Chapter 1—Attitudes and Social Issues that Affect Older People

Multiple Choice Questions

1. Attitudes and beliefs refer to cognitions. If the cognition is about a certain event, it would be considered which type of cognition?

a) discrete
b) categorical
c) temporal
d) hypothetical
e) reciprocal

Ans: c
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2. Stereotypes are

a) accurate representations of people within a category
b) uncommon attitudes within a society
c) oversimplifications
d) the only influence on behaviour
e) not related to the treatment of older people

Ans: c
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3. In Western culture, the status accorded to people increases from youth to middle age, but declines thereafter. The consequences include a stereotyping of older people that is usually negative, but sometimes positive. This form of stereotyping is called

a) sexism
b) racism
c) classism
d) ageism
e) heterosexism

Ans: d
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4. What has been referred to as a "quiet epidemic" that contributes to benign neglect or indifference toward older people as a social category, rather than interpersonal antagonism?

a) sexism
b) racism
c) classism
d) ageism
e) heterosexism

Ans: d
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5. All but which of the following statements about ageism is true?

a) it contributes to benign neglect or indifference toward older people as a social category, rather than interpersonal antagonism
b) it refers to stereotyping of older people as a social unit, but may not lead to antagonistic behaviour in interactions with older people
c) it refers to antagonistic behaviour in interactions with older people, rather than stereotyping of older people as a social unit
d) its expression varies with history and culture
e) there are gender differences, with females more negative about the aging of their bodies than males

Ans: c
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6. The research suggests that exposing students to positive information about aging _____ on their knowledge and attitudes about aging.

a) has no effect
b) has a little effect
c) has a negative effect
d) has a positive effect
e) has not demonstrated what effect it has

Ans: d
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7. Ageism is pervasive in health care: In nursing homes, the overuse of medication is a substitute for humane attention through diagnosis and careful treatment. This has been referred to as

a) neglect
b) pacification
c) indifference
d) medicalization
e) polypharmacy

Ans: b
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8. Although Canadian nursing homes use psychotropic medication no more than nursing homes in other countries, the use of physical restraints in Canada _____ other countries.

a) is less frequent than
b) is more frequent than
c) is the same as
d) is inconsistent with
e) has not been studied in

Ans: b
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9. While ageist attitudes support the assumptions of apocalyptic demography that influence health care policy, the evidence suggests otherwise, specifically that

a) age inevitably brings about illness
b) treatment of illness incurs fiscal costs
c) there will be escalating costs with population aging
d) it is professional self-interest, rather than demography, which contributes to projections of rising health care expenditure
e) health care providers will require an increase in income to care for the increasing aging population

Ans: d
Page: 5

10. What have health economists likened to a "zombie" that keeps walking despite its evident death?

a) health-care policies
b) stocks in private long-term care homes
c) apocalyptic demography hypothesis
d) heath-care professionals' self-interest
e) ageist attitudes in fiscal assumptions

Ans: c
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11. All but which of the following statements about ageism and employment is true?

a) mandatory retirement invokes active discrimination
b) equal opportunities legislation has stopped ageist attitudes
c) stereotypes suggest younger workers may lack requisite experience
d) stereotypes suggest older workers may be unmotivated and inflexible
e) ageist attitudes can have implications for recruitment, salary, and termination

Ans: b
Page: 5

12. Ageist attitudes in the legislature may do a disservice to older people. For example, under the Newfoundland and Labrador Human Rights Code, an older person may be denied access to public places or private dwellings, denied service, harassed, and even become the object of hate literature because

a) age is a prohibited ground for discrimination under the Code only between 18 and 65 years of age
b) age is a prohibited ground for discrimination under the Code only for those 65 years of age and older
c) ageism is a recognized and visible problem among legislators throughout Newfoundland and Labrador
d) it was believed that most older people live in nursing homes where they are protected from these issues and therefore did not have to be included in the Code
e) it was believed that most older people live with their families and are therefore protected from these issues and did not have to be included in the Code

Ans: a
Page: 5-6

13. Starr (1985) maintained that nowhere is ageism more obvious than in attitudes toward

a) employment
b) health care
c) education
d) law
e) sexuality

Ans: e
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14. Why is the taboo of later-life sexuality unlikely to change quickly?

a) older people are not interested in sex
b) not enough older men use Viagra
c) older people don't have the capacity for sex
d) the taboo has lasted for a millennium and is unlikely to be changed by a recent focus on later-life sexuality
e) researchers are not measuring beliefs about the taboo

Ans: d
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15. The concept of attitude comes from

a) Biology
b) Sociology
c) Social Psychology
d) Social Work
e) Medicine

Ans: c
Page: 6

16. Definitions of an attitude refer to

a) a tendency to evaluate an object with some degree of favour or disfavour
b) a tendency to evaluate a target with some degree of favour or disfavour
c) a tendency to evaluate an object without any degree of favour or disfavour
d) a tendency to evaluate a target without any degree of favour or disfavour
e) a tendency to evaluate a belief with some degree of favour or disfavour

Ans: a
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17. Which of the following assumptions was NOT pivotal to the evolution of theories about attitude?

a) There is a distinction between a belief and an attitude: an attitude always conveys an evaluation, whereas a belief does not.
b) Attitudes help to account for correlations between different kind of responses across cognitive, affective and behavioural domains.
c) Social theorists assume that attitudes depend exclusively on learned experience.
d) Attitudes have a predictive or even a causal relationship to behaviour.
e) There is a genetic contribution to attitudes.

Ans: e
Pages: 7-11

18. One assumption that shaped the theories about attitudes was the idea that there is a distinction between a belief and an attitude, which is that

a) a belief always conveys an evaluation
b) an attitude always conveys an evaluation
c) both beliefs and attitudes convey an evaluation, but neither one is true
d) both beliefs and attitudes convey an evaluation, but only an attitude is true
e) both beliefs and attitudes convey an evaluation, but only a belief is true

Ans: b
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19. All but which of the following statements is an example of an attitude?

a) Older adults living in nursing homes receive regular visits from family and friends.
b) I like visiting older adults who live in nursing homes. It makes me feel happy knowing that I can spend time there regularly.
c) I am pleased to volunteer at a nursing home. I always feel fulfilled after spending time with the residents, and they seem to enjoy the visit as well.
d) I enjoy spending time with older adults in nursing homes who do not have any family. I try and go as much as I can.
e) It makes me sad to visit nursing homes, I feel discouraged when I leave; the environment is very isolating.

Ans: a
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20. The three main approaches to measuring attitudes are

a) Thurstone's method of equal intervals, Guttman's cumulative method, and Likert's summative method
b) Thurstone's method of equal intervals, Guttman's cumulative method, and Pearson's Correlation coefficient
c) Thurstone's method of equal intervals, Cramer's V, and Likert's summative method
d) Spearman's Rho, Guttman's cumulative method, and Likert's summative method
e) Pearson's Correlation coefficient, Cramer's V, Spearman's Rho

Ans: a
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21. Which of the following approaches is most popular for measuring attitudes?

a) Thurstone's method of equal intervals
b) Guttman's cumulative method
c) Likert's summative method
d) Pearson's Correlation coefficient
e) Spearman's Rho

Ans: c
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22. Which of the following is an example of a concept that is NOT directly observable, but intervenes between a stimulus and a response?

a) older age
b) attitude
c) physical abuse
d) income
e) smiling

Ans: b
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23. A three-part model has been used to conceptualize modes of response that have shown to correlate across domains. These domains include

a) cognitive, affective, and genetic
b) cognitive, affective, and behavioural
c) genetics, life experience, and behavioural
d) genetics, life experience, and religiosity
e) genetics, behavioural, and religiosity

Ans: b
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24. Many social theorists incorrectly assumed that attitudes depend exclusively on learned experience. However, research also suggests

a) a spiritual influence
b) a behavioural influence
c) a psychological influence
d) an environmental influence
e) a genetic influence

Ans: e
Page: 10

25. One assumption that shaped the theories about attitudes was the idea that attitudes have a predictive or even causal relationship to behaviour. Current theories support research findings that suggest

a) generalized attitudes have no effect on either a range of behaviours or on specific behaviours
b) generalized attitudes have implications for a range of behaviours rather than strong effects on specific behaviours
c) generalized attitudes have strong effects on specific behaviours rather than on a range of behaviours
d) generalized attitudes have a weak effect on a range of behaviours but strong effects on specific behaviours
e) generalized attitudes have strong effects on both a range of behaviours and specific behaviours

Ans: b
Page: 10

26. All but which of the following statements about elder abuse and neglect is true?

a) abuse is a special case of harmful behaviour that occurs in the context of a trust relationship
b) abuse is destructive behaviour
c) neglect is a failure to provide help
d) seniors should be able to trust caregivers and professional helpers
e) confidence tricksters are abusing older people, as well as committing crimes against them

Ans: e
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27. Which Canadian province leapt ahead of other provinces with its “Provincial Strategy to Combat Elder Abuse”?

a) British Columbia
b) Alberta
c) Prince Edward Island
d) Ontario
e) Quebec

Ans: d
Page: 11

28. More older than younger Canadians

a) are victims of violent crime
b) have more fearful attitudes toward violent crime
c) have more negative attitudes towards elder abuse
d) are more likely to have sexual thoughts and desires
e) rate their subjective health lower

Ans: b
Page: 12

29. More older than younger Canadians

a) are victims of violent crime
b) express less fear of violent crime
c) disapprove less strongly of elder abuse and neglect
d) are more likely to have sexual thoughts and desires
e) rate their subjective health lower

Ans: c
Page: 12

30. All but which of the following statements about attitudes toward elder abuse and neglect is true?

a) negative attitudes toward elder abuse and neglect decrease with age
b) attitudes toward elder abuse correlate with those toward child and spouse abuse
c) attitudes toward elder abuse do not correlate with other issues of social morality except child and spouse abuse
d) attitudes toward "out groups" tend to be more extreme than toward "in groups"
e) attitudes toward "in groups" tend to be more extreme than toward "out groups"

Ans: e
Page: 12

31. The research suggests that attitudes toward elder abuse appear to differ by whether or not the respondent belongs to the target population. If we were to ask an older adult who lives in a long-term care facility about institutional abuse, we would expect their view to be _____ compared to older adults living in the community who were asked the same question about institutional abuse.

a) more extreme
b) less extreme
c) the same
d) vague
e) incomprehensible

Ans: b
Page: 12

32. If a young adult was asked about his or her attitude towards elder abuse, the young person would be giving a(n) _____ perspective.

a) in-group
b) out-group
c) joint-group
d) holistic
e) uninformed

Ans: b
Page: 12

33. If an older adult living in the community was asked about his or her attitude towards elder abuse in the community, the older person would be giving a(n) _____ perspective.

a) in-group
b) out-group
c) joint-group
d) holistic
e) uninformed

Ans: a
Page: 12

34. Why do social theorists equate elder abuse to an iceberg?

a) older people who are abused are often left stranded, like an iceberg
b) more older people in Northern areas are abused
c) only a small proportion of cases come to the attention of the legal and helping professions
d) elder abuse is a cold topic
e) elder abuse starts out strong and eventually fades away, like an iceberg

Ans: c
Page: 14

35. Studies on attitudes towards elder abuse among professionals and between professionals and the public found

a) no similarity between the attitudes of professionals and the public
b) overall similarity between the attitudes of professionals and the public but also some differences
c) attitudes of nursing home professionals to be similar to those of police and college students
d) overall similarity between the attitudes of professionals and the public with no differences
e) older Korean-American women were just as likely to perceive abuse as African-Americans or Caucasians

Ans: b
Page: 14

36. What model has been used to explain the differences in attitudes towards elder abuse among professionals and between professionals and the public?

a) iceberg model
b) ageist model
c) pacification model
d) threshold model
e) social exchange model

Ans: d
Page: 14

37. Education has been recognized as a key concept in the prevention of abuse and neglect. The targets of elder abuse education should include

a) only health care professionals
b) only caregivers
c) caregivers and the public
d) health professionals, caregivers, the public, and older people themselves
e) health professionals, caregivers, the public, children, and older people themselves

Ans: e
Page: 14

38. Education has been recognized as a key concept in the prevention of abuse and neglect. Which of the following is true about education?

a) it is only about acquiring information
b) it is about acquiring information and changing attitudes
c) it is about acquiring information, changing attitudes and beliefs
d) it is about acquiring information, changing attitudes, behaviours and values
e) it is only about public awareness

Ans: d
Page: 14

39. Ageist depictions of later-life sexuality are present in all but which of the following areas?

a) Western religion
b) sciences
c) folklore
d) politics
e) history

Ans: d
Page: 16

40. All but which of the following statements about religion and sexuality is true?

a) sexuality in old people was seen as sinful because of limited procreative potential
b) St. Augustine held that lust and passion were evils to be endured only to procreate the species
c) other major religions (e.g., Taoism, Confucianism, Hinduism, Buddhism, and Islam) hold similar views on sexuality as Christian religions
d) linkage of sex with sin continues to persist in Western culture
e) origins of witchcraft were equated with carnal lust

Ans: c
Page: 16

41. Sexual satisfaction relates more to quality rather than quantity. For the most part, research findings among older adults suggest that

a) females rate their satisfaction higher than males
b) males rate their satisfaction higher than females
c) females and males rate their levels of satisfaction the same
d) both females and males have high ratings of dissatisfaction
e) only females have a high rating of dissatisfaction

Ans: a
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42. Which of the following statement is true about the belief that sex is important to quality of life?

a) it is more frequent among women than men
b) it is more frequent among men than women
c) its prevalence increases with age among men
d) its prevalence increases with age among women
e) its prevalence increases with age in both sexes

Ans: b
Page: 18

43. All but which of the following statements about sexual expression in long-term care homes is true?

a) there are special challenges because a significant proportion of residents have some form of dementia
b) for cognitively intact individuals, privacy is essential for their enjoyment of sexual activity
c) competency and ability to consent are important issues among older people with dementia
d) people with dementia should be excluded from enjoying a sexual relationship
e) while some long-term care facilities in Canada have privacy rooms for sexual enjoyment, there is little evidence of the outcome of these initiatives

Ans: d
Page: 19

44. Well-being can be viewed as a continuum comprising

a) mental health and disease at one pole and physical health and disability at the other
b) physical health and disease at one pole and mental health and disability at the other
c) mental and physical health at one pole and disease and disability at the other
d) disease at one pole and disability at the other
e) mental health at one pole and physical health at the other

Ans: c
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45. All but which of the following statements about professionals' attitudes toward older people is true?

a) older people are more likely to have chronic illnesses that typically necessitate longer consultations
b) physicians may find treating older patients less rewarding
c) older people may become known as "bed blockers"
d) medical vernacular refers to old people as "a problem"
e) many authors argue that most health professionals are overtly ageist

Ans: e
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46. All but which of the following statements about public attitudes toward older people is true?

a) residents of Ontario continuing-care facilities are most satisfied with the medical care they receive
b) families of residents of Ontario continuing-care facilities are least satisfied with the living environment and provisions for activities and entertainment
c) most people of any age have a negative attitude about their health
d) older people with multiple chronic disorders continue to evaluate their personal health positively because of the influences of personality and dispositions on attitudes
e) the majority of consumers report satisfaction with their experiences in acute health-care settings and continuing-care homes

Ans: c
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47. What are the two main influences on older peoples' attitudes toward the self?

a) positive appraisal of a diminishing future; negative appraisal of themselves against other people
b) negative appraisal of a diminishing future; positive appraisal of themselves against other people
c) others' opinions of the older person; older person's opinion of others
d) negative appraisal of a diminishing future; negative appraisal of themselves against other people
e) positive appraisal of a diminishing future; positive appraisal of themselves against other people

Ans: b
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48. All but which of the following statements about the AARP (1999) survey on life satisfaction is true?

a) respondents from all cohorts thought they stood higher on a life satisfaction ladder five years ago than now
b) respondents from both sexes thought they stood higher on a life satisfaction ladder five years ago than now
c) respondents from all cohorts expected to stand lower on the ladder five years into the future
d) respondents from both sexes expected to stand lower on the ladder five years into the future
e) findings were inconsistent with a claim of devaluation as people progress from mid-life to old age

Ans: e
Page: 22

49. An AARP (2001) survey examined attitudes toward physical attractiveness in a national telephone survey of over 2000 Americans. It found

a) only negative evaluations
b) only positive evaluations
c) both negative and positive evaluations
d) older respondents think they are at their peak attractiveness
e) older respondents no longer consider themselves attractive

Ans: c
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50. Ratings of looks and feelings relative to age peers is called

a) chronological age
b) subjective age
c) objective age
d) age of maturity
e) reflective age

Ans: b
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True/False Questions

51. Abuse refers to destructive behaviour, whereas neglect refers to a failure to provide required help.

Ans: True
Page: 11

52. Older people are more likely than younger people to be victims of violence.

Ans: False
Page: 12

53. Folklore descriptions depict older people as likeable and sexual beings.

Ans: False
Page: 16

54. Older people are more likely to have a negative attitude about their health than younger people.

Ans: False
Page: 21

55. Research findings on subjective age may reflect the respondents' own ageist attitudes.

Ans: True
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Short Answer Questions

56. Define *cognitions* and *stereotypes*. Briefly discuss their significance to society and aging.

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- Cognitions are attitudes and beliefs. They are about *something*. They are structured into personal construct systems which determine people's outlooks on their personal and professional life.
- Stereotypes are attitudes to a category of people that are common within a society. They are always oversimplifications because the people within any category are heterogeneous except for the common characteristic that defines the category.
- A convergence of cognitions in a profession or among the public can influence the kinds of regulations, rules, and policies put in place to control behaviour. The significance of attitudes extends beyond the individual, ultimately to the governance of society as a whole.
- Stereotypes of older people find expression in public opinion, education, health care, employment, legislation, and lifestyle. Stereotypes can and do affect the treatment of older people, but they are not the only influence on such behaviour.

57. List and briefly describe the possible roots of ageism in society.

Page: 3

- *Fear and vulnerability toward aging and death*: old people forewarn young people of their own futures and it scares them. This fear may contribute to a marginalization of older people in industrialized countries and a reduction in their participation in social affairs.
- *Social separation of young and older cohorts in modern society*
- *Negative information about the elderly*: negative attitudes towards older people increased during period of extensive media coverage of record-low fertility rates in Japan and the introduction of government policies to slow the rate of population aging.

58. Demonstrate an understanding of ageism using a range of examples.

Pages: 3-6

- *Ageism and education*: prevailing educational philosophy in North America ignores aging as a topic during the high school years, thereby providing students with little information to counter ageist attitudes found throughout society.
- *Ageism and health care*: policy of pacification – the overuse of medication as a substitute for human attention through diagnosis and careful treatment; Canadian nursing homes use psychotropic medication no more than those in other countries; however, the physical restraint of residents is more frequent in Canada. Ageist attitudes uphold fiscal assumptions of an "apocalyptic demography" – false assumptions that age brings about illness; the treatment of illness incurs fiscal cost, and population aging brings about an expectation of escalating cost.
- *Ageism and employment*: mandatory retirement invokes active discrimination based on age; stereotypes that younger workforce members may lack requisite experience and that older workers may be unmotivated and inflexible; ageist attitudes continue to affect mainly the youngest and oldest groups of works despite the emergence of equal opportunities legislation.
- *Ageism and the law*: frequent instances of both negative and positive stereotypes of older people in the United States Congress; treatment of age as a prohibited ground for discrimination in provincial human rights codes in Canada (e.g., *Newfoundland and Labrador Human Rights Code*, which makes age a prohibited ground for discrimination only between ages 18 and 65 years).
- *Ageism and sexuality*: common belief that older people have neither the interest in nor the capacity for a sexual relationship; older persons who break this taboo must be deviant or immoral; this conclusion has been supported with evidence from both historical and modern times.

59. What are the three assumptions underlying the "apocalyptic demography" hypothesis? How do health economists view this hypothesis? What do health economists argue is behind projections of rising health-care expenditure?

Page: 5

- (1) Age brings about illness; (2) the treatment of illness incurs fiscal cost; (3) population aging brings about an expectation of escalating costs.
- Health economists view this hypothesis as a "zombie" that keeps walking despite its evident death.
- Health economists argue that professional self-interest rather than demography contributes to projections of rising health-care expenditure.

60. State the four assumptions that shaped the theories about attitude. Is there empirical support for these assumptions? If not, how have these assumptions evolved?

Pages: 6-11

- Attitudes differ from beliefs. A belief is a statement someone thinks is true; an attitude always conveys and evaluation. Both have been used in research on ageism. Differences in these research findings likely relate to differences between beliefs and evaluative bias.
- Attitudes help account for consistencies and dissimilarities between different modes of responding to related stimuli. Most research shows that evaluative responses correlate across

cognitive, affective, and behavioural domains. Measures of ageism conform to these expectations.
- Assumption that attitudes have a predictive or even causal relationship to behaviour. Much debate exists over this assumption; research tends to show weak or non-significant correlations between attitudes and behaviours. Current theories agree that attitudes have implications for behaviour inclinations rather than strong effects on specific behaviours.
- Assumption that attitudes depend exclusively on learned experience. This view suggests that differences in attitudes arise from differences in experience; other research suggests a strong influence of personality or genetic predisposition. Attitudinal differences may depend less on nurture than on nature, and attitudes may be harder to change than many social theorists had contemplated.

61. List and briefly describe the three main measures of attitudes. Which one is the least popular today and why? Which one is the most popular and why?

Page: 7

- *Thurstone's (1928) method of equal intervals*: three stages. Judges rate statements for the degree of favour or disfavour toward an attitude object. The items selected for inclusion are those that represent different levels on the evaluative dimension. Respondents rate their levels of agreement with each statement.
- *Guttman's (1941) cumulative method*: uses statements ordinarily graded for degree of favour or disfavour toward the attitude object. If the measure is truly cumulative, respondents should disagree with all items below a threshold level but agree with all those above that level. The threshold level reflects the attitude.
- *Likert's (1932) summative method*: uses statements rated by respondents for level of agreement. The scores are summed across items and the attitude is represented by the summed score.
- Thurstone's method is least popular because of its complexity.
- Likert's method is most popular because of its simplicity.

62. Contrast elder *abuse* and *neglect*. Who are in a position of trust with older people? Can people not in a position of trust with older people be guilty of abuse? Use the example of confidence tricksters.

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- *Abuse* is a special case of harmful behaviour that occurs in the context of a trust relationship.
- *Neglect* is the failure to provide required help.
- Older people should be able to trust unpaid caregivers (e.g., relatives, friends) and professional helpers (e.g., doctors, nurses, lawyers).
- Accordingly, those not in a position of trust cannot be guilty of abuse. Confidence tricksters who prey on older people are committing crimes, but not abuse, because they are strangers and are not in a position of trust.

63. What evidence is there that education about elder abuse and neglect changes knowledge, attitudes, behaviours or values?

Pages: 14-16

- Little evidence is available.
- One study found higher levels of reporting in communities that have higher levels of training for professionals.
- Quebec intervention found largest gains in knowledge concerned resources to help mistreated seniors. Responses to the Senior Behaviour Inventory also showed that respondents had been sensitized to elder abuse. Attitudes toward elder abuse and neglect were more negative after the intervention, while responses to the beneficence items were unchanged.

64. Briefly discuss examples of ageist depictions of later-life sexuality from three of the following: folklore, the arts, Western religion, and history.

Page: 16

- *Folklore*: depict older people as likeable but asexual; negative stereotypes of older people who behave in sexually explicit ways; pejorative expressions of sexually active older men (e.g., lecherous, old goat, dirty old man); behaviour considered "provocative" or "seductive" in a young women used to show mental disorder, moral weakness, and a loss of dignity if present in later life.
- *Arts*: depiction of later-life proclivity emphasized depravity and incapacity; the frequent character of the cuckold—a "sugar daddy" whose wealth attracts a young woman, who soon becomes unfaithful because of her partner's impotence.
- *Western religion*: sexuality in older people seen as sinful because of limited procreative potential; St. Augustine held that lust and passion are evils we must endure only to procreate the species; linkage of sex with sin continues to persist in our culture; other major religions in the world (e.g., Taoism, Confucianism, Hinduism, Buddhism, and Islam) make no such connection.
- *History*: witch-hunting era in Europe during the 15th to 17th centuries; origins of witchcraft equated with carnal lust; deviant sexuality could provide evidence for witchcraft; records indicate that approximately 90 percent of witches were women, most aged in their 50s or 60s; women during this epoch had good reason to be modest in the sexual display.

65. Why might health care professionals and administrators consider older people a "problem"?

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- Older people are more likely to have chronic illnesses that typically necessitate longer consultations.
- Because chronic diseases are not usually cured, physicians may find treating older patients less rewarding.
- Older people typically stay longer in acute-care hospitals because their discharge may be delayed because of lingering illness and a failure to locate suitable alternative accommodation ("bed blockers").
- Older people may be a problem in continuing-care homes if they fail to fit in or comply with a home's routine.

Essay Questions

66. What is meant by "pacification"? What are some of the challenges within Canadian nursing homes that have led to this problem? What would be required to change this issue? Suggest specific strategies that may help overcome this situation.

Pages: 4-5, 20-21

- Pacification is the overuse of medication as a substitute for humane attention through diagnosis and careful treatment.
- Canadian nursing homes use psychotropic medicine no more than those in other countries; however, the physical restraint of residents is more frequent in Canada.
- Nursing homes may find older people a challenge because they stay longer after admission, and may become known as "bed-blockers" if their discharge is delayed and a failure to locate suitable alternative accommodation.
- The health-care system makes some kinds of ageism invisible; health-care professionals work within strictures dictated by their professional organizations and by government policies.
- If ageism is inherent in those policies and practices, the blame extends to levels much higher than the direct interaction between the health-care professional and the older patient.

67. How do older and younger Canadians compare with respect to their attitudes toward violence, elder abuse and neglect, health, life and themselves. What are some of the influences on or explanations of these attitudes for older people?

Pages: 12, 21-22

- More younger than older people are the victims of violent crime; however, older Canadians have more fearful attitudes than younger Canadians; this fact could be explained through the complexity-extremity hypothesis as young people have a more complex understanding of violence in modern society than have older people, and this makes them less fearful.
- Younger people disapprove more strongly of elder abuse and neglect than do older people; again, according to the complexity-extremity hypothesis, young people are an out group and therefore have more extreme attitudes towards elder abuse and neglect than older people, who are an in group and would have a more complex understanding of the issue and therefore moderate views towards it.
- Most respondents of any age have a positive attitude about their health; caution is necessary in interpreting these findings because personality and enduring dispositions are important influences on attitude; this may help to explain why even older people with multiple chronic disorders continue to evaluate their personal health positively.
- Respondents from all cohorts and both sexes thought they stood higher on a life satisfaction ladder five years ago than now, and expected to stand lower on the ladder five years into the future.
- Teenagers have a subjective age older than their years; middle-aged and older respondents have a subject age younger than their chronological age.
- Findings on both life satisfaction and subjective age include evidence for evaluations by older people based on both realistic and unrealistic considerations; negative evaluations of personal status are realistic to the extent that they accord with ageism entrenched in Western culture; the findings on subjective age may reflect the respondents' own ageist attitudes.

68. What is the common belief about sexuality in later-life? Discuss the roots of contemporary attitudes around later-life sexuality. Give examples of each. What recent changes have come about in later-life sexuality? Comment on the persistence of the taboo in the future.

Pages: 6, 16-18

- The common belief is that older people have neither the interest in nor the capacity for a sexual relationship and that an older person who breaks this taboo must be deviant and immoral.
- Generally, features tend to depict lack of sexual interest, incapacity, and moral prohibition in later-life sexuality.
- *Folklore*: depict older people as likeable but asexual; negative stereotypes of older people who behave in sexually explicit ways; pejorative expressions of sexually active older men (e.g., lecherous, old goat, dirty old man); behaviour considered "provocative" or "seductive" in a young women used to show mental disorder, moral weakness, and a loss of dignity if present in later life.
- *Arts*: depiction of later-life proclivity emphasized depravity and incapacity; the frequent character of the cuckold—a "sugar daddy" whose wealth attracts a young woman, who soon becomes unfaithful because of her partner's impotence.
- *Western religion*: sexuality in older people seen as sinful because of limited procreative potential; St. Augustine held that lust and passion are evils we must endure only to procreate the species; linkage of sex with sin continues to persist in our culture; other major religions in the world (e.g., Taoism, Confucianism, Hinduism, Buddhism, and Islam) make no such connection.
- *History*: witch-hunting era in Europe during the 15th to 17th centuries; origins of witchcraft equated with carnal lust; deviant sexuality could provide evidence for witchcraft; records indicate that approximately 90 percent of witches were women, most aged in their 50s or 60s; women during this epoch had good reason to be modest in the sexual display.
- Although the development of the potency drug Viagra and the attendant publicity contributed to increased awareness of later-life sexuality, a taboo that lasted for over a millennium is unlikely to fade away abruptly.

69. Discuss the challenges that a nursing home setting involves for the expression of sexuality among older adults. Include examples of challenges presented for and by the staff, residents, and family members. How does the physical environment impact on sex in institutions? What are some of the ethical issues that arise? Consider strategies to help reduce some of the challenges presented.

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- Long-term care brings special challenges because a significant proportion of residents have some form of dementia.
- Sexual expression in residents with and without dementia may bring different ethical challenges.
- For the cognitively intact, the issue of privacy is primary.
- For people with dementia, the question of competency may be paramount. Although there is no good reason to prevent people with dementia from enjoying a sexual relationship, it is important to respect their desires and ensure that they are not coerced or persuaded against their wishes.
- Although many long-term care institutions now provide privacy rooms to facilitate the sexual enjoyment of cognitively intact residents, there is little evidence on the outcome of such initiatives.

- The barriers to overcome include not only the attitudes of staff but also those of the residents, who may feel a mixture of benevolence, envy, or concern for those having romantic liaisons.

70. What are the attitudes of older adults towards themselves? Describe the concepts of subjective age. Is there empirical support for these ideas? What are some influences on or explanations of these attitudes?

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- Findings on attitudes toward the self by older people show two main influences. The first is a negative appraisal of a diminishing future. The second is a positive appraisal of themselves against other people.
- An AARP survey showed that respondents from all cohorts and both sexes thought they stood higher on a life satisfaction ladder five years ago than now, and expected to stand lower on the ladder five years into the future; these findings are consistent with a claim of devaluation as people progress from mid-life to old age.
- Another AARP survey examined attitudes toward physical attractiveness; the survey found that older respondents continue to consider themselves as attractive even though the age of peak attractiveness is behind them.
- Subjective age refers to ratings of looks and feelings relative to those of age groups; for example, whether the respondent looks or feels younger or older than a reference group of other people the respondent's age).
- One study showed a compressed range for subjective age: teenagers have a subjective age older than their years, while middle-aged and older respondents have a subject age younger than their chronological age; these findings were replicated in a number of other studies.
- Findings on both life satisfaction and subjective age include evidence for evaluations by older people based on both realistic and unrealistic considerations; negative evaluations of personal status are realistic to the extent that they accord with ageism entrenched in Western culture; the findings on subjective age may reflect the respondents' own ageist attitudes.