



The interaction between aging and death anxieties predicts ageism



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ARTICLE INFO

Article history:

Received 21 December 2014

Received in revised form 14 May 2015

Accepted 17 May 2015

Available online 1 June 2015

Keywords:

Ageism

Aging anxiety

Death anxiety

Older adults

Stereotypes

Stigma

ABSTRACT

While aging anxiety is associated with the threat of deterioration that leads to death, death anxiety is related to the threat of non-existence and to fears from an unknown afterlife, and both anxieties can lead to ageism. The current study examined the unexplored relationship between these two existential anxieties and ageism. Measures of aging and death anxieties, ageism (in the form of ageist attitudes), and various measures of physical health were collected from 1073 older adults at the age range of 50–86. When death anxiety was low, aging anxiety was positively related to ageism, but when aging anxiety was low, death anxiety was positively related to ageism. The interaction between both anxieties and ageism remained significant after controlling for a myriad of background characteristics and physical health measures. These findings, which point at the distinctive and complementary roles that both anxieties have in connecting between one another and ageist attitudes, are discussed in light of theories on ageism.

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1. Introduction

The scientific examination of negative attitudes toward old age has mainly focused on several possible paths. Primarily, such attitudes may be measured as stereotypes and prejudice against older adults due to their advanced age, a phenomenon which is defined as ageism (Butler, 2009). However, on an intra-personal level, these attitudes may be manifested through the individual's own anxieties about growing old, which may be triggered by the aging process (Yan, Silverstein, & Wilber, 2011), or perhaps by anxieties regarding the ultimate result of the aging process, namely, death anxiety (Benton, Christopher, & Walter, 2007). While ageism is concerned with the perception of older adults as a group, the innate qualities of both aging and death anxieties are closely associated each with the other (Benton et al., 2007). However, the two are also differentiated, as aging anxiety concerns fears regarding the continual process of aging, rather than with the termination of this process. To the best of our knowledge, the connections between the three concepts have not been explored, and therefore, the current study examines the relationships between aging anxiety, death anxiety and ageism among older adults.

1.1. Ageism

While most studies which focus on ageism examine this effect among younger cohorts, ageism was also found among older adults (see Bodner, Bergman, & Cohen-Fridel, 2012), and in such cases, is termed “self-ageism”. This phenomenon may be addressed by two opposing accounts. According to the comparison hypothesis (e.g., Robinson-Whelen & Kiecolt-Glaser, 1997), self-ageism can be enhancing, because it may activate self-enhancing downward comparisons. For example, healthy older adults may enhance their self-esteem by comparing themselves with a stereotype of a frail person at the same age. In contrast, the contamination hypothesis asserts that self-ageism may be detrimental to one's self-image, because people tend to increasingly incorporate negative views about age into their self-views (Rothermund & Brandstadter, 2003), and when they grow old, these views have adverse implications on the way they age (e.g., Levy, 2009).

During the last 15 years, the contamination hypothesis received more empirical support than the comparison hypothesis, as several studies have shown that older individuals, who harbor negative views of aging, report lower psychological well-being and have more physical problems such as cardiovascular events, heightened cardiovascular responses, and elevated skin conductance (e.g., Levy, 2009). Based on such findings, the theory of stereotype embodiment suggested that negative attitudes toward the aging process are internalized across the life span, and upon gaining salience from self-relevance, they operate unconsciously through multiple pathways on health practices, on the

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central nervous system, and on positive self-perceptions of aging (Levy, 2009). However, the theory of stereotype embodiment did not consider parallel developments (Martens, Greenberg, Schimel, & Landau, 2004), demonstrating how death anxiety may affect perceptions of older adults.

1.2. Death anxiety, aging anxiety and ageism

Death anxiety is described as an emotional state of death awareness in which people experience terror as a response to the knowledge of their mortality (i.e., fear of the annihilation of the spirit and of the corporeal body and fear from the unknown afterlife; Cicirelli, 2006). According to the Terror Management Theory (Martens et al., 2004), as older age tends to be associated with greater susceptibility to disease, deteriorating bodily functions and death, older adults remind us of our mortality. This may lead people to report ageist attitudes in response to older adults, and in fact, three studies conducted by Martens et al. (2004) provide support for this line of thought. In a more recent study, Bodner and Cohen-Fridel (2014) demonstrated that fear of death was positively associated with ageism, but once again, these studies did not consider the possibility that not only death anxiety, but also aging anxiety, may be related to higher ageism.

Aging anxiety is defined as concern and anticipation of adverse physical, mental, and personal losses during the aging process (Lasher & Faulkender, 1993). In line with the aforementioned connection between both aging and death anxieties, the former was found to be partially correlated with the latter (Benton et al., 2007), as well as with ageism, as previous studies demonstrated that higher levels of aging anxiety contribute to greater ageist attitudes (Allan & Johnson, 2009; Allan, Johnson, & Emerson, 2014; Boswell, 2012; Harris & Dollinger, 2001). Therefore, aging anxiety is only partially correlated with death anxiety, as it may remind people that life is coming to an end, but unlike death anxiety, it is not directly associated with the absolute and irreversible meaning that life has come to an end (Lasher & Faulkender, 1993; Yan et al., 2011), and unlike death anxiety, it is not associated with the fear from the unknown afterlife.

While some studies attempted to link the two anxieties with ageism (Allan et al., 2014; Bodner & Cohen-Fridel, 2014; Martens et al., 2004), no study has yet examined their interactive effect on the perception of older adults. When one attempts to hypothesize regarding the interconnections between the two anxieties and ageism, it would seem plausible to assume that in line with the positive correlation between them, individuals who report high levels of both anxieties would be those who also demonstrate the highest levels of ageism. However, ageism has been designated as a mechanism which wards off death anxiety (Martens et al., 2004), and as such, may be limited in its ability to alleviate the combination of high aging and death anxieties (which, under this assumption, would require more powerful defenses). Basing this line of thought on current theorization of the Terror Management Theory (Maxfield, John, & Pyszczynski, 2014), high levels of death-related anxieties may evoke symptoms of psychological distress in the form of depression, phobic and compulsive reactions, or in self-medication through alcohol and other drugs, somatization, etc. (e.g., Strachan et al., 2007) instead of activating social defenses (in this case, ageist attitudes). On the other hand, when only one of the two anxieties is high and the other is low, ageism may prove to be a sufficient tool for warding off the individual's respective anxiety and may therefore be positively associated with the dominant anxiety. In other words, we contend that the interaction of death and aging anxiety would prove to be a significant predictor of ageism. More specifically, the relationship between one anxiety and ageism would be stronger for individuals low on the other anxiety.

1.3. The current study

The current study was set to explore the interactive roles of the two anxieties in affecting ageist attitudes. We sampled participants with a mean age near 60 years following studies showing that aging anxiety (Yan et al., 2011) and ageist attitudes (Bodner et al., 2012) are considerably high at these ages. Following Martens et al. (2004), we contend that death anxiety may increase ageist attitudes, but suggest that aging anxiety may also contribute to ageist attitudes and that the effect of each anxiety on ageist attitudes may be mitigated by the other. Therefore, our hypotheses are as follows:

- (1) Aging and death anxieties would be positively related to ageism.
- (2) The positive relationship between one anxiety and ageism would be moderated by the other anxiety, so that the relationship between aging anxiety and ageism would be stronger for individuals low on death anxiety than for individuals high on death anxiety, and vice versa (i.e., a stronger death anxiety–ageism relationship for those low on aging anxiety).

2. Method

2.1. Participants and procedure

The sample was a convenience sample that included 1073 community-dwelling Israeli Jews. The mean age was 58.15 ($SD = 5.32$, range = 50–86) and 56.1% ($n = 596$) were women. In terms of education, 10.6% ($n = 114$) had less than full high school education, 22.9% ($n = 246$) had full high school education, and 66.5% ($n = 713$) had college education. In terms of marital status, 83.0% ($n = 891$) were married, 10.1% ($n = 108$) were divorced, 4.5% ($n = 48$) were widowers, and 2.4% ($n = 26$) were single.

Participants completed the questionnaires in Hebrew at their homes or at other venues convenient to them. The research assistants were asked to administer the questionnaires to community-dwelling older adults (at least 50 years old) who were free of severe cognitive impairment. Participants' anonymity was guaranteed as their names were neither required nor noted in the questionnaires. Informed consent had been obtained from all participants prior to completing the questionnaire. The study received ethical approval by an institutional review board of the author's university.

2.2. Measures

Aging anxiety was measured by the shortened version of the Kafer Aging Anxiety Scale (Kafer, Rakowski, Lachman, & Hickey, 1980) constructed and validated by Yan et al. (2011). The Hebrew adaptation of this measure was agreed upon by three judges after examining a translation from English into Hebrew as well as an independent reverse translation. This 6-item scale (e.g., “the older I become, the more I worry about my health”; “I worry about not being able to get around on my own when I'm older”) is rated from 1 (*strongly disagree*) to 4 (*strongly agree*). The final score was based on the average of answers. Higher scores reflect high aging anxiety. Cronbach's α was 0.85.

Death anxiety was measured by the Fear of Death Scale (Carmel & Mutran, 1997). The original scale was constructed in Hebrew. This 6-item scale (e.g., “I am very afraid of death”; “the fact that death means the end of everything that I know frightens me greatly”) was rated from 1 (*completely disagree*) to 5 (*completely agree*). The final score was based on the average of answers. Higher scores reflect high death anxiety. Cronbach's α was 0.87.

Ageism was measured by the revised Fraboni Scale of Ageism (Fraboni, Saltstone, & Hughes, 1990) translated into Hebrew and reconstructed by Bodner et al. (2012). The scale included 18 items examining stereotypes against and avoidance of older adults, as well as negative

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