

Study: Elderly go from being perceived as capable consumer to 'old person'

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(Phys.org)—Many baby boomers want to improve the way people view aging, but an Oregon State University researcher has found they often reinforce negative stereotypes of old age when interacting with their own parents, coloring the way those seniors experience their twilight years.

Drawing on in-depth interviews with consumers in their late 80s, their family members, and paid caregivers, Oregon State University researcher Michelle Barnhart found that [study participants](#) viewed someone as "old" when that person consumed in ways consistent with society's concept of older people, and not simply when he or she experienced inabilities that come with increased [chronological age](#).

"Our society devalues old age in many ways, and this is particularly true in the United States, where individualism, self-reliance, and independence are highly valued," Barnhart said. "Almost every [stereotype](#) we associate with being elderly is something negative, from being 'crotchety' and unwilling to change to being forgetful.

"Conflicts come up when someone does not think of themselves as old," Barnhart added, "but people in their family or [caregiving](#) group are treating them as such."

The study is now available online and will be published in the April 2013 issue of the [Journal of Consumer Research](#).

Barnhart, who is an assistant professor of marketing at OSU, said her study explains how consumption activities, which can range from buying groceries to attending medical appointments, serve as a means of identifying someone as old. They also serve as a venue for working through conflicts that arise when older consumers who do not identify themselves as old are treated as an "[old person](#)" by [family members](#) and service providers.

"When people in their 80s or 90s exhibited characteristics that society tends to associate with people who are not old, such as being aware, active, safe, or independent, they were viewed and treated as not old," Barnhart said. "In this way, they were able to age without getting old."

When perception-triggered [conflicts](#) arose, older consumers used various strategies to negotiate their identity with others. Sometimes they attempted to convince others of their not-old identity through verbal arguments. Other times, they tried to prove that they were not old by independently performing activities. Another strategy was to force a change, such as shutting out their younger family member entirely.

"Abbie," an 89-year-old woman from Texas, told Barnhart when she went to her doctor with her daughters, the physician would only talk to her children.

"If younger people bring you in, they think it's because you're not, I guess, lucid enough to understand what they're saying," Abbie said. "But that irked me so bad that I wanted to grab him by the collar and say, 'Look, talk to me! I'm the patient.'" To avoid this type of treatment, Abbie barred her daughters from the doctor's exam room during future appointments.

Barnhart said the adult children of elderly consumers in the study were primarily in their 50s, and often voiced that [baby boomers](#) would change how people view old age, but she said unless society stops devaluing and marginalizing older people, this will not happen.

"Unless we change the way we view old age, the generation younger than the boomers will treat them the same way as soon as they show a few more wrinkles, or seem a bit shaky on their feet," she said.

In addition, Barnhart said policies that view aging and health as issues faced by individuals need to change to reflect a larger group decision-making process. Programs such as Medicare, for instance, may need to shift to provide services not just for the elderly consumer, but their support networks to help them deal with the inevitable loss of ability that comes with aging.

"Losing a bit of your independence by getting help from others doesn't have to equate with becoming a devalued and marginalized member of society," she said. "Everybody ages, you can't stop that. But what we can do is respond to someone's limitations in a way that preserves dignity and value."

Provided by Oregon State University

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