Social Psychology & Gerontology: integrating theory to explain and intervene in age discrimination towards older people in Europe

Sibila Marques[1], Christin-MelanieVauclair[1], Hannah J Swift[2], Christopher Bratt[2], Maria Luísa Lima[1] & Dominic Abrams[2]

[1] Instituto Universitário de Lisboa (ISCTE-IUL), CIS-IUL; Av das Forças Armadas, 1649-026 Lisboa.

[2] Centre for the Study of Group Processes; School of Psychology, University of Kent, Canterbury CT2 7NP, UK.

Abstract

Today, age discrimination is one of the most fundamental forms of discrimination endured by Europeans. In an ageing society this carries important consequences for the overall health and well-being of European citizens. This chapter discusses how integrating Social Psychology with Gerontology theorizing may contribute to the design of proper research and interventions dealing with this pressing social issue. To illustrate our discussion we present two case studies based on our findings from the "Experiences and expressions of ageism" module of the European Social Survey. Case 1 shows how the perception of age discrimination by older people mediates and helps to explain the effects of wealth inequality on older people's subjective health. Case 2 presents compelling evidence showing that, among older people, identifying with being an older person is associated with poor health outcomes, especially in countries where older people's status is lower. These findings are discussed in light of their implications for theory and practical intervention in this domain.

Keywords: ageism, social psychology, Europe, social identity, health

"We have enough research! We have enough theories! What we need are programs to help senior citizens in need!" (M.Kuhn, 1983)

This heart-felt comment from the founder of the Grey Panther's movement in the USA, Maggie Kuhn, at the *Gerontological Society of America's* annual conference, draws attention to the frustrations often felt by those working with and representing the people who's lives we are trying to change and improve with our research. It is a good example of the perceived gap between theory and its application to changing or developing policies and practices to enhance the lives of older people. Those who do applied research know that it can be effortful to disseminate and share research with end users of research, i.e. those who make practical use of the research findings. It is often difficult to identify and connect with relevant practitioners, charitable organizations and policy makers who actually use research-based evidence to develop interventions and policy. It seems that theory has become devalued in general and it appears difficult for academics and researchers to communicate with people on the ground. And why did this happen? Bengtson, Rice and Johnson (2000) enumerate four factors that may have contributed to this state of affairs. First of all, theoretical approaches are perceived as lacking an overall structure and coherence. Instead of one theory that "explains best", most often the literature is filled with several approaches

that do not seem to connect at first sight. This lack of a ''grand theory'', that could simply explain what is happening, creates a feeling of confusions that draws away the interest of practioners. Secondly, the urgent need to solve real social problems creates pressure in practioners that leads them to skip literature review. Often things happen as they were the first time such a problem has appeared, and only some times will practioners have enough time and motivation to consider best practices in the field already out there and published in scientific journals. In fact, this lack of use of scientific proven theories and interventions is often explained by a third factor, which is the spread of post-modernist *Zitgeist,* claiming that it is rather difficult to make generalizations and that all subjects should be treated as unique cases, with their specificities and needs. Science and scientific knowledge are thus questioned as the best foundations of human knowledge. Finally, another factor that may explain the lack of interest for theory-based gerontological interventions is the resistance to cross-disciplinary and interdisciplinary investigations in gerontology. If researchers in the field limit their investigations to just one narrow field of scientific research this probably creates an over-simplified explanation of phenomena, limiting their interest to explain real-life situations. In that case, the quest for an interrelation between levels of explanation and different fields in research could be a good way to increase the perceived interest of theories for people in the field.

One may ask: how can academics, using different research methods and approaches, provide joined and coherent evidence? Can this really make a contribution to what happens in social gerontology?

In this chapter our goal is to show that theory is in fact important as a basis to solid practical and policy interventions. In particular, we will try to demonstrate how social psychological research may contribute in a significant way to gerontological debates and evidence to reduce ageism experienced by older people. Based on the findings of the European Social Survey our goal is to present the case where findings from large surveys, built on solid theoretical grounds, can have important implications for exposing age discrimination regarding older people in the European context. We will also discuss the practical and policy implications this research may have for real-life intervention in the gerontological field.

3.1. "*There is Nothing as Practical as a Good Theory*": Introduction to Theory based Social Gerontology Interventions

This quote from the famous social psychologist Kurt Lewin at the *Society for the Psychological Study of Social Issues* conference in 1943 translates well the spirit of this chapter and of this book. In this sense, this would be an interesting answer to Maggie Kuhn's comment trying to show that if it is true that we need better interventions, the best theoretical evidence should also support them. In Lewin's vision, theory and practice should play an equal status and complementary role in the explanation of social phenomena. And why is theory important? Its importance is well translated in the very definition of theory.

Theories can be defined as "the construction of explicit explanations in accounting for empirical findings" (Bengtson et al., 2000, p. 3). By building knowledge through a systematic and cumulative way, theories provide a set of lenses through which we can make sense of what we find in research. The key process is thus helping *explain* and *predict* events taking in consideration a broader context of inquiry and one can find several examples where this process is important. For example, many studies in social psychology explore the fundamental role of social norms and social influence. A classic experience in 1954 show how it is possible to predict situations of inter-group conflict and conflict resolution. In this famous study, a group of boys is asked to join a summer camp in Robber's Cave State Park, USA. Without the boy's knowledge, their parents agreed to let them collaborate in a study of intergroup conflict created by Muzafer Sherif and colleagues. When the boys arrive to the camp, they are divided into to rivalry teams struggling to win a competition: the Eagles and the Rattlers. The entire situation is set to promote the competition between the groups thus creating some tension. The conflict escalates after the Eagles had legitimally won the tournament and the Rattlers decided to raid their cabins and steal the prizes. By dividing the boys in two groups Sherif and colleages created two different group identities that their members strove to defend and gain relative advantage. In this experience, Sherif tests, in the field, the factors that may contribute to promote competition and conflict between groups.

In order to solve this conflict, the experimenters created a situation where members of the two groups needed to collaborate side-by-side in order to reach common goals: repairing the camp truck after it broke down or to join monetary efforts to rent a movie. The creation of these situations helped build a common and unique identity for both groups – those of the boys in the summer camp as a whole – thus mitigating the conflict. This is a case where theoretical based predictions, based on realistic group theory, shows very practical results. This work is fundamental to understanding many real-life situations of conflict and escalation of violence and to increase the possibilities of increased cooperation between different groups.

These types of processes have also been recently studied in gerontological settings of practical intervention. In some studies, Catherine Haslam and colleagues (2014) have shown how building a common identity with senior residents in a home setting is fundamental to increasing their well-being and feelings of belonging. In an experimental study, 36 seniors were randomly allocated to three conditions: an intervention where they made decisions about lounge refurbishment as a group, a comparison condition where the staff made those decisions, or a no-treatment control. Participants in the intervention condition showed improvements in cognitive performance and home satisfaction. Interestingly, there was also a significant increase in the level of identification with the group. Emphasizing group cohesion and identity turned out to be a key factor to increase senior's adaptation in this case.

In this chapter we argue that, as a theoretical-based approach, social psychology may have fundamental contributions to give to the gerontological field. We make our point by giving specific examples of how a "grand theory" in social psychology – the Social Identity Approach – may help understand the way older people are affected by age discrimination in the European context.

3.2. Introduction to Social Psychology: the Importance of Multilevel Explanations

One can think of social psychology as "the scientific study of the effects of social and cognitive processes on the way individuals perceive, influence and relate to others" (Smith & Mackie, 2007, p. 3). First of all, social psychologists' studies are based on systematic methods of gathering information on a structured way. Moreover, social psychology is especially interested in understanding the way cognitive and social processes influence behaviours. These cognitive processes are the ways in which our perceptions, memories, thoughts and motives influence our understanding of the word, and thus guide our actions. Crucially, social influences exert their effects through cognitive processes. The way we think, feel and act towards other people all reflect the influences of our social contexts and influences. Thus, cognitive and social processes are inextricably linked.

Thinking about the object of social psychological studies, Smith and Mackie (2007) identify two basic ways in which people affect each other. On one hand, social psychologists are interested in studying the *individual in the group*. In this case, the main focus is on the way individuals are affected by others who are physically present (e.g., individuals who are leading, providing trustworthy information, waiting in a line). The effects of this physical presence depend heavily on the way individuals interpret the situation. On the other hand, social psychology also looks the other way around, that is, trying to understand the *group in the individual*, that is, how the representations and thoughts we have regarding the groups we belong to influence our individual actions and perceptions. Social psychology has shown that our group memberships are an essential part of our self-concepts and identity (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987), influencing us even when other group members are absent. In fact, we are all aware that even when other fans are physically absent, we still defend our national football teams if we feel strongly about this membership. Just being a member of the group connects us to the group, creating a sense of join fate and making us willing to defend and act in defense of that group.

One of the fundamental assertions of social psychology is the notion that individuals play an active role in the construction of social situations (Taylor, 1998). In fact, our responses to social environments are heavily dependent on the way we interpret them. As an older person, one can think of our place in society in different ways depending on the manner we perceive this category. As we shall see in more detail below (Case 2), if we identify ourselves with the group of older people, in societies where perceptions of the social status attributed to this age group is higher, we will have significantly better health than if we use the same type of process in societies where perceptions of old age are more negative. Hence, the effects of perceiving oneself as old depends on the meaning attributed to this age category in society. The study of this phenomenon holds important implications for interventions in different types of societies with varying perceptions of aging and old age.

Another fundamental characteristic of social psychological studies, that makes the link to gerontology especially interesting, is the fact that this discipline has in it's nature

an intrinsic and traditional focus on theory application to the understanding of social issues (Taylor, 1998). Its very foundations and growth was marked by the need to create new solutions for practical problems such as the two world wars, the Great Depression, and the rise of Hitler. Since its roots, social psychologists have sought to understand the influences of social forces on human behaviour to increase predictive and protective power over social phenomena. Hence, the use of this theoretical framework to aging issues is a natural extension of this mode of thinking in the discipline.

Finally, yet another factor that makes the social psychological approach interesting is its potential for multi-level explanations. As we noted above, Social Psychology is concerned with the study of the feelings, thoughts and behaviours of individuals in social situations. There are various ways how these social situations can be conceptualized. At the micro and meso-level, they can constitute interactions and relations among individuals in a group (i.e., group processes) or individuals´ self-concept that is inextricably linked to the in- and out-group with which they identify and distinguish themselves respectively (Ellemers, Spears, & Doosje, 2002; Simon, Pantaleo, & Mummendey, 1995; Turner et al., 1987). At the macro-level, these social situations go beyond the individuals and the groups and include larger institutions and social structures as well as culture and society. A common focus in these kinds of studies lies in identifying how these macro-level factors influence an individual's feelings, thinking and behaviour, although the study of reciprocal associations can also be of interest. For instance, concepts such as age stereotypes and age prejudice do not emerge in a social vacuum. Groups and whole societies tend to share similar stereotypes and prejudices (Schaller Conway, & Tanchuk, 2002) which constitute a collective reality that has an impact on aging individuals´ in terms of their self-concept and age identification. The roots of this perspective are grounded in what is called a methodological collectivism. Durkheim (1897/1951) was one of its advocators and argued that there are societal "realities external to the individual" (p. 37) which exert some power over the individual and neglecting them would mean gaining an incomplete understanding of human functioning.

Besides these collective social phenomena, there are also macro-structural ones such as economic and political systems (e.g., free-market capitalism vs. communism) and population structures (e.g., changing demographics) that can have an effect on older people. For instance, Frymer (2005) argues that in order to understand prejudice towards social groups in society, it is important to go beyond the assumption that prejudice is just a result of individual psychological attitudes (irrational biases) and to examine to what extent institutions encourage prejudice and discriminatory acts by motivating people to behave in a prejudiced manner. A prominent example would be if health care expenditures are cut substantially due to an economic recession and health practitioners are confronted with making treatment choices and use age boundaries as a guidance.

In sum, both objective macro-environments as well as cultural and collective phenomena relate to human mind and behaviour. The resulting epistemological perspective has also been coined Socioecological Psychology (Oishi & Graham, 2010) which expresses the idea that there is an inextricable and reciprocal linkage between social psychological processes and the social and physical environment in which people

live. As such, it is a highly interdisciplinary perspective that needs to take into account theories from other areas such as sociology, economics, political science and geography rendering it extremely relevant to gerontology.

One of the biggest challenges for social psychologists´ attempts to take into account the macro-level was the lack of proper research methods. Yet, the development of multilevel modelling opened new doors to social psychologists. Multilevel modelling is a statistical regression approach that enables researchers to test multi-level theories. Although it has already been used for several decades in educational research, sociology, econometrics, and biometrics, it has only recently been employed more frequently by social psychologists. Use of this type of methodologies has been really important to test important theoretical hypotheses in the field. In this chapter we will see in more detail how the use of these methods has been useful to understand ageism and age discrimination regarding older people in the European context. However, before presenting these evidences it is important to discuss in bit more detail the theoretical background underlying this research. In this regard, we give special emphasis to the role played by one particular theory in the social psychological field - the Social Identity Approach – as a good example of a theory that is fitted to be the base for real-life interventions in gerontology and other applied fields.

3.2.1. The Social Identity Approach

The Social Identity approach embodies a theoretical and research tradition that has been developed for more than a quarter of a century. Framed by the development of post-war European perspective to social psychology, it emerged from the need of Henry Tajfel and colleagues to offer an alternative to contemporary individualistic visions in social psychology (Allport, 1924). The aim was to create a theoretical approach to social psychology that would be able to deal with the relationship between the individual and society: that is to study the *social* dimension of human behaviours (Hogg & Abrams, 1988; Tajfel, 1984).

From a meta-theoretical point of view (Hogg & Abrams, 1988), Social Identity assumes a psychological Marxist's vision of the world. The main idea is that society is composed by social categories that stand in power and status relations to one another. These relationships are not static; instead they are in constant conflict between them causing changes in society's structure. Social categories become human groups because the individuals that compose them come to understand that they share a common belief system. In keeping with Marx and the symbolic interacctionists (e.g., Mead, 1934), the Social Identity approach considers that identity and self-conception mediates between social categories and individual behaviours. However, it goes further. It assumes a social psychological approach, and explores the psychological processes involved in translating social categories into human groups. In a very fundamental way, the Social Identity approach explores the "groups within the individual", as opposed to the "individuals in the group". Being part of a group confers individuals with a *social identity*, or a shared/collective representation of who one is and how one should behave (Hogg & Abrams, 1988). Social identity is a central concept in this approach and

according to Tajfel (1972) refers to the "the individual's knowledge that he belongs to certain social groups, together with some emotional and value significance to him of the group membership" (as cited in Turner, 1982, p. 18). Hence, the social identity approach assumes a clear motivational perspective of human behaviours, considering individuals' motives attached with group belonging (Operario & Fiske, 1999).

According to Tajfel and Turner (1979, 1986) social behaviours can vary along a continuum from interpersonal to intergroup. At the 'interpersonal' extreme, the behaviours of individuals are determined by their personal relationships and their idiosyncratic personal qualities. On the other hand, at the 'intergroup' extreme, the way individuals behave is fully determined by their belonging to different social groups or categories, by their social identities. Shift between the continuum (and the adoption of a specific social identity) varies in function of psychological and social factors.

Using the 'minimal group paradigm' Tajfel and colleages (Tajfel, Flament, Billig, & Bundy, 1971) showed that the mere social categorization of people into distinct groups was enough to produce intergroup behaviours in which participants favoured in-group over out-group members. According to Tajfel (1972), mere social categorization was enough to create a social identity for the subjects, in the sense that they accepted it as a relevant self-definition in the situation. Based on the results of the 'minimal group studies', Tajfel and Turner (1986) derived three theoretical principles: 1) Individuals strive to achieve or maintain positive social identity; 2) Positive identity is based to a large extent on favourable comparison that can be made between the in-group and some relevant out-group; and 3) When social identity is unsatisfactory, individuals will strive to either leave their existing group and join some more positively distinct group and/or make their existing group more positive. Regarding this third aspect, Tajfel and Turner (1979, 1986) elaborated in more detail the possibilities available for members of devalued social groups to deal with the predicaments of a negative social identity. What happens in the case an individual belongs to a group judged in a negative manner?

Being a member of a subordinate group, may render individuals with a negative social identity and hence lower self-esteem. This is an unsatisfactory state and mobilizes individuals to change the situation. According to Tajfel and Turner (1979, 1986), members of devalued groups can choose to shift among more intergroup or interpersonal behaviours as a way to deal with the negative situation. However, this is dependent upon the way individuals perceive the nature and the structure of the relations between groups in their society, that is, depends on their *subjective belief structures.* Tajfel and Turner (1979, 1986) identified two major belief systems. The belief system of "social mobility" is based on the idea that the boundaries between groups are permeable, in the sense that individuals can leave their group ('exit'), in search of one that provides a more satisfactory identity ('pass'). The belief in social mobility leads subordinate group members to adopt individualistic strategies (individual mobility), that help to change one's personal position, but that leaves the group's position unchanged. On the other hand, the belief system of "social change" rests on the assumption that intergroup boundaries are impermeable, and that it is relatively impossible passing from a low to a high-status group. In this sense, negative consequences of group membership cannot be escaped simply by redefining oneself out of a group and into a dominant group. The only way to cope with this negative situation

is to adopt group strategies, aimed to accomplish a relatively positive re-evaluation of the in-group (i.e., social creativity or social competition strategies).

Social Identity Theory is a solid theoretical trend within social psychology, tested in many different setting by diverse methods (e.g, correlacional, experimental). In this chapter, our particular interest is to understand how this theoretical framework may be used to understand in specific age discrimination regarding older people. Next, we present what is age categorization and the factors that may have influence ageism against this age group.

3.3. Age Categorization and the Origins of Ageism

Age as long been recognized as an important basis of social organization and social integration (Hagestad & Uhlenberg, 2005). Both sociology and anthropology have shown the importance of age as a criterion for participation in society's division of labour. For instance, in their model of social stratification, Riley and Foner (1968) showed how age has a prominent role in the process of 'matching people and roles'. In the same vein, classical anthropological accounts of age grading (for a review please see Cain, 1964) showed how age groups differed in their rights and responsibilities, and how rites of passage had such an important role marking the transition into older age groups. Hence, there is no doubt that age, like other social categorisations such as social class, race or gender, serves as an important social marker which is used to infer roles, status, power and social responsibilities. This structuring has several advantages because it promotes predictability of the life-course and provides individuals a sense of belonging through peer ship (Garstka, Shmitt, Bransombe, & Hummert, 2004).

It is clear that age categorization is a fundamental tool to structure our societies. Age limits are established in a manner to guarantee predictability of the life course. Importantly, however, is that we need to take in consideration that this division into age groups is not free of content; in fact, each age category has its associated contents expressing guidelines for individual behaviours. The idea that "tells me your age, and I tell you what to do" does not carry only benefits. In fact, sometimes it may lead to "us versus them" distinctions, promoting prejudice and discrimination (Hagestad & Uhlenberg, 2005). Butler (1969) was the first to notice the negative effects of this "classification" according to one's age group; in this case particularly against the older age group. Back in the sixties, the District of Columbia proposed to build a public housing project designed for poor seniors in the Maryland, USA. This project was highly controversial and local residents fought hard against its implementation based on the ideas that this would bring tax losses, cost, and zoning and property values. However, according to Butler, the financial concern was only part of the resident's feelings of irritation. Instead, Butler argued that there seemed to be, in fact, an underlying "ageism" against these older people which he defined as "the subjective experience implied in the popular notion that of the generation gap…a deep seated uneasiness on the part if the young and the middle-aged – a personal revulsion to and distaste for growing old, disease, disability, and fear of powerlessness, 'uselessness', and death" (Butler, 1969).

Currently the most commonly accepted definition of ageism involves two basic ideas: i) it is an "umbrella" concept (Braithwaite, 2002) which refers to the several components of attitudes. Hence, several authors (Kite & Wagner, 2002) adopt the traditional tri-partide model of attitudes (Eagly & Chaiken, 1993) and assume that ageism comprises three basic components which are an affective component, represented by prejudicial feelings (i.e., if I like the group), a cognitive component, represented by beliefs and stereotypes about age groups (i.e., what I think about the group), and a behavioural component, represented by behaviour and discrimination against the group (i.e., how I act towards the group).

Several international studies on ageism have shown that old age is perceived systematically in a more negative way than younger ages (Kite, Stockdale, Whitley, & Johnson, 2005; Nelson, 2002) and that these negative representations are often associated with prejudice and discrimination against older people. These studies showed that older people are perceived to be inferior to middle-aged people in aspects like power and social status, wealth, respect and influence (Cameron, 1970; Foner, 1984; Garstka, et al., 2004; Pampel, 1998; Youmans, 1971). Hence, older people seem to be in fact, the lowest status group at least in our western contemporary societies (Garstka, Schmitt, Branscombe, & Hummert, 2004). Why is old age devalued in comparison with other age categories?

Several factors are frequently referred to explain these negative perceptions of older people (Cuddy & Fiske, 2002). The first one is the fact that older people are not actively working. In a society that values productivity, this factor considerably diminishes their perceived value as it seems to impoverish their contribution to society and diminish their objective wealth and power (Branco & Williamson, 1982; Nelson, 2005). The second one refers to the fact that they are now considered a burden to society due to the amount of spending that governments make with aging programs (and this is linked with the fact that we witness an unprecedented growth in the number of older people who in need of assistance). Today there is a diffused idea that the funds are not distributed in an equitative way to all age groups and that older people are using much more than what they need at the expenses of younger generation (Binstock, 2005). In this regard, a recent study has shown a significant interaction between the level of modernization of a country (measured as a compound index of measurable indicators of life expectancy, income, education and the level of country's urbanization) and the percentage of older people actively working on the perceptions of older people social status (Vauclair, Marques, Lima, Bratt, Swift & Abrams, 2015). These results show that, especially in less modern countries, older people are perceived as a group of higher social status if they also still have an active working role in society. It seems that working status may contribute to improve the material situation of living of older people in a poor country, thus improving their perceived social status.

Finally, a third factor that seems to explain ageism against older people is the fact that they are perceived as the most threatening reminder to individuals of their inevitable mortality. According to *terror management theory* (Greenberg, Schimel, & Martens, 2002) younger generations fear their own fate of diminishing beauty, health, sensation and ultimately, death. In this sense, they tend to neglect older people and the aging process. All these factors seem to contribute to maintain ageism against older people.

Faced with this situation, how can older people cope with this type of stigmatization? Does age discrimination affect the health of older people?

In the next section we explore this issue by giving in more detail the example of two cases we analyzed based on the data collected with the "Experiences and expressions of ageism" of the 2008/2009 Round 4 of the European Social Survey. We show how the social identity approach, as a theoretical framework, may be useful to understand real-life and complex phenomena as age discrimination against older people across European countries.

3.3.1. Consequences of Negative Attitudes to Age and Age Discrimination for People Aged 70 and Over across the European Region: Two Case Studies

This work used data from the European Social Survey (ESS). The ESS is an academically driven cross-national survey that has been conducted every two years across Europe since 2001. The survey measures the attitudes, beliefs and behaviour patterns of diverse populations in more than thirty nations. The ESS employs the most rigorous methodologies to achieve cross-national comparability of the data. The survey consists of a fixed module and two or three rotating modules. Round 4 with data collection in 2008 and 2009 included the rotating module on *Experiences and Expressions of Ageism*. The module was designed by members of the EURAGE group led by Prof Dominic Abrams (University of Kent), Prof Luisa Lima (CIS-IUL at ISCTE-IUL) and Prof Genevieve Coudin (Université Paris V). It contains 55 items which were developed and pilot tested extensively within a framework that has been subjected to detailed scrutiny, peer review and evaluation by experts in the ESS Central Coordinating Team. The ageism module provides representative samples from 29 countries and over 55,000 individuals belonging to the European region (with the addition of Israel). The survey methodology is based on computer-based personal interviews, with national samples of between 1,215 and 2,576 people aged 15 years. The questions in the module reflect seven key domains which were guided by theoretical models from social psychology, i.e. social identity approach (which focus on the way people categorise one another, and hence who they are likely to stereotype), stereotype content theory (why particular groups are stereotyped in particular ways), intergroup threat theory (how different types of threat give rise to prejudice), and intergroup contact theory (the idea that friendship across group boundaries can reduce intergroup prejudice). It is a clear example of how theories in social psychology may be useful to understand wide-scale phenomena regarding ageism and aging across different countries. In this chapter we will give special emphasis to explanations based mainly on the social identity approach.

The research presented in this section followed multilevel modelling statistical techniques. Multilevel modelling is used when data have a hierarchical or so-called nested or clustered structure, which means that observations at one level of analysis are nested within observations at another level. In the ESS, individuals are nested within countries and we analysed this with two-level modelling; level 1 being individuals and level 2 being countries. The outcome variable is then measured at both levels and predictor variables will often differ between the individual- and the country-level. For

instance, subjective health can be the outcome variable at both levels; individual predictors (e.g. age) are used at level 1, country-level predictors are used at level 2 (e.g. GDP). Beyond examining main effects of predictors at level-1 and level-2, multilevel modelling can also investigate interaction effects between predictors at different levels (see CASE 2).

An important consideration is that multilevel research requires multilevel theories which entail an interdisciplinary approach. When researchers use context variables at the country-level as predictors for individual-level outcomes, they are conducting interdisciplinary research at the interface of sociology and psychology. Although there are numerous challenges inherent in this approach, as with any interdisciplinary research, testing multilevel theories with multilevel modelling can be very powerful. And as we shall see in more detail later, beside its academic value it can also be highly informative for policy-makers (see, e.g., Abrams, Vauclair, & Swift, 2011). Next we present two case studies where we show how this method yields significant and important findings that may be the basis for solid gerontological policy and social interventions.

3.3.1.1. CASE 1: Perceived age discrimination as a mediator of the association between income inequality and older people´s self-rated health in the European Region

Self-perceived health among people aged 70 and older varies between countries, apparently dependent on income inequality within the country. In this study, we demonstrate that this association between income inequality and lower subjective health among older people can be explained by perceived age discrimination. The negative association between the income inequality of a country and poor health is known as the relative income hypothesis and has been widely researched by epidemiologists and sociologists since the 1990's. Until recently, much of the research has investigated this relationship between income inequality and health at the country-level (Ram, 2006; Wilkinson & Pickett, 2006; Wilkinson & Pickett, 2007). However, the multilevel approach we pursued allowed us to further research by exploring the process that explains how the income inequality of a country influences the self-perceived health of individual's aged 70 and over.

Taking into consideration the social psychological literature we noted that prejudice and discrimination against low status groups is more prevalent in unequal societies (Marmot & Wilkinson, 2001; Wilkinson & Pickett, 2007). As previously noted, older people are usually seen as a low status group relative to other age groups across Western and European cultures (Abrams, Russell, Vauclair, & Swift, 2011; Garstka, Schmitt, Branscombe, & Hummert, 2004). Thus, in more unequal societies older people belong to a social group that should be especially vulnerable to prejudice and experiences of discrimination. Evidence also shows that experiences of discrimination is a psycho-social stressor that can have quite profound negative impact on an individual's health (see Pascoe & Smart Richman, 2009, for a meta-analytic overview) and this extends to perceived age discrimination (Luo, Xu, Granberg, & Wentworth, 2011; van den Heuvel & van Santvoort, 2011; Vogt Yuan, 2007). According to the Social Identity

Approach (Tajfel & Turner, 1986), belonging to a devalued group renders individuals with a negative self-evaluation that should be the basis for lower self-esteem. Also, the experience of discrimination incorporates both a social rejection and a largely uncontrollable event which are the two psycho-social stressors that have been found to be associated with the largest increase in stress hormones and the longest time of recovery (Dickerson & Kemeny, 2004). Stress hormones, such as cortisol, are related with psychological, physiological and physical health functioning and can increase the risk of negative health outcomes (McEwen, 1998). The common perception that older people have low social status, together with a societal context characterized by income inequality, are likely to increase older people's vulnerability to age prejudice. As prejudice is a stressor that chronically activates the physiological system with adverse health effects, it is likely to be an important psycho-social factor that explains how income inequality affects the health of older people.

We tested these pathways using ESS data by specifying a multilevel mediation model to explain self-perceived health, with income inequality specified at the country-level and perceived discrimination specified at the individual level (for further details see Vauclair, Marques, Lima, Abrams, Swift & Bratt, 2015; data available in http://www.europeansocialsurvey.org/methodology/questionnaire/ESS4_rotating_modules.html)). Even after controlling for relevant demographic variables (e.g. gender, age, education, subjective socio-economic status), perceived age discrimination significantly mediated the link between income inequality and self-perceived health in Europe. This finding strongly suggests that it is not only up to the individual to stay healthy in old age, but that the societal and social context matters too. A country's income inequality creates a form of ´social inequality´ in which older people are more likely to be discriminated against. This finding is all the more concerning considering that income inequalities are predicted to increase in the future (OECD, 2008), suggesting that prejudice and discrimination - important psycho-social stressors - may increase too. Population ageing already puts a heavy strain on public and private budgets (International Monetary Fund, 2012). However, these findings provide important insights to key challenges more developed countries face in how to prolong the healthy, active years in the ageing population. Policy initiatives targeted at promoting health in later life need to take into account a multilevel perspective in order to be effective.

3.3.1.2. CASE 2: "Being Old and Ill" Across Different Countries: Social Status, Age Identification and Older People's Subjective Health

In a second study we investigated the extent to which the relationship between age identification and self-perceived health varies depending on the societal evaluations of older people's social status. According to Social Identity Theory, as was already referred before, when an important social identity is associated with the membership of a group that is of low status, stigmatized or socially devalued by others, there are significant negative implications for self-esteem and life satisfaction (McCoy & Major, 2003), levels of depression and anxiety and sense of coping, self-efficacy and support (Kellessi, Reicher, & Cassidy, 2009). Accordingly, there is some evidence that identifying as an older person is related to worse self-perceived (*subjective*) health (Engle & Graney, 1985). For example, Stephan, Demulier, and Terracciano, (2012) found that older

individuals who perceived themselves as 'old' rated their health as poorer than older individuals who perceived themselves as younger. However, in a number of contexts, research has shown that group identification can serve as a buffer to counteract the negative effects of discrimination on health and well-being (Branscombe, Schmitt, & Harvey, 1999; Garstka et al., 2004; Ramos, Cassidy, Reicher, & S.A. Haslam, 2012). Jones and colleagues (Jones, S.A. Haslam, et al., 2011) demonstrated how individuals with acquired brain injury could protect themselves from some the adverse effects associated with their injury by identifying themselves as a group of survivors. Similarly, research revealed that older people in care homes show an increase in well-being after acquiring a common group identity (C. Haslam, et al., 2010). This positive effect of social identification on health and well-being could be due to increased provision of social support, social ties and social capital (Levine, Prosser, Evans, & Reicher, 2005; Iyer, Jetten, Tsivrikos, Postmes, & S.A. Haslam, 2009). However, we proposed that these mixed findings could be dependent on the value and status attached to people's in-groups (Tajfel & Turner, 1986; Verkuyten, 2009).

Drawing on Social Identity Theory, we tested the hypothesis that the relationship between old age identification and health and well-being in old age should be linked to the perceived social status of the old age group in society (Hogg & Abrams, 1988; Oakes, et al., 1994; Tajfel & Turner, 1986). To do this we explored the moderating role of perceived social status of people aged 70 and over (at the country level) on the relationship between old-age identification and self-perceived health of people aged 70 and over. In other words, using the ESS data we explored whether there was a significant interaction between the perceived social status of people aged 70 and over and individual's age identification in a multilevel model. The results showed that even after controlling for a host of individual difference variables and country differences in wealth as measured by GDP, we found a significant interaction between social status and age identification as predictors of self-perceived health. The positive relationship between age identification and subjective ill-health was only present in countries where older people had a particularly low status (such as, Bulgaria, Croatia, Hungry, Poland, Slovakia and Ukraine). In countries where people over 70 had a higher status (such as Switzerland, the Nordic countries, United Kingdom, Belgium and Germany), older people's age identification was not related to subjective ill-health (for more information see, Marques et al., 2015; data available in http://www.europeansocialsurvey.org/methodology/questionnaire/ESS4_rotating

modules.html).

These findings represent a rare but highly meaningful and robust test of Social Identity Theory's core predictions about the way societal status and identification relate to different social groups (cf. Abrams, 2013). Specifically, the findings support the macro-social prediction that identifying with a negatively valued social group or category is likely to be an unpleasant state that has negative implications for the self-concept. Here we show that the implications extend to the health of individual members of the group. Interestingly, these results hold even when we control for the effects of the country's wealth and income inequality (measured by GDP and GINI), indicating that the interaction between age identification and social status is not an artefact of economic factors such as wealth or inequality within the country. Status differences between

groups reflect the dominant ideology and widely cultural shared beliefs associated with group members (Abrams, 2013; Hogg & Abrams, 1988). Hence, distinct from the effects that more objective forms of material deprivation may have on an individual's health, *just* being a member of a devalued category with which one identifies has negative implications for subjective health.

3.3.1.3. Main conclusions of the two case studies:

- Both case studies explore the negative impacts of ageism (via perceived discrimination and or negative attributions of status afforded to older people) on the self-perceived health of those aged 70 and older.
- Both case studies on looked at those who self-selected as 'old'.
- CASE 2 shows the potential mitigating effects that strong age identity can have on health- but only when societies value older people.
- These studies reveal that tackling income inequality, perceived age discrimination and valuing older people by viewing them as higher status would all impact positively on older people's health.

3.4. How Can Social Psychology Inform Intervention and Policy Making to Reduce Ageism and Age Discrimination

In this chapter we tried to make the claim that theory is important and a fundamental tool of analyses to guide our visions and interventions in the world. Interventions and policy making in the gerontological field should be evidenced-based, preferably adapting the knowledge available through the solid testing of theories already established in the fields – such as Social Identity Theory – to gain predictive and explanatory power to understand real issues that matter to older people.

In particular, in this chapter we have shown how ageism may hinder the health of older people, particularly in more unequal countries. Inequality within countries seems to be associated with an increase in the perceptions of discrimination in older people and this in turn adversely affects their health. Hence, in CASE 1 we showed that belonging to a group that is negatively evaluated is associated with harmful effects for its individual members (in this case, older people).

However, in CASE 2 we also show that this negative effect of ageism on health is very much dependent also on the way older people identify with being old. In fact, in countries where the social status of older people is perceived to be lower, more identification with this age group seems to lead to lower health levels. This relationship is not present in countries where the social status of older people is perceived to be higher. These results are completely in tune with Social Identity Theory's claims, thus showing the significant predictive value of this theory in the explanation of ageism affects on older people across societies. Moreover, given their wide scope and

representativeness, we argue that they also hold important and significant implications for interventions and policy-making in this field.

The strategy against ageism is primarily important because ageism violates human rights. In this regard it is important to recognize that, for instance, the article 21 from the Charter of Fundamental Rights of the European Union, already recognizes the discrimination of people because of their age as a violation of fundamental rights of the human being. As we shall see below, several countries have also already adopted such a legal perspective.

The increase in life expectancy has been a real human achievement. However, this is not just a matter of adding "more years to life"; we need a real change to improve also "more life into those years". Living longer, but better is what we should expect for present and future societies. If negative perceptions of old age have such a hindering effect on older people's health levels, they should be changed. And this change should occur at a broad ideological level.

On the other hand, in an aging society with an increasing demographic pressure of the older age groups, the fight against ageism is also a necessity. The proportion of persons aged 60 and over is expected to double between 2007 and 2050, and their actual number will more than triple, reaching 2 billion by 2050. In most countries, the number of those over 80 is likely to quadruple to nearly 400 million by then (UN, 2014). In this scenario, the maintenance of older people active and healthy is an imperative for maintaining the economic growth and stability of the social security and pension systems.

The type of research described in this chapter is fundamental because it shows, in a scientific manner, that ageism matters and that it has significant effects on a broad sample of people across many countries. In this case, it is important that any prevention strategy should be created at a broad level.

For instance, the European Commission has already identified the need to address this issue. In a recent study, conducted in the realm of the FP7 project SIforAGE (www.siforage.eu) our team had the opportunity to explore the implementation of age discrimination laws (AADL's) across European countries (Marques et al., 2015). This analysis was developed based on two strategies: (1) documental analysis and (2) narrative interviews with key stakeholders. First of all, an analysis of the main documents and legislation regarding age-discrimination in a sample of European countries (Austria, France, Italy, Poland and Portugal) was performed. This analysis was heavily based on the respective country reports elaborated by the European Network of Legal Experts in the Non-discrimination Field. This network of legal experts constitutes an important support to the European Comission by providing independent information and advice on relevant developments in the Member States in the non-discrimination field.

The main findings obtained in the documental analysis revealed that AADL´s are already implemented in the legislation of all the 5 countries analyzed. Most of these laws are related to the work field, prohibiting the discrimination based on age regarding the public and private employment. More specifically, these laws intend to promote equality

regarding the access to job opportunities, career progression and salary increase to all employees independently of their age. Beyond work, most of the countries under analyzes have also extended these anti age-discrimination legislation to cover other fields like social protection, social advantages, education, goods & services and housing.

Regarding the compliance of the anti-age discrimination laws there is, however, a gap between legislation and the practical implementation of these laws. This lower level of compliance can possible be related to the complexity of the legal framework, the low awareness and knowledge of legislation addressing discrimination issues and the absence of a specialized body on this field. More specifically, the legal experts from the 5 countries highlight the importance of developing a coordinated work between different institutions of important areas of action in society like ONG's, social scientists, public administrations and trade unions.

In a second phase, interviews were conducted with public administration employees responsible for the implementation of selected programmes in three areas in the ageing field (health, labour and transport) at three levels of analyses (local, regional and national). The goal was to evaluate their knowledge of ADDL's, perceived relevance of such laws and actual compliance of their practices with such laws. A total of 50 interviews were obtained from 5 countries (Austria, France, Italy, Poland and Portugal) through a coordinated work developed between the SIforAGE partners involved in this task.

The results obtained revealed that the majority of the program planners interviewed share an awareness that age discrimination is a widespread phenomenon, affecting older people in several areas of their life such as employment, transportation, health, social media and within the family (mostly in the format of abuse or negligence against older people). Besides, the interviewees highlighted the relevance of the AADL's in order to promote the fight against ageism regarding older people, representing a step forward towards social change.

In accordance with the results obtained, our team suggested important guidelines as the major output of the work developed: avoid complex legislation that makes hard for actors in the practice domains to understand and apply; there should be an increased effort made by the governments to disseminate AADL's across society by promoting a coordinated work between different social actors (e.g. NGOS's and public offices); it is important to create a body of experts similar to European Network of Legal Experts in the Non-discrimination Field but that accompanies and evaluate the actual implementation of AADL's in the field; and finally, it is fundamental that ageism is addressed in a broader way, in order to promote a wider social change of mentalities.

But besides improving the legislation and its compliance, it is also important to undertake other type of initiatives. For instance, intergenerational activities that promote a closer cooperation between different age groups seem like an important route to take. Contact between different groups seems to be a promising avenue to change ageist perceptions, for instance, in children (Cunha, Marques & Rodrigues, 2014). Also, within the context of the SIforAGE project, we have been working on the development of a intergenerational program to fight ageism in children (see the manual

of the program imAGES for more details on the specificities of this program) (www.siforage.eu; Marques et al., 2015).

These are only two examples of concrete actions that can be undertaken in the route to prevent ageism in our societies. Other types of initiatives of similar nature are, for instance, the training of professionals that interact with older people in health settings or the promotion of a true work age diversity ethics on organizational contexts. All these initiatives are still in their very early ages and should be further developed.

Finally, the studies described in this chapter are based on European data. Apart from the EUA, to our knowledge there are very few studies exploring ageism and age perceptions in other cultures. Given the expression of demographic aging in the world, we believe it would be important to extend the scientific study of this issue to a wider scale through, for instance, the application of a world survey such as, for instance, the International Social Survey Programme.

We hope this chapter showed the need to use theoretically fundamented research to legitimize the importance of this subject. Our main claim is clear: we need in fact more policies and interventions in the gerontological field. However, these should be, no doubly based on strong scientific-based evidences. Given the urgency of this matter, we should start this enterprise as soon as possible.

3.5. References

Abrams, D. (2013). Social identity and groups. In J. M. Levine (Ed.), *Group processes* (pp. 267-296). New York: Psychology Press.

Abrams, D., Vauclair, C.-M., & Swift, H. (2011). *Predictors of Attitudes to Age across Europe*. London: Department of Work and Pensions.

Abrams, D., Russell, P. S., Vauclair, C.-M., & Swift, H. (2011). Ageism in Europe and the UK. Findings from the European Social Survey. A Report from EURAGE (European Research Group on Attitudes to Age) commissioned by Age UK.

Allport, F. (1924). *Social Psychology*. Boston: Houghton-Mifflin.

Bengtson, V. L., Rice, C. J., & Johnson, M. L. (2000). *Are theories of aging important? Models and explanations in gerontology at the turn of the century*: SEDAP Research paper.

Binstock, R. H. (2005). Old-age policies, politics, and ageism. *Generations*(XXIX), 73-78.

Braithwaite, V. (2002). Reducing ageism. In T. D. Nelson (Ed.), *Ageism: stereotyping and prejudice against older persons* (pp. 311-337). Cambridge, MA: The MIT Press.

Branco, K. J., & Williamson, J. B. (1982). Stereotyping and he lyfe cycle: Views of aging and the aged. In A. G. Miller (Ed.), *In the eye of the beholder: Contemporary issus in stereotyping* (pp. 364-410). New York: Praeger.

Branscombe, N. R., Schmitt, M. T., & Harvey, R. D. (1999). Perceiving pervasive discrimination among African-Americans: Implications for group identification and well-being. Journal of Personality and Social Psychology, 77, 135-149. doi: 10.1037//0022-3514.77.1.135

Butler, G. (1969). Age-ism: Another form of bigotry. *Gerontologist, 9*, 243-246. DOI: 10.1093/geront/9.4_Part_1.243

Cain, L. D. (1964). Life course and social structure. In R. E. L. Faris (Ed.), *Handbook of modern sociology* (pp. 272-309). Chicago: Rand-McNally.

Cameron, P. (1970). The generation gap: Which generation is believed powerful versus generational members' self-appraisals. *Developmental Psychology, 3*, 403-404. DOI: 10.1037/h0030050

Cuddy, A. J. C., & Fiske, S. T. (2002). Doddering but dear: process, content, and fucntion in stereotyping of older persons In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 3-26). Cambridge, MA: MIT Press.

Dickerson, S. S., & Kemeny, M. E. (2004). Acute stressors and cortisol responses: a theoretical integration and synthesis of laboratory research. *Psychological bulletin*, 130(3), 355-91. doi:10.1037/0033-2909.130.3.355

Durkheim, E. (1951). *Suicide: A Study in Sociology* (J. A. Spaulding & G. Simpson, Trans.). New York: Free Press. (Original work published 1897)

Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*. Fort Worth, TX: Harcourt Brace.

Ellemers, N., Spears, R., & Doosje, B. (2002). Self and social identity. *Annual Review of Psychology, 53*, 161-186. DOI: 10.1146/annurev.psych.53.100901.135228

Engle, V. F., & Graney, M. J. (1985). Self-assessed and functional health of older women. *International Journal of Aging and Human Development*, 22, 301-348. DOI: 10.2190/C8EC-6B0R-TBTD-ULVL

Foner, N. (1984). *Ages in conflict: A cross cultural perspective on inequality between old and young*. New York: Columbia University Press.

Frymer, P. (2005). Racism revised: Courts, labor law, and the institutional construction of racial animus. *American Political Science Review, 99,* 373-387. DOI: 10.1017/S0003055405051725

Garstka, T. A., Schmitt, M. T., Branscombe, N. R., & Hummert, M. L. (2004). How young and older adults differ in their responses to perceived age discrimination. *Psychology and Aging, 19*(2), 326-335. DOI: 10.1037/0882-7974.19.2.326

Greenberg, J., Schimel, J., & Martens, A. (2002). Ageism: denying the face of the future. In T. D. Nelson (Ed.), *Ageism: stereotyping and prejudice against older persons* (pp. 27-48). Cambridge, MA: MIT Press.

Haslam, C., Haslam, S. A., Jetten, J., Bevins, A., Ravenscroft, S., & Tonks, J. (2010). The social treatment: Benefits of group reminiscence and group activity for the cognitive performance and well-being of older adults in residential care. Psychology and Aging, 25, 157-167. doi: 10.1037/a0018256

Haslam, C., Cruwys, T., & Haslam, S. A. (2014). "The we's have it": Evidence for the distinctive benefits of group engagement in enhancing cognitive health in aging. *Social Science and Medicine, 120*, 57-66. DOI: 10.1016/j.socscimed.2014.08.037

Hagestad, G., O., & Uhlenberg, P. (2005). The social separation of old and young: a root of ageism. *Journal of Social Issues, 61*(2), 343-360. DOI: 10.1111/j.1540-4560.2005.00409.x

Hogg, M. A., & Abrams, D. (1988). *Social identifications: A social psychology of intergroup relations and group processes*. London: Routledge.

Kite, M., Stockdale, G. D., Whitley, B. E., & Johnson, B. (2005). Attitudes toward younger and older adults: An updated meta-analytic review. *Journal of Social Issues, 61*, 241-266. DOI: 10.1111/j.1540-4560.2005.00404.x

International Monetary Fund. (2012). Global financial stability report: The quest for lasting stability. Washington: Author.

Iyer, A., Jetten, J., Tsivrikos, D., Postmes, T., & Haslam, S. A. (2009). The more (and the more compatible) the merrier: Multiple group memberships and identity compatibility as predictors of adjustment after life transitions. *British Journal of Social Psychology*, 48, 707-733. doi: 10.1348/014466608X397628

Jones, J. M., Haslam, S. A., Jetten, J., Williams, W. H., Morris, R., & Saroyan, S. (2011). That which doesn't kill us can make us stronger (and more satisfied with life): The contribution of personal and social changes to well-being after acquired brain injury. *Psychology & Health*, 26, 353-366. doi: 10.1080/08870440903440699

Kellessi, B., Reicher, S., & Cassidy, C. (2009). Surviving the Kosovo conflict: A study of social identity, appraisal of extreme events, and mental well-being. *Applied Psychology: An International Review*, 58, 59-83. doi: 10.1111/j.1464-0597.2008.00382.x

Kite, M., & Wagner, L. S. (2002). Attitudes toward older adults. In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 129-162). Cambridge: MIT Press.

Levine, R. M., Prosser, A., Evans, D., & Reicher, S. D. (2005). Identity and emergency intervention: How social group membership and inclusiveness of group boundaries shapes helping behavior. *Personality and Social Psychology Bulletin*, 31, 443-453. doi: 10.1177/0146167204271651

Luo, Y., Xu, J, Granberg, E., & Wentworth, W. M. (2011). A longitudinal study of social status, perceived discrimination, and physical and emotional health among older adults. *Research on Aging*, 34, 275–301. doi:10.1177/0164027511426151

Marmot, M. G., & Wilkinson, R. G. (2001). Psychosocial and material pathways in the relation between income and health: A response to Lynch et al. *British Medical Journal*, 322, 1233–1236. doi 10.1136/bmj.322.7296.1233

Marques, S., Swift, H.J., Vauclair, C-M., Lima, M.L., Bratt, C., & Abrams, D. (2014). 'Being old and ill' across different countries: Social status, age identification and older people's subjective health. *Psychology & Health*, 30, 699-714. doi: 10.1080/08870446.2014.938742

Marques, S., Vauclair, C.M., Rodrigues, R., Mendonça, J., Gerardo, F., Cunha, F., Sena, C., & Leitão, E. (2015). imAGES – *Intervention Program to promote positive images of aging in children/adolescentes.* Lisbon: SCML & LEYA editors.

Marques, S., Mendonça, J., Vauclair, C.M., Bernardes, S., Batel, S. & Lima, M.L. (2015). The SIforAGE project: Social innovation for healthy and active aging. *Revista Transcultural,* vol. VI, 69-86

McCoy, S. K., & Major, B. (2003). Group identification moderates emotional responses to perceived prejudice. *Personality and Social Psychology Bulletin*, 29, 1005-1017. doi: 10.1177/0146167203253466

McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine*, 338, 171–179.

Mead, G. H. (1934). *Mind, self and society*. Chicago, IL: University of Chicago Press.

Nelson, T. D. (2005). Ageism: Prejudice against our feared future self. *Journal of Social Issues, 61*(2), 207-221. DOI: 10.1111/j.1540-4560.2005.00402.x

Nelson, T. D. (Ed.). (2002). *Stereotyping and prejudice against older persons*. Cambridge. MA: Bradford Book.

Oakes, P. C., Haslam, S. A., & Turner, J. C. (1994). *Stereotyping and social reality*. Oxford: Blackwell.

Oishi, S., & Graham, J. (2010). Social ecology: Lost and found in Psychological Science. *Perspectives on Psychological Science, 5,* 356–377. DOI: 10.1177/1745691610374588

Operario, D., & Fiske, S. T. (1999). Integrating social identity and social cognition: a framework for bridging diverse perspectives. In D. Abrams & M. A. Hogg (Eds.), *Social Identity and Social Cognition* (pp. 26-54). Oxford: Balckwell Publishers, Ltd.

Organisation for Economic Cooperation and Development. (2008). Growing unequal? Income distribution and poverty in OECD countries. Paris, France: OECD Publishing.

Pampel, F. C. (1998). *Aging, social inequality, and public policy*. Thousand Oaks, CA: Pine Forge Press.

Ram, R. (2006). Further examination of the cross-country association between income inequality and population health. *Social Science & Medicine*, 62, 779–791. DOI: 10.1016/j.socscimed.2005.06.034

Ramos, M. R., Cassidy, C., Reicher, S., & Haslam, S. A. (2012). A longitudinal investigation of the rejection–identification hypothesis. *British Journal of Social Psychology*, 51, 642-660. doi: 10.1111/j.2044-8309.2011.02029.x

Riley, M. W., & Foner, A. (1968). *Aging and society* (Vol. 1). New York: Russel Sage Foundation.

Schaller, M., Conway, L. G., III, & Tanchuk, T. L. (2002). Selective pressures on the once and future contents of ethnic stereotypes: Effects of the communicability of traits. *Journal of Personality and Social Psychology, 82,* 861-877. DOI: 10.1037/0022-3514.82.6.861

Simon, B., Pantaleo, G., & Mummendey, A. (1995). Unique individual or interchangeable group member? The accentuation of intragroup differences versus similarities as an indicator of the individual self versus the collective self. *Journal of Personality and Social Psychology, 69*, 106-119. DOI: 10.1037/0022-3514.69.1.106

Smith, E. R., & Mackie, D. M. (2007). *Social psychology* (3rd ed.). Philadelphia: Psychology Press.

Stephan, Y., Demulier, V., & Terracciano, A. (2012). Personality, self-rated health, and subjective age in a life-span sample: The moderating role of chronological age. *Psychology and Aging*, 27, 875-880. doi: 10.1037/a002830

Tajfel, H. (1972). 'La catégorization sociale'. In S. Moscovici (Ed.), *Introduction à la psychologie sociale* (Vol. 1). Paris: Larousse.

Tajfel, H. (Ed.). (1984). *The social dimension: European developments in social psychology* (Vol. 1 and 2). Cambridge and Paris: Cambridge University Press and Editions de la Maison des sciences de l´Homme.

Tajfel, H., Flament, C., Billig, M. G., & Bundy, R. F. (1971). Social categorization and intergroup behaviour. *European Journal of Social Psychology, 1*, 149-177. DOI: 10.1002/ejsp.2420010202

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33-47). Monterey, CA: Brooks/Cole.

Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behavior. In S. Worchel & W. Austin (Eds.), *Psychology of intergroup relations* (pp. 33-48). Chicago: Nelson-Hall.

Taylor, S. E. (1998). The social being in social psychology. In D. Gilbert, S. Fiske & G. Lindzey (Eds.), *The handbook of social psychology* (4th ed., pp. 58-95). New York: McGraw-Hill.

Turner, J. C. (1982). Towards a cognitive redefinition of the social group. In H. Tajfel (Ed.), *Social identity and intergroup relations* (pp. 15-40). Cambridge: Cambridge University Press.

Vauclair, C-M., Marques, S., Lima, M.L., Abrams, D., Swift, H. & Bratt, C. (2014). Perceived age discrimination as a mediator of the association between income inequality and older people's self-rated health in the European region. *Journal of Gerontology Series B: Psychological Sciences and Social Sciences*, 70, 901-012. doi: 10.1093/geronb/gbu066

Verkuyten, M. (2009). Assimilation ideology and situational well-being among ethnic minority members. *Journal of Experimental Social Psychology*, 46, 269-275. doi: 10.1016/j.jesp.2009.11.007

Vogt Yuan, A. S. (2007). Perceived Age Discrimination and Mental Health. *Social Forces*, 86(1), 291-311. UNIV NORTH CAROLINA PRESS. doi:10.1353/sof.2007.0113

Wilkinson, R. G, & Pickett, K. E. (2006). Income inequality and population health: A review and explanation of the evidence. *Social Science & Medicine*, 62, 1768–1784. DOI: 10.1016/j.socscimed.2005.08.036

Wilkinson, R. G., & Pickett, K. E. (2007). The problems of relative deprivation: Why some societies do better than others. *Social Science & Medicine*, 65, 1965–1978. DOI: 10.1016/j.socscimed.2007.05.041

Youmans, E. G. (1971). Generational perceptions of lyfe cycle stages in an urban/rural area. *Gerontologist, 1*, 284-288.