



The challenges of ageism and learning research

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The challenges of ageism and learning research

1. Introduction

In 1969, Robert N. Butler first used the term ‘age-ism’ to draw attention to the fact that we had overlooked ‘age discrimination or ageism, prejudice by one age group towards other age groups’ (Butler, 1969, p. 243). In the 1980’s, he defined ageism as the stereotyping and discrimination of people simply because of their age (Butler, 1980), thereby adding two other important dimensions to prejudice. This tripartite definition of ageism (encompassing prejudice, stereotypes, and discrimination) is the most frequently encountered in the literature (Palmore, 1999). Nevertheless, an intense conceptual debate has taken place over the last few decades (see, for example, Iversen et al., 2009), providing researchers with the conceptual tools to analyze ageism-related phenomena. Although the relationships between these three dimensions cannot be automatically assumed to be simple (Voss et al., 2018), the time for substantive conceptual debate has apparently passed and new challenges lie ahead. The aim of this text is therefore to reflect on the major challenges we face when researching ageism and learning.

2. The challenge of visibility

While researchers often focused on institutional or policy contexts decades ago, recent studies highlight how ordinary citizens perceive and experience ageism in everyday interactions, media exposure and community life. Public visibility of ageism refers to how people recognize and report its presence around them, and how they internalize and reproduce ageist attitudes. Public visibility is important in more ways than one in research – ultimately, research lies on the understanding that informants have of the issues they are asked to report on.

Studies show that older adults often experience subtle forms of ageism in daily life, such as dismissive comments, patronizing behavior and being excluded from decision-making processes. Chang et al. (2020) emphasize that these forms of everyday ageism are pervasive and often normalized, rendering them visible yet under-challenged. Similarly, in a large U.S. survey, Allen, Jackson, et al. (2022) found that most adults aged 50–80 reported encountering ageist messages or stereotypes in routine settings, suggesting that public exposure to ageism is widespread (in this context at least).

Media and public discourse reveal how older adults are portrayed. During the pandemic, the widespread use of the term ‘vulnerable’ in reference to older adults made ageism highly salient. Lichtenstein (2021) demonstrates how public messaging reinforced paternalistic and exclusionary attitudes that many older citizens perceived as discriminatory. Fraser et al. (2020) argue that such representations increase the societal visibility of ageism by portraying older adults as a homogeneous, at-risk group, despite the fact that researchers in this field know from experience that older adults are a heterogeneous group. However, the fact remains that the literature contains arguments suggesting that ageism-related phenomena are significantly visible in some settings.

However, there is also a strong counter-argument in the literature: although ageism is prevalent, it may in fact be less visible in public. Iversen et al. (2009) argue that much ageism is implicit and subtle and therefore less recognized than other forms of discrimination, such as racism or sexism. They describe it as a ‘hidden form of discrimination,’ one that is not widely discussed in public. North and Fiske (2012) make a similar observation, noting that ageism is widespread yet often overlooked, being instead framed as a ‘natural’ part of aging. This makes it less salient to citizens. Indeed, one might speculate that we are frequently unaware of our own

ageist behaviors. Levy (2001) defined this implicit ageism as thoughts, feelings and behaviors toward older adults that operate without conscious awareness or control, based on the assumption that it is deeply embedded in most interactions with older adults. Furthermore, according to Levy, any individual who has internalized the age stereotypes of their culture is likely to engage in implicit ageism. This brings a key element to the discussion: internalized ageism. This can hinder visibility, as individuals may adopt negative stereotypes about aging. Chasteen et al. (2021) demonstrate that people who perceive ageism in society are more likely to internalize these stereotypes, influencing their self-concept and health outcomes. Therefore, visibility encompasses not only how people treat older adults, but also how older adults perceive themselves.

Cuddy and Fiske (2002) also observe that stereotypes portraying older adults as warm but incompetent are often socially accepted as benevolent, thereby concealing the underlying ageism. Ayalon and Tesch-Römer (2018) point out that ageism does not attract the same level of recognition or condemnation as other biases in many cultural contexts, suggesting that public awareness of it remains limited despite its ubiquity. Culture is therefore fundamental to understanding the varying nature of the public visibility of ageism. Cultural studies suggest that awareness of ageism varies between different societies. For instance, Özdemir and Bilge (2024) discovered that Turkish citizens recognize both positive and negative stereotypes, though younger individuals tend to hold more negative views. These findings emphasize that visibility is partly shaped by cultural narratives of aging.

In conclusion, the wider scenario reveals a paradoxical situation. On the one hand, ageism is pervasive, with many citizens reporting that they have experienced or observed it in everyday life, the media, and institutions. However, it remains comparatively invisible in public consciousness, partly because it is normalized, implicit, internalized or disguised as benevolence. This means that, although ageism is everywhere, it is not always recognized as discrimination. While racism and sexism have benefited from extended periods of scientific analysis and social movements that have raised public awareness, this work has only just begun in the context of ageism. This also highlights the importance of local, regional and national research. While there is a tendency to believe that all good research is or should be international, the discussion on the cultural determinants of ageism suggests otherwise. In fact, researchers should increase their efforts to better understand local, regional and national settings and trends, as well as raising public awareness. It is important to communicate our findings in public spaces in order to educate people, expose ageism as a social problem, and promote intergenerational dialogue, in order to make hidden ageism more visible and challenge its normalization.

3. The challenge of blurring the disciplinary boundaries of ageism research

Ageism is a complex, multi-level phenomenon that causes measurable harm to health, well-being, civic participation and economic inclusion (Ayalon & Tesch-Römer, 2017; Chang et al., 2020). In the workplace, ageism has especially negative consequences. Those who experience ageism at work may encounter difficulties in their personal lives and experience increased stress and reduced self-esteem (North & Fiske, 2012), as well as reduced work engagement (Bayl-Smith & Griffin, 2014) and diminished job satisfaction and institutional commitment (Kunze et al., 2011). Stereotypes can lead to increased absenteeism, reduced performance, and diminished institutional productivity (Kunze & Bohem, 2013). The negative effects of ageism extend deeply into every dimension and life context, and we could list many more. This means that the effects of ageism traverse psychological, biomedical, sociological, educational, ethical and policy domains. By limiting our research to specific disciplinary boundaries, we consequently lose both explanatory power and the ability to design effective interventions.

Intervention research demonstrates the value of cross-disciplinary strategies. For instance, the most effective programmes for reducing ageism combine educational components with structured, positive intergenerational contact. These programmes typically draw on educational theory, social psychology and gerontology (Apriceno & Levy, 2023; Burnes et al., 2019). Translating these findings into scalable

public health or educational policies requires collaboration between psychologists, educators, public health practitioners and policymakers.

It is important to note that ageism intersects with other forms of inequality, such as social class, racism and sexism. Intersectionality (Collins, 1990; Crenshaw, 1989) is a theoretical framework that was originally developed to explain how different aspects of identity and power interact to produce distinct forms of oppression and privilege. It challenges analyses that treat categories as separate in simplistic ways. Instead, it insists that identities and systems of power are mutually constitutive and interactive. Intersectional analyses have traditionally been used in sociology and critical theory. These analyses can provide conceptual nuance to our findings and suggest equity-oriented interventions that studies from a single discipline tend to overlook (Ayalon & Tesch-Römer, 2017). Policies that ignore these intersections risk perpetuating inequities, even if they reduce certain forms of age-based discrimination.

4. The challenge of methods in ageism research

When examining the literature in this field, it is impossible to overlook the numerous research efforts aimed at measuring ageism using a variety of instruments and scales. This is a commendable endeavor, as measuring the dimension of ageist phenomena in local, regional and national settings is essential. It has taken a huge collective effort over the last few decades to achieve this. Earlier efforts consisted of more traditional instruments, such as Kogan's Attitudes Toward Older People Scale (Kogan, 1961), Palmore's Facts on Aging Quiz (1977), Rosencranz and McNevin's Aging Semantic Differential Scale (Rosencranz & McNevin, 1969) and Fraboni's Scale of Ageism (1990). All instruments have limitations that researchers must consider when designing their investigations. Conceptual reductionism is a major issue, for example, as many scales primarily operationalize ageism as a set of explicit cognitive attitudes, neglecting affective and behavioral components, as well as implicit or self-directed forms of ageism (Buttigieg et al., 2018). In other words, some scales may fail to represent the multidimensional nature of ageism. A second challenge in measuring ageism arises from psychometric and methodological weaknesses that make it harder to draw conclusions about the meaning of the measures (Mendonça et al., 2018).

However, continuous ongoing efforts are producing further instruments that aim to remove obstacles and advance the field. We can briefly highlight some of the key differences between classic and modern instruments. Firstly, some modern scales are explicitly multidimensional. These can capture benevolent and hostile ageism (Cary et al., 2017), as well as structural, interpersonal and internalized forms (Allen, Solway, et al., 2022). They can also capture multiple levels of manifestation, ranging from stereotypes to discrimination (World Health Organization [WHO], 2025). This aligns with the view of ageism as a phenomenon embedded in social structures, institutions and identity processes, rather than as merely a personal attitude. Secondly, life-course perspectives have emerged in the research landscape. While earlier scales focused exclusively on prejudice against older adults (Fraboni et al., 1990; Palmore, 1977), recent measures acknowledge that both younger and older populations can experience age-based stereotyping and exclusion (Murray & de la Fuente-Núñez, 2023). Thirdly, recent instruments use concise items that have been psychometrically validated and tested through factor analysis, cognitive interviewing and cross-cultural adaptation (Allen, Solway, et al., 2022; Murray & de la Fuente-Núñez, 2023). They also incorporate situational or behavioral indicators (e.g. exposure to ageist messages), thereby improving ecological validity and measurement precision.

These developments represent a shift away from early descriptive tools toward theoretically grounded, multidimensional and more relevant measures of ageism, which can provide a more informed basis for policy, education and intervention research.

A second major issue concerning the challenge of methods is the balance between quantitative measures of ageism and the qualitative inquiry needed to understand deeply and explain it. Quite often qualitative methods are being used for those purposes. But there is also the big

challenge of mixed approaches. There seems to be reasons to believe that mixed methods are a minority, although we cannot give, here, definitive or rigorous answers. Even so, a synthetic answer would be that mixed-methods studies seem to represent a minority of empirical ageism research in many applied domains (especially healthcare and intervention), but their prevalence varies by subfield. In fact, a very low number of mixed studies appear in some healthcare reviews over the last five years, but they are substantially represented in educational literature (see Apriceno & Levy, 2023; Fernández-Puerta et al., 2024; Laging et al., 2022; Nelson et al., 2023; Previtali et al., 2022).

We would also like to draw attention to the key difference between the research processes and research publication. Whatever the motives – pressures to publish, for instance, which are common these days – publication practices in the field of ageism can hide mixed-methods processes. There is some evidence (though not especially strong) that this might be occurring. A scoping review of aging and dementia research found that mixed-methods designs were relatively uncommon (6.2% of the included papers), and also indicated that the quantitative component had been reported in the reviewed mixed-methods studies (Rahman & Jahan, 2020). Therefore, this review provides discipline-specific support for the idea that published articles under-represent the full mixed nature of some projects. Secondly, systematic reviews in closely related subfields (e.g. ageism among healthcare workers) show that mixed-methods studies represent a small minority, with the literature dominated by quantitative cross-sectional work (Fernández-Puerta et al., 2024). While these reviews do not always trace individual projects into multiple publications, they do document the scarcity of integrated mixed-methods outputs in ageism-relevant domains, which is consistent with the possibility of under-reporting or fragmentation. Thirdly, the literature on research ethics and meta-research documents the widespread practice of ‘salami slicing’ (dividing one research project into several papers) and the inconsistent policies of journals around it (Ding et al., 2020; Menon & Muraleedharan, 2016). These studies partially support the notion that the pressure to publish and reward systems can incentivize the splitting of one mixed project into separate quantitative and qualitative papers, thereby obscuring the integrated research process. Finally, studies on the reporting of methods show that many articles using both qualitative and quantitative data do not identify as mixed methods (Peters & Fàbregues, 2024), implying a gap in reporting between what was done and what was declared/published. Although this evidence mostly comes from non-ageism fields, it is methodologically relevant and supports the idea that under-representation might exist also in ageism publications.

In conclusion, researchers often face complex questions that cannot be fully addressed by quantitative or qualitative approaches alone. Mixed methods research has gained prominence as a way to bridge these methodological divides (Creswell & Plano Clark, 2018). By combining the statistical generalizability of quantitative methods with the contextual depth of qualitative enquiry, mixed methods research provides a more comprehensive understanding of social phenomena. The methodological literature provides ample support for this approach (e.g. Denzin, 2012; Fetters et al., 2013).

5. The challenge of combating ageism through education and learning

In Fragoso and Fonseca (2022), we argued that combatting ageism through law and public policies has yielded ambiguous results to date. By contrast, education and learning provide efficient opportunities to deconstruct stereotypes and change people’s attitudes. There is a wealth of research on educational and learning models and programmes, consistently reporting very positive results. If we consider only the last five years of Educational Gerontology, for example, we find numerous investigations that corroborate this as a growing trend (e.g. Bartlett et al., 2021; Cheung et al., 2023; Flores-Sandoval & Kinsella, 2020; López et al., 2020; Maulod & Lu, 2020; Nowacek & Lytle, 2023).

The number of educational programmes designed to combat ageism is increasing, and models are now available to guide their development. One such programme is PEACE (Positive Education about Aging and Contact Experiences), developed by Levy (2016). Literature based on this model (e.g. Lytle et al., 2020; Macdonald & Levy, 2021) demonstrates its ability to challenge stereotypes and promote

positive perceptions of aging. Programmes such as these can additionally foster participants' confidence, optimism, self-esteem, self-control and self-efficacy (Maulod & Lu, 2020).

Many of these models and programmes take an intergenerational approach. Bringing together different generations is crucial in confronting mutual prejudice and stereotypes. Older generations often view younger generations as lazy, disrespectful or violent (Dow et al., 2016), while younger generations view older adults as passive, inactive and backward (Villas-Boas et al., 2017). The experiential part of these programmes can therefore foster empathy and encourage us to view the world from the perspective of the other. Forging ties between different age groups establishes a solid basis for openly discussing differences and acknowledging we need each other (Requena et al., 2018). While simple contact and knowledge sharing between generations is important (after all, ageism primarily stems from social and cultural separation), models such as PEACE show that the efficacy of educational programmes increases with a combination of knowledge and exposure/personal contacts. The results of a systematic review by Chonody (2015) are clear: 83% of knowledge-focused interventions produced a positive change, but 88% produced an attitudinal change when an experiential component was included in the programme. In conclusion, we have every reason to be optimistic about the potential of education and learning to combat ageism.

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