

ARTICOLI

Origins and consequences of ageism in today's society

Elaine van Rijn*, Frauke Meyer-Wyk***, Ann-Kristin Reinhard**, Nina Kajander*, Fiona Seiger*, Jan Wollgast*, Susanne Wurm**

With the global population growing older, promoting healthy ageing is a priority. Ageism, the stereotypes, prejudice and discrimination people have towards others or themselves based on age, can have a significant impact on the ageing process. Ageism against older people has a wide range of origins, but the media can play an important role in contributing to the formation of stereotypes or reinforcing existing ones. The consequences of ageism are widespread and have an effect on people's health. Negative views on ageing are linked to a shorter lifespan, worse quality of life, depressive symptoms, worse memory and functional decline. Ageism is also present within the healthcare system, where it can lead to reduced access to treatment or preventative measures for older adults, as well as to barriers to engage in health promoting behaviours or even refusal to access healthcare. The present paper provides recommendations on how to address ageism, for example, through awareness campaigns, intergenerational contact, the development of age-sensitive communication guidelines, more focus on prevention and health promotion early in life, and implementation of policies that prevent age discrimination. Overall, if people age in a healthier way, they will be more capable to deal with the challenges of a society of longevity, which will ultimately benefit the society as a whole.

Keywords: ageing; ageism; longevity; media; health; healthcare.

Introduction

The world population is growing older. Until the start of the COVID-19 pandemic, global life expectancy at birth increased from 66.8 years in 2000 to 73.1 years in 2019, while global healthy life expectancy increased from

* European Commission, Joint Research Centre (JRC), Ispra, Italy. elaine.van-rijn@ec.europa.eu

** Department of Prevention Research and Social Medicine, Institute for Community Medicine, University Medicine Greifswald, Greifswald, Germany. frauke.meyer-wyk@med.uni-greifswald.de

58.1 years in 2000 to 63.5 years in 2019. Following the pandemic, both global life expectancy and healthy life expectancy dropped in 2021, to 71.4 years and 61.9 years, respectively (World Health Organization, 2024). Since 2022, life expectancy has returned to levels observed before the pandemic in nearly all countries and is rising again (United Nations, 2024). Increased life expectancy is related to several factors, such as reduced infant mortality, improved living standards and lifestyles, better education, and advances in healthcare and medicine (Bernini *et al.*, 2024). Whereas life expectancy is going up, birth rates are declining. These two phenomena contribute to population ageing and a transition towards a society of longevity, with an increasing proportion of older people (Kajander *et al.*, 2024a). This demographic shift presents two central objectives for public health: to promote healthy ageing and to promote a high quality of life across the entire lifespan. This will enable people to actively shape their lives to age healthily, to share their experience and time with those around them, and to play an active role in society, the economy and their families. The resources that society gains from this development could offset the negative impacts of demographic change, such as increased healthcare expenditure and higher demands placed on the healthcare system from those experiencing poor health. Accordingly, the United Nations and the World Health Organization declared the years 2021-2030 as Decade of Healthy Ageing. This initiative focuses on four areas for action: age-friendly environments, integrated care, long-term care, and combatting ageism. It includes a global campaign to change the narrative around age and ageing (World Health Organization, 2020).

Extensive research indicates that ageism affects the ageing process (Chang *et al.*, 2020; Westerhof *et al.*, 2023). This paper aims to provide an overview of the origins and consequences of ageism, deriving recommendations for its prevention. It will first outline the conceptualisation and manifestations of ageism, and then discuss societal origins of ageism, focusing on the role of the media. Next, the paper will examine the consequences of ageism, particularly for health and the healthcare sector. The paper will conclude with recommendations on how to address ageism. The focus will be on ageism towards older adults.

1. Conceptualisation and manifestations of ageism

Ageism is defined as the «stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards others or oneself

based on age» (World Health Organization, 2021, p. 2). Ageism can be implicit or explicit. When implicit, people are not consciously aware that they are ageist, whereas explicit ageism involves conscious and intentional actions (World Health Organization, 2021). Although ageism affects all age groups, it is often directed at older adults. While younger age groups may face ageism, for example, as younger employees in the work context (i.e. “Youngism”, Francioli, North, 2021), older adults cannot outgrow the age group subjected to ageism. Ageism is typically associated with negative expressions, but it encompasses both positive and negative aspects. For instance, older people may be associated with frailty, illness and incompetence, but also wisdom, warmth and morality (Cuddy, Fiske, 2002; Fiske *et al.*, 2002). Negative expressions of ageism can harm older people, as it may lead to them behaving as expected, thus becoming a self-fulfilling prophecy (Ayalon, Tesch-Römer, 2018).

Views on ageing (VoA) refer to people’s conceptions about older people, old age, and ageing in general, as well as conceptions of their own age and ageing. This includes subjective ageing, which are individuals’ subjective experiences, beliefs and evaluations of their own ageing (Wurm *et al.*, 2017; Sabatini *et al.*, 2025). VoA can be positive or negative. People with negative (or loss-oriented) VoA see ageing, for example, as a period of an inevitable mental or physical deterioration, or a time of social losses. Those with positive (or gain-related) VoA may think of ageing in terms of having plans for the future, learning new things and feeling valued (Wurm *et al.*, 2017; Wurm *et al.*, 2022). A recent cross-sectional study comparing VoA across adult life found that in their mid-20s, people started feeling younger than their chronological age. Only participants over the age of 77 considered themselves “old people”. Loss-oriented views increased across age groups of individuals between 18 and 85 years. VoA should thus be conceptualised as a lifespan construct, particularly since VoA affect behaviour towards older people and individual development in later life (Wurm *et al.*, 2025).

Ageism is manifested at different levels. At the micro-level, ageism is concerned with the individual, where it can be directed towards oneself or towards other people (self- vs. other-oriented ageism). At the meso-level, ageism is related to social groups and institutions. Finally, at the macro-level ageism considers cultural and societal values, for example, as reflected in language, humour and the media (Ayalon, Tesch-Römer, 2017; Ayalon, Tesch-Römer, 2018; Iversen *et al.*, 2009; World Health Organization, 2021). Ageism should be considered in a broad context, as it interacts with other intersectional prejudices such as race, gender or

socioeconomic status (Chang *et al.*, 2020). Ageism is a global challenge: worldwide one in two people are ageist against older people and in Europe, one in three people reported having experienced ageism (World Health Organization, 2021).

2. Origins of ageism: the example of the media

Ageism against older people has various origins. Firstly, individuals grow up with cultural age stereotypes and over the course of life, they internalise such stereotypes and incorporate them into their perceptions of ageing (Levy, 2009). This way, age stereotypes affect how individuals perceive and treat older adults, as well as how people see themselves as they age. Cultural “messages” about ageing are reflected in media and cultural norms, welfare-state services (e.g. statutory retirement age), and institutions (e.g. how companies deal with older employees). In addition, people try to psychologically distance themselves from belonging to the group of older people by feeling younger (for a meta-analysis: Pinquart, Wahl, 2021), as well as from reminders of mortality (Martens *et al.*, 2005). Ageism can originate from personal experiences with ageing, intergenerational contact, socioeconomic resources, and health.

Self-directed ageism affects the health of the older individual, with lower levels of self-directed ageism found to be associated with a better physical and mental health. Other-oriented ageism is influenced by factors such as anxiety of ageing, fear of death, and economical resources. However, the most robust determinants of other-directed ageism are the quality of contact with older people and the presentation of older people. Higher quality contact with older people and a more positive presentation of older people reduce other-directed ageism (Marques *et al.*, 2020).

The media play a crucial role in older people’s portrayal, particularly in terms of dissemination and formation of ageist ideas or images (Harwood, 2007; Nussbaum *et al.*, 2000; Ylänne, 2015). By setting thematic priorities, media can either create public awareness of older people’s opinions and experiences or erase them from public perception and discourse. Media co-construct audiences’ perceptions of the world and the people in it (Harwood, 2007; Nussbaum *et al.*, 2000). For example, underrepresentation or invisibility of older people could suggest that not many older people exist or that they are less important than other age groups (Nussbaum *et al.*, 2000). Media can also shape the interpretation of topics through narratives and frames. For instance, older people could be depicted as a threat and

burden to society in the context of demographic change (e.g. Thimm, 2009). Furthermore, visual and verbal portrayal of older people, such as in movies, on social media or in the news, teaches audiences specific social role behaviour (Nussbaum *et al.*, 2000). From childhood onwards, media consumers learn how older people should look and behave, contributing to the formation of stereotypes or reinforcing existing ones (Loos, Ivan, 2018).

In recent decades, studies found that older people (particularly older women and very old people) are severely underrepresented in traditional media, such as television, relative to their share of the population (e.g. Kessler *et al.*, 2004; Markov, Yoon, 2021). Older female actors received fewer film roles (Lincoln, Allen, 2004), were less represented in fictional television content (Markov, Yoon, 2021), and received fewer awards (Markson, Taylor, 1993) than older male actors. Fewer older characters and a similar gender ratio were also observed in media for children, with some exceptions such as Disney productions (Danowski, Robinson, 2012; Robinson, Howatson-Jones, 2014). Some studies have observed a slight increase in the presence of older people in the media over recent decades (Edström, 2018; Loos, Ivan, 2018; Markov, Yoon, 2021; Ylänne, 2015).

Studies on the quality of the portrayal provide more nuanced results. While news formats tend to problematise old age – for example, older people were primarily associated with vulnerability during the COVID-19 pandemic (e.g. Jen *et al.*, 2021; Zhang, Liu, 2021) – entertainment formats partly portray older people in an overly positive manner (Kessler *et al.*, 2004; Markov, Yoon, 2021). Again, more favourable portrayals of older male than female characters were found. Characteristics such as leadership and power were more often connected to older male than older female characters (Edström, 2018). In children’s media, older characters were often peripheral figures with more negative features (such as helplessness, loss of power, foolishness or grumpiness) than positive features (such as a caring, friendly and understanding nature, good health or wisdom) (Robinson, Howatson-Jones, 2014). Studies have noted a shift towards more positive portrayals (Kessler, 2015; Thimm, 2009; Ylänne, 2015), but unbalanced and overly positive portrayals create unrealistic ideals of ageing that do not do justice to the reality of many older people’s lives (Loos, Ivan, 2018; Reul *et al.*, 2023). A lack of diversity in the portrayal of older people fails to capture the multifaceted characteristics and life situations of older adults (Harwood, 2007; Kessler, 2015; Reul *et al.*, 2023; Thimm, 2009). Additionally, older people tend not to be portrayed in certain life domains, such as fashion and romance (Edström, 2018; Reul *et al.*, 2023).

Age-based discrimination against older adults also appears on social media, as highlighted during the COVID-19 pandemic, where ageism in the context of the rollout of vaccines was found on Twitter (e.g. Jimenez-Sotomayor *et al.*, 2020; Bacsu *et al.*, 2024). Conversely, older adults creating content on social media platforms such as TikTok challenge negative VoA by defying age stereotypes and calling out ageism (Ng, Indran, 2022).

3. Consequences of ageism: the example of health and healthcare

Ageism has widespread consequences and poses a problem for several reasons. Firstly, it has a universal impact as it affects everybody at some point in their life (Iversen *et al.*, 2009). Secondly, ageism can intersect with other -isms, such as sexism, racism and disablism, leading to multiplied marginalisation for certain population groups (Ayalon, Tesch-Römer, 2018; World Health Organization, 2021). Thirdly, ageism is self-reinforcing (Ayalon, Tesch-Römer, 2018). Loss-oriented VoA cause older people to both experience and create restrictions for themselves in the ageing process (Swift *et al.*, 2017). Examples include withdrawal from social and physical activities, lower likelihood to seek healthcare, intention to retire, lower employment chances and training opportunities, and refusal of certain treatments to older patients. These restrictions can ultimately result in older people suffering losses in their physical, social, financial and mental capacities, in turn fulfilling ageist stereotypes (Swift *et al.*, 2017). Thus, ageism adversely affects successful ageing; i.e. ageing with a low risk of disease and disability, high cognitive and physical function, and high engagement with life (Sabatini *et al.*, 2025).

Studies have found that ageism affects people's health, influencing both how long people live and how healthy they grow older (Chang *et al.*, 2020; Sabatini *et al.*, 2025; Westerhof *et al.*, 2023). Negative internalised ageist beliefs are associated with poorer health and well-being (Henry *et al.*, 2024). Ageism predicts worse health outcomes globally, particularly in less-developed countries, possibly due to lower resources available. The effect of ageism on health at the structural level has increased over time (Chang *et al.*, 2020). At the individual level, negative VoA are associated with physical and mental health issues such as a shorter lifespan, lower quality of life, depressive symptoms, worse memory, and functional decline (*ibid*), while positive VoA are linked with positive health outcomes, lower risks of mental and physical health conditions, and longer life expectancy

(Sabatini *et al.*, 2025; Westerhof *et al.*, 2023; Wurm *et al.*, 2017). However, the relationship between VoA and successful ageing is likely bidirectional. A longitudinal study from Germany found that in the short term, negative self-perceptions of ageing reduced negative affect in older adults that experienced a serious health event. However, in the long term they experienced more functional limitations (Wolff *et al.*, 2017). Recent studies found that newly diagnosed health conditions such as cardiovascular events can lead to more negative VoA, which can decrease motivation to invest in health maintenance, prevention, rehabilitation, training, and social connectedness (Sabatini *et al.*, 2025; Wurm *et al.*, 2020), creating a self-reinforcing cycle. Social inequality can amplify this; individuals with lower socio-economic status have more negative VoA (Beyer *et al.*, 2017), higher likelihood to experience health events, and earlier age-related health status decline (e.g. Littlewood *et al.*, 2025; Beydoun *et al.*, 2025). Accordingly, successful and healthy ageing is less likely for people with low socioeconomic status and with increasing age (e.g. Hank, 2011; Wagg *et al.*, 2021). Overly positive ideals of ageing risk stigmatising those with fewer health and socio-economic resources. Thus, positive concepts of ageing should be promoted cautiously to avoid establishing unrealistically positive norms and marginalising specific groups, creating further ageism.

Ageism is present in many different aspects of healthcare (Ungar *et al.*, 2024). Age-based discrimination of older people can lead to less access to treatment or preventative measures, and along with internalised stereotypes, this could create barriers to health promoting behaviours or refusal to access healthcare. Additionally, healthcare typically focuses on treatment rather than on prevention or health promotion. Treatment tends to target one disease at a time, but older patients often have multiple chronic medical conditions. Treatment courses are usually based on evidence from younger generations with fewer comorbidities, leading to potentially incorrect or even harmful interventions in older adults (*ibidem*).

Older patients are often excluded from or underrepresented in clinical trials, contributing to a lack of evidence-based medicine for this age group (Chang *et al.*, 2020; Ungar *et al.*, 2024). Furthermore, older persons are typically not involved in treatment decision making, which can result in poor adherence to treatment plans. Communication between care providers is often lacking, which is problematic for those with multiple problems. Care providers may be influenced by negative age stereotypes, leading to inadequate responses to the prevention and healthcare needs (Schüttengruber *et al.*, 2022; Ungar *et al.*, 2024). Negative VoA also contribute to staff shortages in aged care sectors, such as nursing (Henry *et*

al., 2024; Ungar *et al.*, 2024). Healthcare facilities often lack spaces tailored to older patients' needs, such as for rehabilitation or socialisation, and hospitals are often not designed for easy mobility of older adults. Finally, the increased use of technology in healthcare can further reduce accessibility, as older people may not be accustomed to using digital technology (Ungar *et al.*, 2024).

Conclusion

In a world with an increasingly older population, promoting healthy ageing is crucial to improve the well-being and active participation of older people in society, and reduce costs associated with a society of longevity (Levy *et al.*, 2020). Addressing ageism is essential, particularly considering its detrimental effect on health. Ageism can be tackled at the micro-, meso- and macro-level. At the micro-level, individuals should reflect on their own VoA and ageism experiences. Increased awareness of the existence of ageism, including one's own implicit ageist beliefs, can help recognise and challenge ageist stereotypes in any context. Awareness campaigns should target the general public, as well as healthcare professionals and journalists. At the meso-level, intergenerational contact in community programmes can encourage understanding and solidarity across age groups (Kajander *et al.*, 2024a; Kajander *et al.*, 2024b; World Health Organization, 2021; Wurm *et al.*, 2024). At the macro-level, ageism should be addressed in systems such as healthcare, education and the labour market, as well as in the media. The media represent a wide-reaching, effective platform for promoting positive and balanced VoA. Initiatives include raising awareness of ageism among relevant professional groups and providing training on age-sensitive communication. Communication guidelines should include information on how to use respectful language, avoid ageist terms and generalisations, and choose images that are not ageist (Kajander *et al.*, 2024b).

Since ageism and healthy ageing are interdependent, reducing ageism requires promoting healthy and active ageing throughout the lifespan. This can initiate an upward spiral. Healthy people are more able to participate in society and deal with the challenges of a society of longevity, which will benefit the older people themselves and positively change both their perspective and societal VoA, to eventually promote older people's own healthy ageing process (Kajander *et al.*, 2024a; Wurm *et al.*, 2024). However, the concepts of healthy, active and successful ageing must be implemented with caution, to not dominate public and political views to the ex-

clusion of other authentic ageing experiences, and to prevent stigmatisation of older people who do not meet the classic criteria for healthy and successful ageing (Langmann, Weßel, 2023). Acknowledging diverse experiences of ageing and recognising other resources in old age, such as resilience and social relationships, is needed (Waddell *et al.*, 2025). A comprehensive anti-ageist strategy should encompass an inclusive agenda for old age and ageing. Messages and campaigns should represent older people in their diversity. Economic policy measures should aim at sustainable pension systems with adequate pensions, flexible employment arrangements, and lifelong education opportunities. Communities need age-friendly infrastructures to support mobility and social inclusion, for instance through accessible public spaces and affordable public transport. Healthcare policies should support capacities, workforce training and affordable services in the fields of geriatric care, gender-sensitive healthcare, chronic disease management and long-term care (Ribeiro, Araújo, 2025). Healthcare should focus on prevention and health promotion, the consideration of comorbidities in the treatment process, and access to age-friendly facilities (Ungar *et al.*, 2024). Finally, more inclusive and person-centred research on older adults' health and behavioural needs is needed, ensuring that health and social care are better integrated (American Psychological Association, 2025; Ungar *et al.*, 2024).

This paper provided an overview of origins and consequences of ageism against older adults, and recommendations for its prevention. It introduced the conceptual foundations of ageism, discussed its social origins based on the example of the media, analysed the impact of ageism in the context of health and healthcare, and derived recommendations for action against ageism. Finally, the paper offered a practice- and policy-oriented introduction to the topic of ageism and offered approaches for addressing ageism.

References

- American Psychological Association (2025). *APA resolution on ageism*. Available online at: <https://www.apa.org/about/policy/resolution-ageism.pdf> (11/12/2025).
- Ayalon L., Tesch-Römer C. (2017). Taking a closer look at ageism: Self- and other-directed ageist attitudes and discrimination. *European Journal of Ageing*, 14(1), 1-4. DOI: 10.1007/s10433-016-0409-9
- Ayalon L., Tesch-Römer C. (2018). Introduction to the Section: Ageism – concept and origins. In: Ayalon L., Tesch-Römer C., editors, *Contemporary Perspectives on Ageism*. International Perspectives on Aging, vol. 19. Cham: SpringerOpen.

- Bacsu J.R., Andrew M.K., Azizi M., Berger C., Cammer A., Chasteen A.L., Fraser S.A., Grewal K.S., Green S., Gowda-Sookochoff R., Mah J.C., McGilton K.S., Middleton L., Nanson K., Spiteri R.J., Tang Y., O'Connell M.E. (2024). Using Twitter to understand COVID-19 vaccine-related ageism during the Pandemic. *The Gerontologist*, 64(2): gnad061. DOI: 10.1093/geront/gnad061
- Bernini A., Icardi R., Natale F., Nédée A. (2024). *Healthcare workforce demand and supply in the EU27. Projections for the period 2021-2071*. Publications Office of the European Union, European Commission, Joint Research Centre. Available online at: <https://op.europa.eu/en/publication-detail/-/publication/91d712bf-ac7f-11ef-acb1-01aa75ed71a1/language-en> (11/12/2025).
- Beydoun M.A., Georgescu M.F., Weiss J., Noren Hooten N., Beydoun H.A., Tsai J., Maino Vieytes C.A., Evans M.K., Zonderman A.B. (2025). Socioeconomic area deprivation and its relationship with dementia, Parkinson's Disease and all-cause mortality among UK older adults: A multistate modeling approach. *Social Science & Medicine*, 379: 118137. DOI: 10.1016/j.socscimed.2025.118137
- Beyer A.-K., Wurm S., Wolff J.K. (2017). Älter werden – Gewinn oder Verlust? Individuelle Altersbilder und Diskriminierungserfahrungen. In: Mahne K., Wolff J.K., Simonson J., Tesch-Römer C., editors, *Altern im Wandel: Zwei Jahrzehnte Deutscher Alterssurvey (DEAS)*. Wiesbaden: Springer VS.
- Chang E.S., Kannoth S., Levy S., Wang S.Y., Lee J.E., Levy B.R. (2020). Global reach of ageism on older persons' health: A systematic review. *PLoS One*, 15(1): e0220857. DOI: 10.1371/journal.pone.0220857
- Cuddy A.J., Fiske S.T. (2002). Doddering but dear: Process, content, and function in stereotyping of older persons. In: Nelson T.D., editor, *Ageism: Stereotyping and prejudice against older persons*. Cambridge, MA: MIT Press.
- Danowski J., Robinson T. (2012). The portrayal of older characters in popular children's picture books in the US. *Journal of Children and Media*, 6(3): 333-350. DOI: 10.1080/17482798.2011.630741
- Edström M. (2018). Visibility patterns of gendered ageism in the media buzz: A study of the representation of gender and age over three decades. *Feminist Media Studies*, 18(1): 77-93. DOI: 10.1080/14680777.2018.1409989
- Francioli S.P., North M.S. (2021). Youngism: The content, causes, and consequences of prejudices toward younger adults. *Journal of Experimental Psychology: General*, 150(12): 2591-2612. DOI: 10.1037/xge0001064
- Fiske S.T., Cuddy A.J., Glick P., Xu J. (2002). A model of (often mixed) stereotype content: Competence and warmth respectively follow from perceived status and competition. *Journal of Personality and Social Psychology*, 82(6): 878-902. DOI: 10.1037/0022-3514.82.6.878
- Hank K. (2011). How “successful” do older Europeans age? Findings from SHARE. *The Journals of Gerontology: Series B*, 66B(2): 230-236. DOI: 10.1093/geronb/gbq089
- Harwood J. (2007). *Understanding communication and aging: Developing knowledge and awareness*. Thousand Oaks, CA: Sage.

- Henry J. D., Coundouris S.P., Nangle M.R. (2024). Breaking the links between ageism and health: An integrated perspective. *Ageing Research Reviews*, 95: 102212. DOI: 10.1016/j.arr.2024.102212
- Iversen T.N., Larsen L., Solem P.E. (2009). A conceptual analysis of Ageism. *Nordic Psychology*, 61(3): 4-22. DOI: 10.1027/1901-2276.61.3.4
- Jen S., Jeong M., Kang H., Riquino M. (2021). Ageism in COVID-related newspaper coverage: The first month of a pandemic. *The Journals of Gerontology: Series B*, 76(9): 1904-1912. DOI: 10.1093/geronb/gbab102
- Jimenez-Sotomayor M.R., Gomez-Moreno C., Soto-Perez-de-Celis E. (2020). Coronavirus, ageism, and Twitter: An evaluation of tweets about older adults and COVID-19. *Journal of the American Geriatrics Society*, 68(8): 1661-1665. DOI: 10.1111/jgs.16508
- Kajander N., Wurm S., Meyer-Wyk F., Reinhard A.K., van Rijn E., Seiger F., Wollgast J. (2024a). Ageism: a challenge for a society of longevity. JRC Science for Policy Brief. Available online at: <https://publications.jrc.ec.europa.eu/repository/handle/JRC138088> (11/12/2025).
- Kajander N., Meyer-Wyk F., Pasztor Z., Seiger F. (2024b). Shifting perspectives: addressing ageism in media narratives. JRC Science for Policy Brief. Available online at: <https://publications.jrc.ec.europa.eu/repository/handle/JRC138090> (11/12/2025).
- Kessler E.-M. (2015). Altersbilder in den Köpfen und Altersbilder in den Medien – wie beeinflussen sie einander? In: Vollbracht M., editor, *Ein Heim – kein Zuhause?* Rappersville: Innovatio.
- Kessler E.-M., Rakoczy K., Staudinger U.M. (2004). The portrayal of older people in prime time television series: The match with gerontological evidence. *Ageing and Society*, 24(4): 531-552. DOI: 10.1017/S0144686X04002338
- Levy B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current Directions in Psychological Science*, 18(6): 332-336. DOI: 10.1111/j.1467-8721.2009.01662.x
- Levy B.R., Slade M. D., Chang E.S., Kanno S., Wang S.Y. (2020). Ageism amplifies cost and prevalence of health conditions. *The Gerontologist*, 60(1): 174-181. DOI: 10.1093/geront/gny131
- Lincoln A.E., Allen M.P. (2004). Double jeopardy in Hollywood: Age and gender in the careers of film actors, 1926-1999. *Sociological Forum*, 19: 611-631. DOI: 10.1007/s11206-004-0698-1
- Littlewood K., Gegic J., Hickman M., Henson R.C.J., Bishop J.R., Kershaw T., Diamond P., Slabaugh G., Tranos E., Vasilaki A., Tennant D., Courtin E., Chan L.F., Henson S.M., on behalf of the CELLO Network. (2025). Metabolic dysfunction over a life course key to healthy ageing inequality. *Ageing Clinical and Experimental Research*, 37(1): 191. DOI: 10.1007/s40520-025-03034-3
- Loos E., Ivan L. (2018). Visual ageism in the media. In: In: Ayalon L., Tesch-Römer C., editors. *Contemporary perspectives on Ageism*. SpringerOpen.
- Markov Č., Yoon, Y. (2021). Diversity and age stereotypes in portrayals of older adults in popular American primetime television series. *Ageing and Society*, 41(12): 2747-2767. DOI: 10.1017/S0144686X20000549

- Markson E.W., Taylor C.A. (1993). Real versus reel world: Older women and the Academy Awards. In: Cole E., Rothblum E.D., Davis N.C., editors, *Faces of Women and Aging*. New York: Routledge.
- Marques S., Mariano J., Mendonça J., De Tavernier W., Hess M., Naegele L., Peixeiro F., Martins D. (2020). Determinants of Ageism against older adults: A systematic review. *International Journal of Environmental Research and Public Health*, 17(7): 2560. DOI: 10.3390/ijerph17072560
- Martens A., Goldenberg J.L., Greenberg J. (2005). A terror management perspective on ageism. *Journal of Social Issues*, 61(2): 223-239. DOI: 10.1111/j.1540-4560.2005.00403.x
- Ng R., Indran N. (2022). Not too old for TikTok: How older adults are reframing aging. *The Gerontologist*, 62(8): 1207–1216. DOI: 10.1093/geront/gnac055
- Nussbaum J.F., Pecchioni L.L., Robinson J.D., Thompson T.L. (2000). *Communication and aging*. Second Edition. Lawrence Erlbaum Associates Publishers.
- Pinquart M., Wahl H.-W. (2021). Subjective age from childhood to advanced old age: A meta-analysis. *Psychology and Aging*, 36(3): 394-406. DOI: 10.1037/pag0000600
- Reul R., Dhoest A., Paulussen S., Panis K. (2023). The vulnerable old-old versus the dynamic young-old: Recurring types in the representation of older people on television. *Ageing and Society*, 43(12): 2804-2820. DOI: 10.1017/S0144686X22000137
- Robinson S., Howatson-Jones L. (2014). Children's views of older people. *Journal of Research in Childhood Education*, 28(3): 293-312. DOI: 10.1080/02568543.2014.912995
- Sabatini S., Rupprecht F., Kaspar R., Klusmann V., Kornadt A., Nikitin J., Schönstein A., Stephan Y., Wettstein M., Wurm S. (2025). Successful aging and subjective aging: Toward a framework to research a neglected connection. *The Gerontologist*, 65(1): gnae051. DOI: 10.1093/geront/gnae051
- Schüttengruber G., Stolz E., Lohrmann C., Kriebemegg U., Halfens R., Großschädl F. (2022). Attitudes towards older adults (80 years and older): A measurement with the ageing semantic differential - A cross-sectional study of Austrian students. *International Journal of Older People Nursing*, 17(3): e12430. DOI: 10.1111/opn.12430
- Thimm C. (2009). Altersbilder in den Medien - Zwischen medialem Zerrbild und Zukunftsprojektion. In: Ehmer J., Höffe O., editors, *Bilder des Alterns im Wandel. Historische, interkulturelle, theoretische und aktuelle Perspektiven*. Stuttgart: Wissenschaftliche Verlagsgesellschaft.
- Ungar A., Cherubini A., Fratiglioni L., de la Fuente-Núñez V., Fried L.P., Krasovitsky M.S., Tinetti M.E., Officer A., Vellas B., Ferrucci L. (2024). Carta of Florence against ageism: No place for ageism in healthcare. *The Journals of Gerontology: Series A*, 79(3): glad264. DOI: 10.1093/gerona/glad264
- United Nations. (2024). *World population prospects 2024: Summary of results*. Available online at: <https://desapublications.un.org/publications/world-population-prospects-2024-summary-results> (11/12/2025)

- Westerhof G.J., Nehrkom-Bailey A.M., Tseng H.Y., Brothers A., Siebert J.S., Wurm S., Wahl H.W., Diehl M. (2023). Longitudinal effects of subjective aging on health and longevity: An updated meta-analysis. *Psychology and Aging*, 38(3): 147-166. DOI: 10.1037/pag0000737
- Wagg E., Blyth F.M., Cumming R.G., Khalatbari-Soltani S. (2021). Socioeconomic position and healthy ageing: A systematic review of cross-sectional and longitudinal studies. *Ageing Research Reviews*, 69: 101365. DOI: 10.1016/j.arr.2021.101365
- Wolff J.K., Schüz B., Ziegelmann J.P., Warner L.M., Wurm S. (2017). Short-term buffers, but long-term suffers? Differential effects of negative self-perceptions of aging following serious health events. *The Journals of Gerontology: Series B*, 72(3): 408-414. DOI: 10.1093/geronb/gbv058
- World Health Organization. (2020). *Decade of healthy ageing: baseline report*. Available online at: <https://www.who.int/publications/i/item/9789240017900> (11/12/2025).
- World Health Organization. (2021). *Global report on ageism*. Available online at: <https://www.who.int/publications/i/item/9789240016866> (11/12/2025).
- World Health Organization. (2024). *World health statistics 2024: monitoring health for the SDGs, Sustainable Development Goals*. Available online at: <https://www.who.int/publications/i/item/9789240094703> (11/12/2025).
- Wurm S., Diehl M., Kornadt A.E., Westerhof G.J., Wahl H.W. (2017). How do views on aging affect health outcomes in adulthood and late life? Explanations for an established connection. *Developmental Review*, 46: 27-43. DOI: 10.1016/j.dr.2017.08.002
- Wurm S., Gehring M., Blawert A., Zok K., Schröder H., Kornadt, A.E. (2025). Views on aging throughout the adult lifespan: Age grading in five dimensions. *Geropsych: The Journal of Gerontopsychology and Geriatric Psychiatry*, 38(2): 61-70.
- Wurm S., Reinhard A.K., van Rijn E., Wollgast J., Kajander N. (2024). Ageism: A challenge for health and healthcare. JRC Science for Policy Brief. Available online at: <https://publications.jrc.ec.europa.eu/repository/handle/JRC138117> (11/12/2025).
- Wurm S., Schäfer, S.K. (2022). Gain- but not loss-related self-perceptions of aging predict mortality over a period of 23 years: A multidimensional approach. *Journal of Personality and Social Psychology*, 123(3): 636-653. DOI: 10.1037/pspp0000412
- Wurm S., Wiest M., Wolff J.K., Beyer A.K., Spuling S.B. (2020). Changes in views on aging in later adulthood: The role of cardiovascular events. *European Journal of Ageing* 17: 457-467. DOI: 10.1007/s10433-019-00547-5
- Yläne V. (2015). Representations of ageing in the media. In: Twigg J., Martin W., editors, *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- Zhang J., Liu X. (2021). Media representation of older people's vulnerability during the COVID-19 pandemic in China. *European Journal of Ageing*, 18(2): 149-158. DOI: 10.1007/s10433-021-00613-x