

Breaking down myths and stereotypes about the elderly¹

Introduction

Many myths and stereotypes surround the issue of ageing, some positive, others negative. It is always a mistake to try to generalise and think that our conceptions are common to all seniors or to all people. A person with no experience of the elderly frequently associates ageing with illness, disability, functional and mental problems, among others. These preconceptions must be eradicated.

As this chapter states, the elderly are a very heterogeneous group and the ways people age are myriad, influenced by personal, social and cultural factors. Society holds the idea that being elderly is synonymous with being ill, and what is worse, it is senior citizens themselves who assume that “I feel ill because I am old”, and therefore there is nothing to be done about it.

This way of thinking by society, but also by seniors, must be eliminated. There is nothing more harmful than the idea that we cannot do anything to alter this. In this situation, education can make a major change by removing the idea that “it is easier to take medication than to go for a walk”. Indeed, from years of experience of teaching and contact with senior learners, we find the opposite to be true: “I do not need any medication when I come to class”. We are convinced that when good socio-education is properly provided it turns the clock back; as one senior learner said: “I feel younger”.

Breaking stereotypes in the classroom

The biggest mistake any senior citizen can make is to pretend that he/she is still young, and act and think as though he/she were. But the opposite must also be avoided: being old does not mean that life is over. Some of the common stereotypes associated with the elderly are:

- The elderly cannot learn new things
- The elderly do not face up to the changes of ageing
- The elderly are intolerant and strict
- The elderly are lonely and isolated
- The elderly have memory problems

1. Memorising is not learning, and in the case of senior learners it is not advisable to try to memorise. Fluid intelligence can decrease. This type of intelligence transfers what we know now from our short-term to our long-term memory and establishes it there permanently. On the other hand, crystallized intelligence does not decline. This intelligence is based on lifelong experiences. It is easy to learn new things if they are associated with a life experience or can be related to something we already know or we are interested in. Therefore, learning is possible, if we know how to teach.
2. The changes of ageing are usually related to physical, psychological and social changes, and become the most common concerns regarding quality of life among the elderly. Physical and psychological barriers prevent people from doing the things they enjoy, and can lead to feelings of anger, anxiety, stress or shame. Receiving social support then becomes the best way to remove those negative feelings and reduce the subjective perception of disability due to illness. When incapacity is caused by a severe injury or a challenging disease, support must be provided by other specialised organisations (social services, hospitals, etc.). However, in cases where health problems are not so severe, social support can come from informal networks of other senior citizens. Firstly, the environment

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created in the classroom is very important, enabling senior learners to join in and chat before and after the class. Secondly, health-related courses and materials can also be provided, that together with workshops and activities, focus the teaching-learning process not only on the content itself but on health, generating discussions and interaction among the learners. Thirdly, participation in learning activities outside the classroom and making these activities visible to society breaks down the myth that seniors do not face up to changes of ageing.

3. The best way to learn tolerance and respect is in a place where many people in equal conditions and with different ideas have to share a space and reach a common goal. In this process the trainer can act as a facilitator.
4. Getting older can be associated with loneliness and isolation, mostly because it is a period when work relationships end, friends die and the person's role in the family changes. In this case new networks of friends arise among classmates who share the same interests and problems.
5. Memory can begin to fail; however memory problems are not associated with being elderly but with brain related diseases and illnesses (such as dementia). It is true that when a person becomes older, they can lose some cognitive and physical skills. This can be seen when a senior tries to memorise certain stages in a process or use a computer mouse. In the classroom, learning completely new tasks that require the use of complex rules of logic (such as ICT) or transversal and complex skills like language learning can be challenging. However, from our observations in the classroom, these learning and memorising problems mainly arise not because of cognitive decline, but because the right pedagogy is not applied and lack of practise. The main reason senior learners do not practise is lack of time, they feel embarrassed when speaking in a foreign language or are afraid of making a mistake with the computer.

Conclusion

Education can help to break down stereotypes about old people. In this chapter we present only five of these myths, but there are many more. Some of these stereotypes are caused by society while others derive from senior citizens' self perception. Changes in physical and psychological conditions mean that the elderly need to adapt to those changes; learning is one way of facilitating that adaptation or fighting against the changes.

Firstly, education must be adapted to the elderly person's psychological situation. Trainer, content and pedagogy must be tailored to their specific needs, with an awareness of the personal situation of the seniors attending the class. Secondly, it is important that learning does not end when the senior leaves the classroom. Learning must occur anywhere and also impact friends, family and society. Getting older is not a phase of life where memory fails, or people become isolated or physical impaired; rather it is a time for new opportunities of learning, sharing, and discovering.

This text is part of the book “Education and quality of life of senior citizens”. See the full book in <http://www.edusenior.eu>

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