in milliseconds. Overall, this sub-study found that participants in the paternalistic scenario took longer to identify the colour when the word was negative than in the neutral control condition ($p<.05$). This effect was not significant with positive words; therefore, demonstrating a greater attentional load towards negative words.

Sub-study 3 aimed to capture emotional social sharing as an outcome variable using the same scenario and conditions as sub-study 1. Participants were randomly allocated across the 3 conditions (i.e., paternalistic, hostile, neutral). Participants then were tasked with writing an email to their friend describing their first day of work. Outcomes were then measured using a textual analysis software and quantitatively analyzed. Results demonstrated an equal proportion of positive and negative emotions in their description as no significant difference in the percentage of positive to negative emotions in the email was observed ($p>.05$). The researchers suggest that younger persons may experience an ambivalent affective state when presented with a paternalistic age stereotyping scenario.

The Perception of Positive Ageism

Four studies described perceptions of 'positive' ageism. The first study (Chasteen et al., 2021) embedded gender into the study design to evaluate age differences in the perceptions and reactions to an older female who was presented in either a benevolent or hostile ageism condition. The study used a 2 (ageism type: hostile or benevolent) x 3 (target reaction: accept, moderate confrontation, strong confrontation) x 3 (participant age: young, middle-aged, older) x

2 (time: pre-reaction, post-reaction) mixed-model design, with the first three factors between study subjects and latter factor within subjects. The intervention consisted of participants reading a scenario in which the target, a 72-year-old woman who walks with a cane, is waiting to cross a busy street intersection. Ageism was manipulated in the benevolent condition by the perpetrator helping the target cross the street via taking her arm and guiding her, or the hostile condition where the perpetrator impatiently helps by grabbing and rushing her across the street. Outcomes were determined using questionnaires assessing the perceived appropriateness of the ageist act, target warmth, target competence, and overall impression of the target.

With regards to older women, a significant finding ($p<.001$) described a greater sense of appropriateness of benevolent ageism compared to hostile ageism from the perpetrator (Chasteen et al., 2021). Further, the behaviour of the perpetrator was determined to be more appropriate when ageist behaviour was accepted compared to strong ($p<.001$) or moderate confrontation ($p=.05$). Middle-aged (i.e., 39-55 years) and older (i.e., 60-91 years) participants reported that this display of benevolent ageism was more acceptable than the younger participants did. Pertaining to the perception of older persons, the benevolent condition revealed significant decreases in warmth ratings ($p<.01$) across all response types (i.e., acceptance of ageist action, moderate confrontation, and strong confrontation). Lastly, older persons were not seen as more competent when accepting benevolent ageist behaviour. However, older persons were perceived as significantly more competent when moderately confronting the ageist act ($p<.001$). The strong confrontation condition demonstrated contrasting results with a significant finding that older persons are seen as less competent ($p<.01$).

The second study (Chu & Grühn, 2018) had three aims based on using moral scenarios as a method, which were carried out in two sub-studies. The first aim was to investigate how moral

judgements are influenced by age and gender of the perpetrators and victims in moral scenarios. The second aim was to examine if benevolent ageism or benevolent sexism would account for people's biased judgements about the old or female perpetrators. Finally, the third aim was to examine gender differences in moral judgement to see whether the moral judge's gender would interact with the age and gender of the perpetrator and the victim. Study 1 developed a moral scenario database that covered a variety of common moral situations. Study 2 tested the hypothesis by conducting an experimental study design. The exposure variables for this study consisted of the age and gender of the perpetrator and victim, and the moral judge's benevolent ageism. Outcomes were assessed based on a rating of how morally acceptable the perpetrator's behaviour is (i.e., 1 very unacceptable to 7 very acceptable). Results indicated a significant main effect for the perception of benevolent ageism, such that higher benevolent ageism predicted more negative judgements, and the degree of benevolent ageism predicted a greater tolerance towards older perpetrators ($p<.01$).

The third study examined if younger adults were supportive of accommodative behaviours towards older versus younger women (Vale et al., 2020). The study participants were randomly assigned to a vignette describing a paternalistic scenario that manipulated the age of the woman and her response to assistance. The vignette described an older or younger woman as receiving unnecessary assistance while checking out at a grocery store. Outcomes were assessed based on attitudes towards over accommodative behaviour and attitude about the women (i.e., sweetness and self-sufficiency). Outcome measures focused on a rating of the likelihood of helping the individual and attributions about the women. In terms of the likelihood to help variable, participants in the older woman condition had a significantly higher likelihood to help compared to the condition with the younger woman ($p<.001$). There were significant findings for

the perceived necessity to help an older woman, where men ($p<.001$) were more likely to help. Older women were perceived as sweeter ($p<.01$) and less self-sufficient ($p<.001$) than younger women. However, when rejecting help, older women's perceived self-sufficiency increased ($p<.001$). In terms of the perception of younger women, they were rated as less sufficient when accepting help ($p<.001$).

The last study (Sublett et al., 2022) examined the attitudes towards benevolent ageism of an older male target and assessed if attitudes changed depending on if the older male accepted or rejected paternalistic stereotypes. This aim was accomplished through randomly assigning participants to 4 vignettes describing the target (i.e., older or younger male) being offered over accommodative assistance when carrying groceries to his car. Outcomes were measured based on attitudes towards over accommodative behaviour and attitudes towards the man (i.e., sweetness and self-sufficiency). Findings indicated that over accommodative behaviours were accepted more with the older target than the younger target ($p<.001$). In contrast to the previous study that focused on women (Vale et al., 2020), older men were perceived as less sweet ($p<.05$) while also being less self-sufficient compared to the younger target. However, ratings of sweetness increased after the manipulation if the target was older, which was independent of the response to assistance (accepting vs. declining the benevolent scenario) ($p<.001$). Older men who declined help were perceived as more self-sufficient compared to younger men who were perceived as less self-sufficient ($p<.05$). When accepting help, both older and younger men experienced decreases in self-sufficiency, but with a greater effect on younger men ($p<.05$). Female participants had a greater likelihood of rating older men as sweeter than male participants ($p<.01$).

Table 4.

Summary of Included Studies

Author	Key Aims	Exposure	Outcome	Findings
Chasteen et al. 2021	Identification of the implications for older persons who confront ageist behaviour and their perpetrators	Ageism type (Benevolent, Hostile), Target reaction (Accepts, moderate confrontation, strong confrontation), Participant age (young (18-34), middle (39-55), older (60-91) Time (Pre, and post reaction)	5-point Likert scale 1. Perceived Appropriateness of the ageist act 2. Target Warmth 3. Target Competence 4. Overall Impression of the target	Benevolent ageism (p<.001): Middle-aged (39-55) and older adults (60-91) reported that the display of benevolent ageism was more acceptable than the younger participant. Ageist behaviour seen as appropriate when it is accepted.
Chu et al. 2018	Interested in evaluating how moral judgments are influenced by 1) age and sex of a moral perpetrator and victim, 2) moral judges' benevolent ageism and sexism, 3) moral judges gender	1. Age of perpetrator and victim (social characteristic) 2. Gender of perpetrator and victim (social characteristic) 3. Moral judge's benevolent ageism (social intuitive process) 4. Moral judge's benevolent sexism (social intuitive process) 5. Moral judge's gender "	7 Likert point scale (very unacceptable (1) to very acceptable (7)) 1. Moral judgement score of the participant	Higher benevolent ageism predicted more negative judgements, and the degree of benevolent ageism predicts a greater tolerance towards older perpetrators (p<.002)
Silvestre et al. 2017	Interested in examining the of the under-detection of paternalistic stereotyping	Study 1: 1. Paternalistic stereotyping in work-related context (control/neutral, paternalistic, or hostile) Study 2: 1. Paternalistic stereotyping in work-related context (neutral or paternalistic) Study 3: 1. Paternalistic stereotyping in work-related context (control/neutral, paternalistic, or hostile)"	7 Likert point scale (not at all (1) to totally (7)) Study 1: 1. Affective reactions (positive or negative emotions) 2. Manipulation check Study 2: 1. Interference effect towards negative words (via emotional stroop task) 2. Manipulation check Study 3: 1. Affective reactions (positive or negative) via self report and socially shared emotions (SSE) 2. Manipulation check	In the paternalistic scenario, color identification for negative words was longer than in the neutral control (p=.037). Paternalistic stereotypes elicit a ambivalent affective state.
Sublett et al. 2022	Interested in examining the paternalistic older adult stereotype in men	1. Target age (older vs younger) 2. Target's response to overaccommodative behaviour 3. Participant's gender	10-point sclae (1 = Not at All, 10 = Extremely) 1. Attitudes towards overaccommodation (offer of assistance) 2. Assessments of paternalistic attributions (warmth and competence) made about the target "	Overaccommodative behaviours was accepted more in the older target than younger (p<.001). Older men were perceived as less sweet (p<.02) while also being less self-sufficient. Older men who declined help had a greater perceived self-sufficiency (p<.02). It was more necessary to help older women.
Vale et al. 2020	Interested in exploring if younger adults support overaccommodative behaviour toward older vs younger women	1. Target age (older vs younger) 2. Target's response to overaccommodative behaviour 3. Participant's gender	10-point sclae (1 = Not at All, 10 = Extremely) 1. Attitudes towards overaccommodative behaviour 2. Attributions about the women (sweetness and self-sufficiency)	More likely to help older women than younger (p<.001). Necessitation to help an older woman where men were more likely to help (p<.001). Older women were seen as sweeter (p<.01) and less competent (p<.001) than younger women. When rejecting help older women's perceived self-sufficiency increased (p<.001). When accepting help, younger women were seen as less competent (p<.001).

Presence of Intersectionality

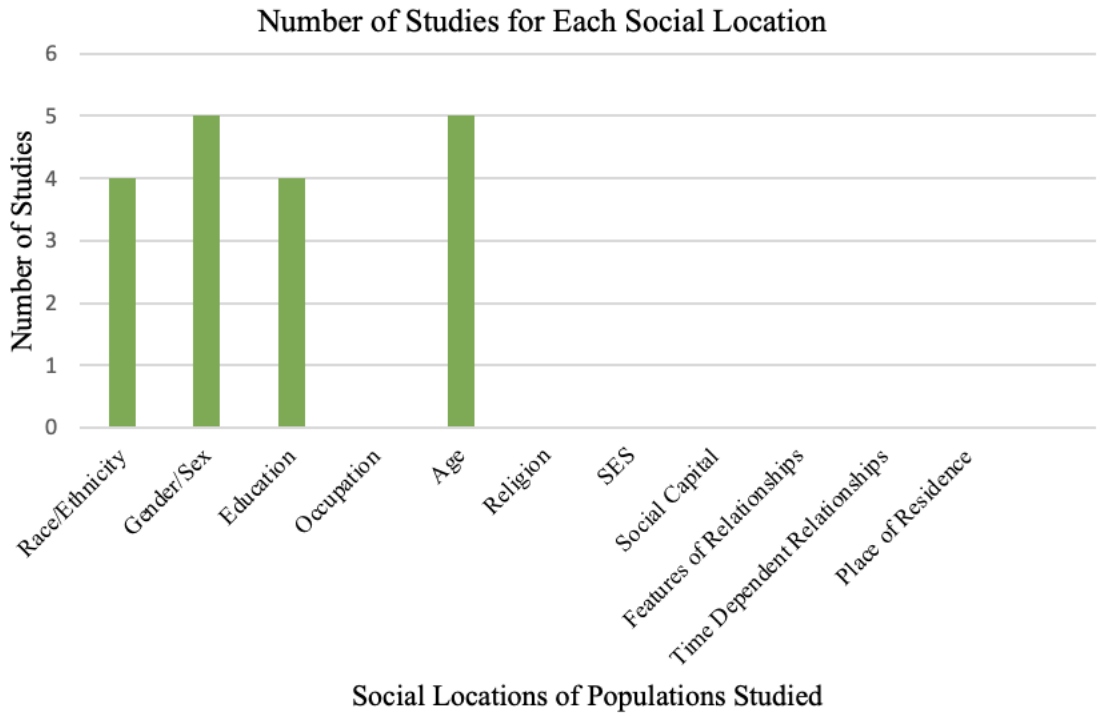
All of the studies in this review (n=5) reported two or more of the elements in the PROGRESS-PLUS tool (Figure 2). All studies (n=5) reported the age and gender distribution of the study participants. Most studies reported gender as a binary variable (i.e., female/not) with the exception of 2 studies (Sublett et al., 2022; Vale et al., 2020) that stratified gender as male, female, or non-cisgender. More specifically, there were 3 studies (Chasteen et al., 2021; Sublett et al., 2022; Vale et al., 2020) that explored the perceptions of older females or males, independently. In the analysis, age was being modified while gender was a controlled variable (i.e., differential perception of older vs. younger women), so the results were ultimately still focused on ageism. However, there was one instance of intersectional analysis. The Sublett et al. (2022) study used the same protocol as Vale et al., (2020) except they focused on older men instead of women. In their results, Sublett et al., (2022) combined their data with Vale et al., (2020) to determine interactions between age and gender in terms of the necessity of help. As such, they were interested in how ageism targets older people differently, based on the intersecting positionalities of the older male person or the older female person. However, no significant intersectional interaction was found, but the factors were significant independent predictors (e.g., it is more necessary to help older persons vs. younger and women vs. men, but not older women vs. any other group combination) (Sublett et al., 2022).

Beyond age and gender, participants' race was also commonly reported (n=4) as was their level of education (n=4). For race, 2 studies (Sublett et al., 2022; Vale et al., 2020) stratified this social location into multiple congruent identities (i.e., White, Black, Biracial or Multiracial, Asian, American Native, LatinX, Arabic), and 2 studies (Chasteen et al., 2021; Chu & Grühn, 2018) reported race binaries (i.e., White/non-White; European American/Not). There were no studies that specifically mentioned religion, socioeconomic status, social capital, relationships,

and places of residence as social locations for analysis. Among the included studies, the term ‘intersectionality’ was only mentioned once, in reference to future research directions (Chasteen et al., 2021).

Figure 2.

PROGRESS-PLUS Output Bar Graph



Chapter Summary

This chapter provided the results of the data extraction and analysis processes of this thesis research. Descriptive information was provided to report on the search results and the eligible studies included in this critical review. Data and findings from the studies were detailed. Chapter 5 discusses these results and evaluates them based on the research objectives and in terms of the extant literature on ageism.

Chapter 5: Discussion

Chapter Introduction

This thesis was the first to synthesize the extant research on 'positive' ageism. Chapter 5 discusses the results described in Chapter 4 and in the context of the broader field. This chapter intends to directly address the research aims outlined for this review, which were: to locate and systematically describe research on 'positive' ageism, its representations, and definitions; to explore what outcomes does 'positive' ageism predict; and to examine intersectional perspectives used within positive ageism research in the review. Understanding these 3 aims, then allows for a discussion of future research as well as the strengths and limitations of this review.

Definitions of 'Positive' Ageism

The first aim of this review was to locate and systematically describe research on 'positive' ageism, its representations, and definitions. Conducting a systematic search of the literature yielded 5 studies that had similar interpretations of 'positive' ageism. Overall, the results indicate a degree of homogeneity among the definitions of 'positive' ageism in experimental studies. While there are different variants of 'positive' ageism (e.g., compassionate, positive) (Binstock, 2010; Palmore, 1999) that are known to exist, there is an implicit consensus on the use of benevolent ageism represented by paternalistic stereotypes in experimental research. Four of the included studies directly used this definition in their study while another (Silvestre et al., 2017) represented benevolent ageism through paternalism but did not use the term explicitly.

A historical perspective aids in understanding this trend. The early conceptualizations of 'positive' ageism and its other common name (compassionate) are found in books and

commentaries (Binstock, 2010; Palmore, 1999). These conceptualizations describe ‘positive’ ageism as policies or stereotypes that favor older persons (Binstock, 2010; Palmore, 1999). This definition is simple to interpret within a qualitative sense as there is no quantity being measured. Some examples include analyzing media and policy (Vervaecke & Meisner, 2021; Wong et al., 2023). However, when it comes to quantitative experimental studies where variables are isolated, that broader and simpler definition is more difficult to operationalize. This contrasts with benevolent ageism, which has foundations in psychology.

The interpretation of benevolent ageism within the included studies is represented by paternalistic stereotypes. The origins of this lie within the work of Fiske, Cuddy, and colleagues’ (2002) stereotype content model to which the included articles have cited. It is a framework in social psychology that assesses one’s generalizations towards a group based on two dimensions: warmth and competence (Fiske et al., 2002). This compass represents how social groups can be positively stereotyped across one dimension while simultaneously being negative in another. Benevolent ageism represented through paternalism lies in the high warmth but low competence quadrant. The dominance of this model, and benevolent ageism, within the included studies indicate its applicability in quantitative research.

The distinction between previous definitions and benevolent ageism is its specificity. In experimental settings, focusing on the paternalistic aspect provides a clear and focused approach at determining exposure variables. This was evident in the results where all studies used ageist paternalistic scenarios for their exposure variables. Furthermore, all the studies included in this review were psychological in nature, so it may be logical to speculate that they followed the terms and models established in their discipline. As such, the results of this thesis indicate that benevolent ageism is the norm in experimental research.

Semantic Implications of 'Positive' Ageism

From a meta perspective, the dominance of the term "benevolent ageism" in experimental studies may yield some issues. For instance, the word 'benevolent' elicits positive connotations describing an individual as kind and helpful. However, given the results of this review and in the literature, benevolent ageism is not a universal good. So, while ageism is a negative term, using benevolent as a prefix suggests that this form of ageism may in fact be good or at the very least appropriate. This, in combination, with the other terms (i.e., positive and compassionate) has created a degree of ambiguity within the field. For instance, there are studies that imply the benign nature of 'positive' ageism (Ovayolu & Ovayolu, 2022; Özdemir & Bilgili, 2016). While in this review, there are direct causal relationships that demonstrate the negative aspects of benevolent ageism. A future aspect to be considered is how research will then describe these pseudo-positive forms of ageism to encapsulate its impact and differentiate it from other ideas (e.g., positive stereotypes).

'Positive' Ageism and Younger Persons

The second aim of this review is to explore what outcomes does 'positive' ageism predict. Some of the results have highlighted implications of positive ageism amongst younger persons. Silvestre and colleagues (2017) found that exposure to benevolent ageism against younger persons, results in an ambivalent affective state. The stereotype content model (Fiske et al., 2002) describes benevolent stereotypes in the study as paternalism or high warmth but low competence. This ambivalence in the paternalistic stereotype can contribute to the mixed reactions that younger people experience. Additionally, younger women are seen as less competent when accepting help in a benevolent ageism scenario (Vale et al., 2020). A similar result occurred in younger men where they experienced a decrease in self-sufficiency when

accepting help (Sublett et al., 2020). The scenario presented in the studies involved an over accommodative behaviour in response to a scenario. Relative to a younger-person, older "senior citizens" (p. 7) are believed to be frail and have low physical competence (Cuddy & Fiske, 2002). Failing to meet the stereotypical expectation of strength or non-frailty in their younger chronological age would likely lead to a perception of lower competence.

'Positive' Ageism and the Perception of Older Persons

Through conducting this review, the results highlight how benevolent ageism predicts the perceptions of older persons. More specifically, there lies significant differences in 2 of the included studies. When considering age interactions in a benevolent ageist condition, older men were perceived as less sweet (i.e., warm) while also being less self-sufficient (i.e., competent) than younger men (Sublett et al., 2022). This aligns with the older male stereotype of being more insensitive thus making them appear less warm (Cuddy & Fiske, 2002). However, older women were seen to be sweeter and less competent ($p<.001$) than younger women (Vale et al., 2020), which is reflective of the 'grandmother' stereotype leading to higher warmth (Cuddy & Fiske, 2002). These gender differences also manifest in an individual's intention to help an older person. The results demonstrate that participants in the older woman benevolent ageism condition had a significantly higher likelihood of receiving help compared to younger men where men were likely to help (Vale et al., 2020). This finding is also in line with the gendered differences in stereotype content whereby the higher warmth, but low competence stereotype of older women contributes to the helping behaviour (Cuddy & Fiske, 2002). Further, it is compounded with the patriarchal societal norm in society defining men as protectors, which may explain why men are more inclined to help.

‘Positive’ Ageism Normalization and Implications

The results of this review demonstrated some novel insights about the interpersonal implications of ‘positive’ ageism. To begin, there was a series of findings that indicate the normative nature of benevolent ageism. For instance, the behaviour of the perpetrator was found to be more appropriate when ageist behaviour was accepted compared to strong or moderate resistance (Chasteen et al., 2021). With regards to benevolent ageism against older women there was a greater sense of appropriateness compared to hostile agism (Chasteen et al., 2021). These two examples demonstrate that acceptance of benevolent ageism can lead to its normalization or pragmatic approaches favouring benevolent over hostile under the guise of having less harm. The former is demonstrated in this review through the finding that middle-aged (i.e., 39-55 years) and older (i.e., 60-91 years) reported that benevolent ageism was more acceptable than the younger participants (Chasteen et al., 2021). The later has been demonstrated in existing research (Ovayolu & Ovayolu, 2022; Özdemir & Bilgili, 2016) that portrays ‘positive’ ageism as a beneficial concept.

This finding suggests that benevolent ageism becomes normalized as one ages. While the stereotype embodiment theory does not directly discuss ‘positive’ ageism, it is beneficial in taking these results into context. Stereotype embodiment theory describes the internalization of age stereotypes across the life course (Meisner & Levy, 2016). For instance, reinforcement of benevolent ageism during younger age through observing behaviours such as elderspeak (Flamion et al., 2020) or more recently COVID-19 media messaging (Vervaecke & Meisner, 2021), make them increasingly more vulnerable to internalization. As age identities shift across the life course, benevolent ageism can gain salience through becoming more self-relevant (Meisner & Levy, 2016) such when an older individual notices that they need help with a task. Overall, this process has real negative implications on an older person through targeting 3

primary pathways (behavioural, psychological, physiological) (Meisner & Levy, 2016). Some outcomes resulting from the internalization of benevolent ageism include lower levels of perceived control, self-efficacy, and demonstrating learned helplessness (Vale et al., 2020).

'Positive' Ageism Resistance

It is therefore important to consider what can be done to prevent these outcomes from manifesting. The results displayed some promising findings when older persons resist acts of benevolent ageism. In terms of self-sufficiency, both older women and men saw increases in perceived self-sufficiency when rejecting benevolent ageist behaviour (Sublett et al., 2022; Vale et al., 2020). Contrastingly, while older persons are viewed as more self-sufficient, Chasteen and colleagues (2021) found that strong confrontation of benevolent ageism led to older persons being viewed as even less competent. So here lies a double jeopardy situation where accepting benevolent ageism has negative impacts while resisting it further entrenches older persons into the low competence dimension of the stereotype content model.

However, there is a bit of nuance to this finding. When moderately confronting benevolent ageism, older persons were seen as more competent (Chasteen et al., 2021). An explanation for this discrepancy may lie in the perception of an older person resisting. Drury et al. (2017) suggests that negative contact with an older person contributes to subtle forms of ageism in care settings. Strong confrontation may elicit these negative feelings for individuals thus leading to subtle forms of ageism, which includes benevolent ageism (Drury et al., 2017). This combined with the fact that negative contact lingers longer than positive contact (Graf et al., 2014), may contribute to a greater frequency of ageism experienced in future situations for individuals who strongly confront benevolent ageism. Thus, a moderate approach is beneficial in

resisting benevolent ageism as it still sends a signal to the perpetrator that the behaviour is unwarranted while limiting hostility (Chasteen et al., 2020).

Intersectional Perspectives

The third goal of this review is to evaluate how current research on 'positive' ageism includes intersectional perspectives. This was accomplished through using the PROGRESS-Plus framework. The results displayed all studies providing information on some of the social locations outlined by PROGRESS-Plus. However, most of these social locations were limited to providing demographic information for participant descriptions. The exception to this trend lies in the interactions between gender and age where there one study (Sublett et al., 2022) examined the differential perceptions of aiding older men compared to older women. While this experimental research suggests that there is no significant intersectional interaction between age and gender, other research contradicts this finding. For instance, when discussing stereotypes Canetto et al., (1995) described how ageism targets older women differently than older men, where older women are perceived to be less competent and independent than men. This was later supported through Cuddy and Fiske (2002) who described how the "grandmother" stereotype elicits feelings of pity compared to the "elder statesmen" stereotype. These earlier studies establish that there is an intersectional effect in the perceptions of older women. The fact that this review found no interactions between the two social locations, when external evidence suggests otherwise, indicates a necessity for more experimental research to evaluate the reliability of these findings. Across these studies lies the implicit assumption in a 'typical' older male or female. While recognizing that this representation was likely done to control for confounding variables, when considering the role of 'positive' ageism in constructing a victim, intersectionality is key, as it defines the limit to benevolence or compassion (i.e., what deviations from the

stereotypical/normative construction of a ‘typical’ older person would augment or suppress the effects of ‘positive’ ageism).

Furthermore, one study (Chu & Grühn, 2018) examined both benevolent ageism and sexism. While differing in social locations, the representation of both benevolent ageism and sexism involves paternalistic stereotypes (Cary et al., 2017; Glick & Fiske, 2018). There has been some preliminary work in recognizing the similarities between both forms of oppression (Chonody, 2016). However, future intersectional research would need to consider the potential overlap of these two forms. Furthermore, other novel findings from the PROGRESS-Plus indicate that a majority of studies (n=3) represented in this review have used a binary (male/female) when describing gender, which homogenizes the gender spectrum to being a dichotomy. As such, the conceptualization of gender is towards the ‘typical’ male and female subject.

A similar trend exists for the race component as well. Only two studies (Sublett et al., 2022; Vale et al., 2020) stratified race into categorizations (White, Black, Biracial or Multiracial, Asian, Hispanic/Latin American, and Native American) which recognizes its heterogeneity. The others (n=3) either did not consider race (Silvestre et al., 2017), used a dichotomy (Chasteen et al., 2021) or reported one ethnicity when more were present (Chu & Grühn, 2018). While this sample size is small, it highlights the variable interpretations of race where most studies (n=3) display a monolithic interpretation of people of colour. Future intersectional research targeting multiple social locations needs to consider providing analyses beyond the statistics of age and gender and embed intersectionality within their study design.

Future Research

The findings of this thesis demonstrate future areas of research in furthering the understanding of 'positive' forms of ageism. Regarding the first aim, future research needs to consider the semantics of 'positive' ageism and its other terms (e.g., benevolent and compassionate) to avoid ambiguity and recognize its harm. Future experimental research can also examine different representations of 'positive' ageism beyond ageist paternalism such as double-ended compliments (e.g., 'you look great for your age!'). The quality of the experiment can also be improved via using established scales such as the Ambivalent Aging Scale (Cary et al., 2017). Additionally, future reviews should consider adding terms that are not necessarily focused on ageism (i.e., benevolent sexism) but still might capture age discrimination. Overall, there needs to be more research on 'positive' forms of ageism that explicitly and purposefully uses intersectionality within the study. There is a lack of critical perspectives in quantitative experimental research that analyzes and discusses these social locations deeply. Bowleg (2011) suggests using the term "intersectionality" in the title, abstract, or keywords of a paper to foster development and unification in the field. Addressing these issues is essential within anti-ageism intervention strategies that recognize the importance of centering diversity and equity to ensure healthy outcomes for everyone.

Strengths and Limitations

Some of the strengths of this review are that it is the first to synthesize existing knowledge on 'positive' ageism and its derivatives. Further, it is focused on causal experimental data to accurately determine what 'positive' ageism predicts. The search strategy and reporting followed the PRISMA guidelines to allow for a robust and systematic approach in conducting this review. The search was conducted in 8 different databases that were inclusive of all

languages ensuring a robust and diverse collection of studies. Lastly, the inter-rater reliability was 88%, which is above the recommended acceptable rating based on previous studies (McHugh, 2012).

A few limitations were identified while conducting this review. Firstly, non-causal research was excluded, which removed many articles captured in the search. There is a lot of value in non-causal research especially in understanding the lived experiences of older individuals that will not be captured in experimental settings. So, while it was excluded from the review, they were used to inform this study. The search strategy used direct quotations looking at only titles and abstracts, which would have prevented some studies from being captured if the relevant search terms were non-adjacent and located beyond the title and abstract. Another limitation of the search strategy was that it was focused on ageism and did not consider benevolent sexism studies where age could have been an effect modifier. While the search strategy used a Boolean operator with the search (i.e., benevolent AND ageism) to capture studies that used both terms, there is a potential that others missed.

Further, the qualification of experimental research resulted in the inclusion of only 5 studies. An explanation for this small number is due to the niche field of 'positive' ageism especially when most of the work was non-causal. Despite this small number of included studies, there is no minimum established by PRISMA (2020) or Cochrane as the main research bodies for systematic reviews. Lastly, it was found that 10% of the Cochrane systematic review database featured systematic reviews with 0 included studies (Gray, 2021). Among gerontological research in other niche areas there are many published systematic reviews that included only 6 or 7 studies (Alici & Dönmez, 2020; Lee & Mo., 2019; Lippi et al., 2022; Yerrakalva et al., 2019).

These results highlight the need for additional experimental research in this field in proving the validity of ‘positive’ ageism and its implications.

Chapter Summary

Chapter 5 discussed the results of this thesis in reference to the extant literature. The first research aim was to locate and systematically describe research on ‘positive’ ageism, its definitions, and representations. Findings indicate the norm of the term benevolent ageism to denote ‘positive’ forms of ageism in experimental research. Further, benevolent ageism was represented through paternalistic stereotypes of younger and older individuals. The second aim was to explore what outcomes does ‘positive’ ageism predict. Among younger persons, it was found that ‘positive’ ageism elicits an ambivalent emotional response. For older persons, older men were perceived as less sweet (i.e., warm) while also being less self-sufficient (i.e., competent) than younger men. Whereas older women were seen to be sweeter and less competent ($p<.001$) than younger women (Vale et al., 2020). Overall, middle-aged (i.e., 39-55 years) and older persons (i.e., 60-91 years) reported that benevolent ageism was more acceptable than younger participants. In terms of resisting ‘positive’ forms of ageism, a moderate approach is preferred as it mitigates the paternalistic stereotype facilitating aspects of a stronger approach. The final aim of this thesis is to evaluate how current research on ‘positive’ ageism includes intersectional perspectives. Based on this aim, only one study analyzed the interactions between gender and age. There was a lack of studies examining other social locations. As such, there needs to be more research on ‘positive’ forms of ageism that explicitly and purposefully uses intersectionality within the study. There is a lack of critical perspectives in quantitative experimental research that analyzes and discusses these social locations deeply.

Chapter 6: Conclusion

This thesis synthesized experimental research on ‘positive’ forms of ageism. The aims of this thesis were accomplished through conducting a critical systematized review. Based on the results, it was found that benevolent ageism represented through paternalism was the sole interpretation of ‘positive’ ageism. Furthermore, ‘positive’ ageism was found to influence the affective state of younger people and the perceptions of older people. From the intersectional analysis, only one study examined interactions between age and gender. An avenue for future research would be to conduct experiments with intersectionality as focus of their study, specifically aimed at exploring other social locations (e.g., race, dis/ability, etc.). Additionally, future research may include examining ‘positive’ ageism outside of the paternalistic representation. Overall, this study serves as the first to synthesize the existing knowledge of ‘positive’ ageism and assess the use of intersectional theory. It addresses the WHO’s (2021) call for research in understanding all facets of ageism.

Considering the global projection of an increasingly larger cohort of older persons year after year, research on ageism, and more specifically ‘positive’ ageism, warrants an increase in research. Based on the results of this thesis, the acceptance of ‘positive’ ageism is a gradual process. While current members of the middle and older age population have normalized ‘positive’ ageism, this cannot continue to be the norm from the implications discussed in this thesis. As such, this critical systematized review establishes the groundwork to contribute and initiate future research and policies to aid in better aging outcomes for all.

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Appendices

Appendix A: Tables

Table 5.

Search Terms

Concept	Search string
Positive Ageism	(positive AND ageism).ab,ti.
	(positive AND agism).ab,ti.
	(positive AND "age discrimination").ab,ti.
	(positive AND "aging discrimination").ab,ti.
	(positive AND "ageing discrimination").ab,ti.
	(positive AND "ageist discrimination").ab,ti.
Compassionate Ageism	(compassionate AND ageism).ab,ti.
	(compassionate AND agism).ab,ti.
	(compassionate AND "age discrimination").ab,ti.
	(compassionate AND "aging discrimination").ab,ti.
	(compassionate AND "ageing discrimination").ab,ti.
	(compassionate AND "ageist discrimination").ab,ti.
Benevolent Ageism	(benevolent AND ageism).ab,ti.
	(benevolent AND agism).ab,ti.
	(benevolent AND "age discrimination").ab,ti.

	(benevolent AND "aging discrimination").ab,ti. (benevolent AND "ageing discrimination").ab,ti. (benevolent AND "ageist discrimination").ab,ti.
Databases	Medline, CINAHL, Embase, PsycINFO, Sociological Abstracts, Web of Science, JSTOR, Ovid Data, Google Scholar

Table 6.

Inclusion and Exclusion Criteria

	Inclusion	Exclusion
Study Type	Peer-reviewed experimental studies with a causal research design Examining positive ageism as an exposure variable	Studies implementing non-causal research designs (such as clinical trials, commentaries, dissertations, and editorials)
Participant Chronological Age	Across all chronological ages	
Language	Published in English or non-English	

Appendix B: Figures

Figure 3.

List of Included Studies

Full List of Included Studies (n=5)
1. Chasteen, A., Horhota, M., Crumley-Branyon, J. J., & Haseley, E. (2021). Unwanted help: Accepting versus declining ageist behavior affects impressions of older adults. *Psychology and Aging, 36*(6), 700–709. https://doi.org/10.1037/pag0000620
2. Chu, Q. & Grühn, D. (2018). Moral judgments and social stereotypes: Do the age and gender of the perpetrator and the victim matter? *Social Psychological & Personality Science, 9*(4), 426–434. https://doi.org/10.1177/1948550617711226
3. Silvestre, A., Huart, J., & Dardenne, B. (2017). Implicit belittlements call for implicit measures: Emotional reactions to youth paternalistic stereotypes. *Psychologica Belgica, 57*(2), 133–153. https://doi.org/10.5334/pb.351
4. Sublett, J., Vale, M. T., & Bisconti, T. L. (2022). Expanding benevolent ageism: Replicating attitudes of overaccommodation to older men. *Experimental Aging Research, 48*(3), 220–233. https://doi.org/10.1080/0361073X.2021.1968666
5. Vale, M. T., Bisconti, T. L., & Sublett, J. F. (2020). Benevolent ageism: Attitudes of overaccommodative behavior toward older women. *The Journal of Social Psychology, 160*(5), 548–558. https://doi.org/10.1080/00224545.2019.1695567