

MIND OVER BODY: THE IMPACT OF AGEISM ON HEALTH AND HAPPINESS

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Speaker: I would now like to introduce Dr. Tracey Gendron. Dr. Gendron is an Associate Professor and Chair of the Department of Gerontology and the Executive Director of the Virginia Center on Aging at Virginia Commonwealth University. Dr. Gendron has Master of Science degrees in gerontology and psychology and a doctorate in developmental psychology. She is also the author of the book, *Ageism Unmasked: Exploring Age Bias and How to End It*.

Her research is focused on the language, expression, and perpetuation of ageism and aging anxiety, as well as on elderhood as a stage of development. Her personal and professional goal is to understand, raise awareness of, and disrupt the deeply embedded, normalized, and invisible ageism that is within us all.

It is with great pleasure that I now welcome Dr. Gendron.

Tracey Gendron, PhD: Thank you so much. I am absolutely delighted to be here with all of you today to have this very important conversation about ageism and to share with you not only my thoughts but my personal journey and how it is that I got to this point in time, how it is that I first realized that ageism was something that was ever-present and yet practically invisible.

I am a gerontologist, which means that I have studied the biopsychosocial spiritual aspects of aging; and I've been a gerontologist for over 25 years. So it came as a surprise to me when I first had my aha moment of recognizing that ageism lived very

deeply within me; and that was about 10 years ago. And since then, I have learned a lot and uncovered a lot, and I'm excited to share it with you today.

So I'm going to start by talking generally about aging because aging in and of itself is much more than we realize. We tend to think of aging incorrectly in a couple of different ways, and I'm going to start by sharing that aha moment with you that I had myself.

So people don't generally know what a gerontologist is and don't know what a gerontologist does, so I'm often asked the question, "What is a gerontologist? How is it different than a geriatrician?" So a geriatrician is someone that studies the medical aspects of aging and is a physician that specializes in working with older adults. But a gerontologist is somebody who has more wholistic broad knowledge of aging, again, from that biopsychosocial perspective.

So when I explain that to people, they would then ask me, "Well why did you become a gerontologist?" And my standard answer was always, "Because I wanted to have all of this information and knowledge so that I could best serve the aging population." And I said this over and over again until one day I had this realization that I was disassociating myself from someone that is aging. Why was I using the term aging to talk about older people? We're all aging. It is the universal that connects all of us.

And that's when I realized that what I knew as a gerontologist and what I had learned within the mass culture was kind of in conflict with one another. So I had all this training, but yet I had ageism deep within me. There's no such thing as someone that is not aging. We're all aging. So we misuse this term aging in that way.

Another way that we misuse this term aging is that we tend to think of it just as a process of decline. So when we talk about aging, we are really familiar with how our bodies change over time and, generally, that's the type of aging that we tend to talk about with one another. So when we talk about aging as decline, we're actually missing the complete story of aging.

The complete story of aging is that aging is about change, change within our bodies, change within our psyche and our emotions, change within our spiritual self and our connection to higher power, change within our social roles and our presence within the world. So if we just focus on the physical change that is within our bodies, it's really easy to see why we think of aging as something to be feared, something to be dreaded, something that is a singular process of decline when the truth is that aging is about decline and growth and maintenance and adaptation. And when you look at it that way, you realize that it's really hard to hold two things that are conflicting and constant with each other. How can something be about growth and decline? But aging is.

So when we talk about aging mostly as the change in our physical bodies, which does happen – we are mortal, we are going to die, we are going to experience decline, disability, illness; that is a normal part of life, but we miss the nuances of all of the ways that we grow.

So one of the questions that I will often ask people when they talk about aging just in terms of their bodies and decline is to ask them to think about a version of themselves from 5 years ago, from 10 years ago, from 15 years ago; and then ask them to think about how have they grown. What's something that they've accomplished or achieved?

What's a skill that they have now, whether it be a physical skill, an emotional skill, a coping skill that they have now? In what ways have they worked really hard to become the person that they are today? And then to share with them, "Guess what, that's a part of your aging too." It's a way to contextualize the complete story of aging, which is really important for our health, for our happiness, and for our longevity as we'll see moving forward.

So before I talk anymore about aging and ageism, I think it's really important for us to ground ourselves in who we are in terms of all of the different identities that we bring with us throughout life. We have many forms of our identities. We have a racial identity. We have a language identity, culture, a gender identity, a sexual orientation, ability, age. All of these things kind of come together to shape us, to shape us in good ways and to sometimes shape us where there's barriers for us.

But there's something pretty interesting about our age identity. Unlike many of the other forms, not all of the forms, our age identity is constantly changing over time, so we're constantly forming and reforming how we interact with the world at different ages. So when you're 20, the way that you interact with the world and the way the world responds to you is very different than when you're 40 or 60 or 80. So we are constantly kind of navigating this change in our age.

This can also happen with ability. We can have disability at any time or multiple times within our life. It is more likely that we have it as we get older because of the physical changes, but when we have a change to ability, we realize that the world is different. People seem to be walking faster. It seems to be harder to get where we need to go.

So all of these things kind of come together to shape our aging experience, and our aging experience is very unique; and it is unique because each of us bring all of these intersectional identities that come together to influence and shape our lifepath and our experiences.

So I want to get personal here, and I want you to do some thinking for just a minute. I want you to reflect on these questions. What do you think it means to be old and what do you think it means to be young? When that word old comes to mind, what are some of the words/synonyms that come to mind for you? What about the word young, how would you describe it and how would you define it? I want you to kind of hold those and think about it. Maybe even write it down for a moment.

Now I want you to think about how do you feel about your own aging. Do you think of yourself as someone that's aging or like me were you kind of disassociating this idea of aging as being about older people, other people? Right. So think about how do you feel about your own aging.

And then how do you talk about growing older? And I use this term growing very purposefully. Is aging something that you talk about becoming into being yourself? Is it about growing and developing or is it more passive like you're getting older?

So thinking about these things and thinking about your personal views of aging is a really good baseline for you to kind of get your starting point as to where you are now and then maybe 40 minutes from now you'll feel a little bit differently about these. But I think it's really important to just kind of check in with yourself.

So one of the things that I find to be really interesting is that we are very familiar with how we develop over time, and we're really familiar with the stages of development starting from infancy to toddlerhood, to childhood, adolescence, adulthood; and then we've kind of gotten stuck in this sense of adulthood and we just talk about older adulthood, but we don't have a term or a word or an understanding for what it means to develop in later life.

So I use the term elderhood, and I think elderhood is really important for a couple different reasons. First I'll tell you what it's not. Elderhood is not meant as a term that's supposed to be just another word to cover up what old is. I actually think we need to destigmatize what it means to be old and take that word back with purpose and power. We don't want to cover up or put shame attached to it. So an elder or elderhood is not meant to say it's just another word to cover up old. What it is meant to do is to think about how development in later life is different than it is in adulthood. If we enter adulthood somewhere in our 20s, that means that we could be in this developmental stage of adulthood for 80 years potentially, especially as more and more of us are living into our 90s and our 100s.

So how does elderhood look different than adulthood? What are the miles, what are the markers, what are the ways that we can contribute, what are the things that we can accomplish in elderhood? And I think when we look at it that way, and we see the potential for different opportunities, for different ways of engaging with the world, for maybe even purposeful ways of slowing down, we can look at elderhood as a strength-based stage of life. And why is that important? Well it's important because right now the way that we have framed later life is based on a concept of retirement.

So very often when I am interacting with older people, when I'm meeting new people, folks will, you know, naturally ask each other, "Well what is it that you do?" That's a very western-centric kind of question that we ask is, "What do you do?" And a lot of people will introduce themselves to me as being retired. "Well I'm retired." What does that actually tell me about you? It tells me that you used to work. Retirement is not a stage of life. Retirement is a social institution.

We developed retirement for many different reasons many years ago. Part of that was good that we wanted to have social benefits to be able to support people in later life. Part of it was built on the foundation of ageism which was trying to get older people out of the workforce. But then we took it a step further and we started to build physical buildings in order to segregate older people. And if you think about it, kind of 55 plus living retirement communities, CCRCs, all of these places are the last ways that we have normalized segregation of people based on age or ability. So we move older people out of communities, out of society and we put them behind gated walls and bricks and mortar that keep them separate, and that's part of how we have structured retirement.

The other piece of retirement that I think is really powerful is that it has been glamorized. So we tend to think of retirement as a permanent vacation, leisure without purpose. But vacations are great but generally people say vacations are great because they end. People need a reason to get up in the morning. People want to contribute. People want to matter at all ages. So seeing retirement as a stage of life is seeing a whole stage of life based on withdrawal as opposed to elderhood that's looking at a

strength of what we can contribute. And these are kind of just some of the ways that we got to this moment in time, some of the structural elements that have built ageism.

So if we see aging as this complex, multidimensional, multidirectional experience, and it's more than we realize, then ageism is certainly more than we realize. Ageism is actually quite profound because it's deep and it's nuanced and it really manifests in so many different ways. When people ask me or when I ask people how they would define ageism, a default generally goes to, "Well ageism is when people can't get jobs or don't get promoted or get kicked out of the workplace." And that is certainly a part of it and ageism in the workplace is absolutely a problem that continues to grow, but that just scratches the surface of what ageism actually is.

So ageism is how we discriminate, marginalize, stereotype people based on age and that means it can be towards older people or it can be towards younger people.

Anytime we are directing some kind of stereotype or judgment or assumption about somebody based on age, that is external ageism. External ageism means it is directed at others, but ageism is also internally directed so that means that question I asked you a few minutes ago, "How do you feel about yourself as an aging person?" if you're carrying around stress and dread and anxiety and disassociation of your own aging, that's called internalized ageism. And internalized ageism really does have a lot of consequences and impacts to our health, to our happiness, and to our longevity.

So ageism is other-directed externally, ageism is self-directed internally, and then ageism is also relational so it's in the ways that we communicate with each other, that

we talk to each other. It's kind of in the air that we breathe. It is all around us everyday and that's how we perpetuate it is that we relate it back and forth to each other.

So I'll give you an example. Let's say I was walking down the street and I hadn't seen a friend for 20 years and I bump into them, and the first thing I say is, "Oh my gosh it is so good to see you. You haven't aged a bit." Or, "You don't look a day over 18" whatever it is. And that person naturally would say, "Well thank you. That is such a compliment. You just made my day." What seems completely innocuous is actually perpetuating the cycle of ageism. In that really short interaction, we have just communicated value for looking younger, for being younger, and we have accepted it with gratitude and thanks. And then we go off and we have other conversations and we repeat it over and over again. This is how it relationally acts as a contagion. So, again, it's externally driven towards others, it's internally driven towards self, and it is relationally driven.

I'll add one more thing is that it's also positive and negative. Negative ageism is when we are purposefully stereotyping or discriminating against someone, but positive ageism could look like trying to do something for an older person because you're making an assumption they can't do it for themselves and they don't want you to do it for them, an idea that we call surplus safety. That can be a positive form of ageism. So I'm not suggesting that you don't open the door for people and you don't do kind things, but I am suggesting that we can think about whether the person that we're trying to help is actually asking for it and if that's being driven just by age.

So why does this matter? Ageism has serious consequences to our health, to our happiness, to our longevity; and these are just some of the little bits of research that

have been done over decades that show that people that have more negative views of their own aging, people who walk around with that stress and that anxiety about growing older are at increased risk for all kinds of things, including the development of chronic diseases, including the biomarkers for Alzheimer's disease, including taking longer to recover from illness. What happens in our mind affects our bodies. And when it comes to ageism and kind of fighting what is inevitable because aging is inevitable, we are actually setting ourselves up to manifest the very things that we fear, including cognitive issues, including depression, including social isolation. All of these things are a part of that mind/body connection that we have. So it's really important that we remember this why that how we feel about ourselves has a huge impact.

There's also quite a big impact of ageism on healthcare and this could be looked at a number of different ways. But there was a study done out of Yale in 2019 that calculated the annual cost, annual cost of ageism at \$63 billion a year and that was looking at age discrimination within healthcare, it was looking at negative stereotypes of people, and it was also looking at internalized ageism and that manifestation of the eight most expensive health conditions – cardiovascular disease, chronic respiratory disease. All of these things are wrapped up in how we experience ageism in healthcare and how we feel about ourselves in our own aging. So it's a pretty big price tag.

And when you think about it, another aspect of this is that a lot of people experience ageism within the healthcare setting, and that actually detracts them from seeking care in the future. So when people have negative experiences at healthcare, when they feel as if they are dismissed because of their age, if they feel that they are not taken

seriously, then they're less likely to seek out care in the future. So there's a lot wrapped up in healthcare and ageism.

So if that's not enough of a why for you, this one should be. There was a study done over 20 years ago that followed people over decades of their lives. And what it found was that people that had more positive views of their own aging lived an average of 7.5 years longer. And that 7.5 years was after accounting for things like gender and loneliness and functional health and socioeconomic status; it was after that. So there's 7.5 years of our lives that are wrapped up in ageism and how we feel about ourselves as aging people.

And what really amazes me about this is that you would think 20 years later that this would be part of our public health knowledge. You know, we know things like smoking is not good for us. We know that not eating well and not exercising can decrease longevity. We even know that not putting on sunscreen has risk. But what we haven't yet kind of talked about, what hasn't cracked through to the mainstream is that 7.5 years of longevity is wrapped up in how we feel about ourselves and our aging. And I think that shows kind of the imperative for why we need to have this conversation and why we need to get this knowledge out there.

There's also a relationship between ageism and abuse in later life. So ageism and abuse can kind of manifest because ageism can justify abusive behavior because we can see people who say, "Well old people don't have value, so we can mistreat them." It can manifest as internalized ageism by people saying something like, "I'm too old to leave. I'm too old to do something different." It can create a lack of awareness that

keeps crimes invisible, and it certainly contributes to a lack of funding for programs that serve older people. So there's quite a connection between ageism and things like abuse in later life where you can see all the different manifestations of ageism and how that can play out.

Ageism at work is another really interesting topic that I don't think gets quite the attention that it deserves. We've really had a lot of growth in the areas of diversity, equity, inclusion, belonging; and we've seen a lot of companies and organizations and agencies really start to lean in to having DEI training as a robust part of either onboarding people or continuing education. But what's fascinating is the last statistic I saw only 10% or less of companies are including ageism and ableism training within diversity, equity, and inclusion and yet we have many good reasons why we should do that. Definitely the workforce is changing. There's definitely workforce shortages. There's more diversity in terms of age within all different companies. There's more older and younger people who are working together and who can accomplish more together, but ageism can underly and undermine that kind of work.

In my own research, I looked at people that are working with or on behalf of older adults, and I found some troubling things. I found that there's plenty of people working with older adults that only did it because a job was available and they didn't particularly like working with older adults. But we don't often ask questions when we hire people to ask them, "Do you enjoy being around older people?"

Also, people that had higher levels of internalized ageism or aging anxiety were not as happy in their jobs, and they were not as likely to stay in their jobs.

So in a culture like that we have now where we're really focused on recruitment and retention because we're having workforce shortages and staff shortages, think about the potential of adding in kind of information when we're recruiting people about aging, about ageism, and simply adding ageism onboarding for people to help build their job satisfaction and to help build up their sense of wanting to stay in their job. We also know that when people stay in their jobs and they're happy, that means that their receiving clients get better quality of care, so another reason why ageism and ageism training and these conversations are so important.

When it comes to ageism in healthcare, I think that we often fall into several of these traps. I think that we often will speak to older patients in an infantilizing kind of tone or voice using elderspeak, saying "Honey," "Sweetie," or "Dear" to people. Many people will fall into the trap of not making eye contact with an older person directly but rather speaking with a caregiver or a care partner that is with them.

I think ageism in healthcare can drive misdiagnosis. This happens a lot between depression and dementia, and especially this is true if we see that though we think something like depression is a normal part of the aging experience, which it is not, and neither is dementia, we can look at undertreatment and overtreatment as potential issues that are affected by ageism in healthcare. Pain is one of the most undertreated symptoms that older people have and often do not get the care that they need. Again, they often feel as if they are dismissed because people think pain is a normal part of being older.

So I think there's things in here that we can do within training, within education, within awareness, and within our relationships. And this is for all kinds of providers that can start to make those connections between that unconscious bias that we may have, which we all have, and the kind of care and treatment options that we're presenting to people.

So ageism is pretty complex. You know, I've kind of walked you through at this point how it manifests, how it exists within healthcare, a lot of reasons why it matters from that mind-body connection, to how it matters at work, to how it matters in healthcare.

Ageism is also complex because it lives within us. It lives within us as individuals. It lives within the social space. It lives within our institutions and with the overall culture, and I'm going to give you a couple of examples of what that looks like.

So at an individual level, this is a little bit of the language of ageism. "I'm too old to start a new project," or "I'm too old to start a new hobby." When we use "too old" as an excuse to be able to try something, to grow in some way, or even something as innocuous as "I would tell you about my experience, but it would date me," some of the shame that we feel about saying how old we are, some of the shame that we feel that people might judge us if I tell you what generation I am from or what movie is my favorite or what book is my favorite because it may "date me" is just some of the ways that we talk about it in everyday life that go completely under the radar.

There's also ageism within our culture, and this also is kind of information that lives out in the world that you likely see everywhere everyday. We catastrophize this growing aging population. We talk about a silver tsunami of people that are coming and going to

wash over all of us and drain us of our resources and affect our economy. I don't know about you, but I'm thinking that equating the growing, aging population with a natural disaster is probably not the best way to frame it. But we really do lead into this crisis in catastrophe language when it comes to the growing population of older people.

We have a thriving multibillion dollar anti-aging industry that shames us, that tells us that we need to look young to be successful, that we shouldn't have wrinkles, that the natural aging body is something that we need to fight, something that we need to battle, something that we need to go to war with – all those militaristic terms that the anti-aging industry uses. And again, that is everywhere. And then we have these cultural messages about generational warfare, those millennials, the millennials who ruin everything and those boomers who are completely out of touch.

So let's talk about that for a minute. Let's talk about generational stereotyping. You know this concept of generations has really evolved over the years. When we used to talk about generations, we spoke about it as if it was more of our ancestry, our family generations, you know, how it is that our ancestors before us came and where our generations were moving in the future. But starting in like the '80s or '90s, this concept of like generational theory came into being; and we really leaned into this idea that we could create these groups of people that we define within a 15- to 20-year span and that we could talk about these groups of people as if they have a shared social consciousness because they have had shared historical experiences.

So we've created names for generations, the silent generation, the greatest generation, baby boomers, millennials, gen X, gen Y, gen Z. All of these are like creations that we

have come up with to say, "Well, these folks were born within this generally arbitrary period of time, so we're going to assume that they have likes and dislikes that are the same, behaviors that are the same." And what I'd like to share with you is that makes no sense.

So think about it this way. The baby boomers were born from 1946 to 1964, and I will say the baby boomers are the only generation that was defined as '46 to '64 because the birth rates were over a certain number every year during that time. Since then, all of the other generations are completely arbitrarily defined.

So you have a baby boomer who was born in 1946. That means that that baby boomer was in their really formative years in the 1960s. The 1960s was a very unique and distinct culture. It was a hippy movement. It was the Vietnam War. It was Civil Rights Movement. There were assassinations. It was a very unique time. The zeitgeist was very unique.

So the zeitgeist was definitely going to influence that person who was growing up in the 1960s. That's baby boomer A. Now baby boomer B, who was born in 1964, grew up in the 1980s. The 1980s was a completely different time. The rise of technology, the Cold War, all different kinds of pop culture influences and movements that were very different from the 1960s; and yet we call both of these people baby boomers as if that says anything meaningful about them.

So I think we've done a lot of damage with generational stereotypes, and I believe it is a form of ageism. When we look at someone and say, "You're a millennial," that must

mean you're lazy, that must mean you're entitled, that must mean you are killing an industry. We are stereotyping them based on their age.

And in truth, we have much more in common with each other than we do that is apart. In truth, if you think back to that slide about intersectionality and all of the different things that influence our life, we realize that two people can't possibly have the same experiences.

So I think really challenging this idea of generations, really challenging this idea that we have to manage generational differences is really misguided when in truth I think we just need to create organic age-diverse relationships with people to see what it is that we have in common rather than fueling a fire that I think is manufacturing tension.

Another area that I like to touch on is called successful aging. So you might have heard of this concept of successful aging. It was actually defined by my own discipline of gerontology. Successful aging is basically defined as maintaining independence, maintaining cognitive abilities, and maintaining physical abilities.

And this concept of successful aging was actually designed to push back against ageism because at the time we tended to see all older people as frail, as incompetent, as dependent on all of these things. So we said, "You know what, there's a whole lot of people that are older that are very robust, that are living really active lives. Let's create this concept of successful aging so that we could better represent the aging experience."

And I get the intention of it, but there's a very slippery slope between ageism and ableism, and this concept of successful aging led us right from one right into the other. So while ageism is discrimination based on age, ableism is discrimination based on ability. And we do have preferences for certain abilities.

So when we define being successful in later life as the ability to maintain our cognitive function and our physical function, not only does it leave out everybody eventually, again, we are all mortal, and we will all decline, but it basically creates a polarity between success in aging and failure in aging.

So I fully believe we get to create our own definition of success, and that successful definition can apply to anybody with any level of ability or disability. It does not need to limit that for people. So this relationship between ageism and ableism is something that I think we need to be careful of and that we really need to explore both separately and as an intersection.

So where do we learn about all of this? Well, if we don't have positive early relationships with older people, we learn about what it means to age from the larger culture. And as I talked about before, a thriving anti-aging industry really is the thing that many people are first exposed to that give them a sense of what it means to dread and fear aging.

A super quick look at magazines, at lyrics, at characters from television shows and from movies shows us that we have very few positive role models. And even when we do, we lean into terms like "look younger," "be ageless." Ageless is not what we are. We

do age, and it is okay to age. And if anything, we need to normalize that it is okay to age and be old.

So this fear in this shame-based marketing, which affect men and women both, just in different ways, is really powerful and a really powerful influence on how we see aging and growing older. And the question that I think we always need to ask ourselves is who benefits from ageism? Who profits from it? And clearly there are always people that do. So to think about the fear and the shame and how it influences us and our perceptions of self is another way that we can go back to that mind-body connection and work on embracing ourselves at all ageism stages.

So, in essence, old age is not the problem. It's the way that we have socially constructed old age that is the problem. And we have the opportunity to change that. When you think about other movements of the past, when you think about some of the old references to women's roles and how sexism played a role, we have made progress in that area. There's always progress to be made, but it means we can make progress in this too.

We can look in the mirror and choose to see ourselves for who we are at every age and choose to see the beauty and the success that is in that age. So, what do we do about that? Well, we disrupt it. They used this term "disrupt" very purposely because disruption is uncomfortable. Now that you've seen it, and I've thrown a lot at you for 40 minutes, what do you do with it? And I think that's always a critical next step is I see it everywhere around me. Now when I pick up a magazine, I'm going to see it. Now when I listen to my favorite song and I hear the lyrics, I'm going to see it. Now when I

look in the mirror, I'm going to see it. Well, disruption is going to be a little bit uncomfortable, and it's going to challenge you to think about things differently.

So how do we disrupt? Well, we first remember individuality. We remember that everybody has their own unique aging experience, but everybody has their own unique path. We remember that generations are not homogeneous groups. We remember that when we do stereotype against younger people, we are feeding their fear of aging and older people. This is a cyclical pattern that influences people of all ages. Why? Because we're all aging. So if we remember the universalness in this, if we remember that aging is the great connector, the one thing that we all share, then we have a lot of reasons why we want to change, why we want to move this forward.

I encourage you to remember about elderhood being a stage of life over retirement. Retirement is a social institution. Elderhood has purpose. It has potential. It has development. It has opportunity. So there are ways for us to see later life as the way that we keep growing, that we keep changing, that we keep becoming our unique selves.

We can disrupt by remembering that age alone does not predict ability, and ability alone does not predict success. So you can be any one of any age and have any level of ability. If anything, as we get older, we get more like ourselves, less like other people; and we could be of any ability, and we can still claim success in life.

And most of all, I hope that you remember your why. Think back to those early slides of why this matters for your health, for your happiness, for your longevity. It matters for

business, it matters for industry, it matters in healthcare. Pick a reason why it matters for you and continue to come back to that, to be thinking of your why.

And then once you have that, you can take a moment to reflect. You can pause. You can think about what you've learned, and then you can start to do a little bit more of the work of considering if your actions, if your words, if your behaviors are contributing to ageism. And then recognize that you have the power to steer the narrative. You have the power to be able to change, and sometimes change is just little things. It's not a big, huge change. It's maybe a way that we think about something differently, a way we say something differently or do something differently. So I'm going to give you some ideas and thoughts about that.

When it comes to ageism in healthcare, just think about how you are seeing the person in front of you. Are you bringing assumptions, are you bringing judgments, are you talking to the person that is right in front of you, or are you talking to their healthcare, to the person that is with them, their caregiver? What kind of tone of voice are you using? Is it a sweetie, honey dear, or are we asking people what it is that they'd like to be called.

We can think about how we train healthcare providers and that we can start to really engage with this material early on in the training process. We can really be person-centered and patient-centered by really creating this idea and this relationship of the person as the driver of their own healthcare, of their own decision-making. So this just takes some conscious awareness and training.

We can disrupt by saying what we mean. These are things that we say all the time because they're easily understood, but we can challenge ourselves to actually say what we mean instead. So when we say "young spirit," do we actually mean young? What does young mean? Well, the real definition of young just means shorter-lived. What we mean when we say young spirit is engaged, active, energetic, lively. That's all associated with young, but if we have a value judgment associated with young or old, then we're feeding into ageism.

So instead just say a lively spirit, an engaged spirit. We don't mean young, so don't say young. What about when we say, "I feel so old"? Most people who say, "I feel so old" are really saying they feel tired, they feel exhausted, they don't feel well. Is old a feeling? Think back to when I first asked you how you define young and how you define old. I bet lots of you had lots of different words going through your minds, probably some thought of decline, some thought of illness, some thought of tired, some thought of withdrawal. And then there are others who thought of wisdom. There are others who thought of lived experiences.

Old is not just one thing. Again, it's not a feeling or a judgment. It means longer-lived. So say what you mean. "I feel tired, I feel sick," and let's think about destigmatizing old. Instead of saying, "Senior moment," which I'm sure you all realize that I probably hate, say, "I forgot" because we all have moments that we forget. And in fact, the older we are, the more information we are carrying in our minds, the little bit longer it takes for us to access that information. That is perfectly okay, and that is perfectly normal.

And then we can talk about how we disrupt in conversation, and this one's tricky. This one's really hard. But the next time someone says to you, "You haven't aged a bit" or "getting old is awful," or "I'm not old; I'm just more mature," what do we say to them? How do we respond in the moment? How do we challenge people to get them to see their own internalized ageism?

And there's no one answer to this. Sometimes I might ask a question and say, "Why would you say mature over old?" I'm old, and I love being old because it means that I have grown, and it means that I have learned. Instead of someone saying, you know, "Getting old is awful," you may want to ask them or reframe through them and say, "You know what, my aging experience has been challenging, but there have also been wonderful things that come across with it."

So I think responding is really dependent on who it is that we're talking to and who it is that might have the power dynamics and what it is that we might want to get across in the moment. But we do need to practice responding to it.

And then create your own definition of successful aging. That goes back to that ageism and ableism, and remember that your definition of success changes over time. How you define success today, at whatever age you are, may not be how you define success 10 years, 20 years, or 30 years from now. So if right now my hobby is mountain climbing, I might think to myself, well, when I'm 80, if I can't climb those mountains, I won't be successful. I won't have joy. That's projecting onto my future self, and I don't know what my future self is going to want. I don't know what my future self is going to value or what I'm going to want to spend my time doing.

So let's not project our successful age. Let's just realize this is a living, breathing definition and something that is really fluid that can evolve over changing ages and changing abilities.

So let's take a moment and revisit these questions. What do you think it means to be old and young? How do you feel about your own aging? Do you identify as somebody that's ageing? Do you talk about growing older? How do you feel differently now than you did when I first started talking to you about 40 minutes ago? Has anything changed? Do you feel a little bit differently? Are there things that you hadn't really thought of before that you want to carry with you?

I think this is a really interesting point of reflection. Now that you see it, you're going to see it everywhere. You're going to see ageism. You're going to see ableism, but now you're also going to have the skills and the capacity to be able to understand it a little bit more deeply.

And when it comes to aging and ageism, the truth is that every single one of us are role models for what it means to age. Because it goes back to the fact that we are all aging. So wherever you are right now, whatever age you are, whatever stage of life you are in, the way that you talk about aging matters. It role models it for other people, both older and younger than you.

So I think that's why we all have ownership of this is because we truly are role models. And if there's one thing that I could encourage all of you to do after today is to make friends with people of different ages, both older and younger. We have a lot to learn from each other. Mentoring and relationship building is not a unidirectional experience.

It should be reciprocal where younger people are learning from older people and older people are learning from younger people. We have a lot in common with each other and a lot to teach each other. So as we're role modeling it, go out, make friends that are older, that are younger, and remember that we are all in this together because we are all aging.

END OF PRESENTATION