

## Prescriptive Views of Aging: Disengagement, Activation, Wisdom, and Dignity as Normative Expectations for Older People<sup>1</sup>

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### Abstract

This chapter focuses on *prescriptive views of aging*, which reflect expectations about how older adults *should* be and behave. We identify four prescriptive views of aging: *Disengagement* (making way for young people, using resources moderately, not trying to appear young), *activation* (staying fit and healthy, maintaining an active and productive lifestyle), *wisdom* (knowing what is important in life, transcending a personal and self-focused perspective on life), and *dignity* (leading a dignified life, being respected, and valued). Further, we present two studies in which we investigated our proposed model of prescriptive views of aging. In the first study, we showed that endorsement of disengagement and activation increases with age, reflecting an internalization of those age-based prescriptions. Although these two prescriptive views seem to make opposite claims on older people, we found a positive correlation between them, indicating that both disengagement and activation tapped into the overarching social expectation that older adults *should not become a burden* to others or to society. In the second study, we found evidence that young people implicitly endorse all four prescriptive views of aging. Prescriptive views of wisdom and dignity specify a meaningful identity for older people and provide guidelines for living well in old age. Alternatively, prescriptive views of disengagement and activation are more ambiguous in that individuals and societies may misuse them for social control functions that aim at justifying maltreatment and exclusion of older people based on the assumption that life becomes less worth living in old age.

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## Introduction

Socialization processes and cultural narratives permeate the social contexts we live in and strongly influence how we think of and what we expect from different social groups. With respect to age, this is no different. Age is an important social category that differentiates, for example, younger from older adults. This differentiation is not simply biological, but one that is influenced by cultural beliefs and representations (Löckenhoff et al., 2009; Schaie, 1993) that define the age limits, age markers (Fry, 1976), as well as the characteristics and attributes that are assigned to young and old people.

Views of aging is a term that encompasses the beliefs and expectations individuals hold about old age and the aging process, both concerning older adults in general and themselves and their own aging (Kornadt & Rothermund, 2012, 2015). For example, in general, people perceive older adults to be ill, slow, forgetful, and inflexible as compared to younger people (J. F. Nussbaum et al., 2005). Although previous research has revealed that beliefs about the old are dominated by negative attributes (e.g., lonely, helpless, lacking competence; Fiske et al., 2002; Hummert et al., 1994; Kite et al., 2005) the valence of views of aging has also been shown to vary between life domains (Kornadt & Rothermund, 2011). For instance, positive views of older adults dominate in the family domain (e.g., older adults are perceived as being generous, wise, and tender), whereas negative views dominate in the health domain (e.g., health is assumed to deteriorate with old age; Kornadt & Rothermund, 2015; Kornadt et al., 2016).

Previous studies about views of aging have focused on the attributes used to describe *how older people are* (for a review see Kite et al., 2005), i.e., descriptive age stereotypes. Interestingly though, researchers have been also interested in exploring the expectations people have about *how older adults should be and behave* apart from how they are generally described. Known as prescriptive age stereotypes, such age-based expectations have emerged

as an important topic in the field of ageism (North & Fiske, 2013). In this chapter, our goal is to introduce the concept of *prescriptive views of aging* as a broad term, which covers general age-based expectations (i.e., how older adults in general should be and behave) as well as personal age-based expectations (i.e., how one should be and behave as an older adult themselves). As we argue in the chapter, prescriptive views of aging have social and personal functions that go beyond merely descriptive stereotypes. We identify four different prescriptive views of aging, labeled as disengagement, activation, wisdom, and dignity, which reflect independent facets of prescriptions that target older adults.

We structure the chapter as follows: We first revise the literature about prescriptive age stereotypes. After that, we introduce the four proposed prescriptive views of aging that target older adults. The chapter continues with the presentation of empirical evidence supporting the endorsement of these prescriptive views of aging, at the explicit and the implicit levels. We conclude the chapter by presenting a summary and discussion of the chapter's main topics.

## **Literature Review**

### ***Prescriptive vs. Descriptive Age Stereotypes***

In contrast to descriptive stereotypes, which refer to how people from different groups are, prescriptive stereotypes relate to beliefs and expectations about how people should be and how they should behave. The study of prescriptive stereotypes is not new. Past research in the area of gender, for example, has shown that from childhood to old age women are expected to be communal and nurturing whereas men are expected to be agentic and competitive (Koenig, 2018; Prentice & Carranza, 2002; Rudman & Glick, 2001). Prescriptive stereotypes have a strong normative component and those who violate them face negative consequences and backlash (e.g., people may view women who behave more agentic than expected as socially incompetent, which can lead them to be target of hiring biased decisions,

for example, see Rudman & Glick, 2001). Hence, a particular characteristic of prescriptive stereotypes is that they clearly set group appropriate behaviors. In doing so, prescriptive stereotypes aim to foster social control of one group over the other, thus helping to maintain the status-quo and social hierarchies (North & Fiske, 2013). Research on gender however shows that endorsement of gender stereotypes may also serve the purpose of justifying existing status systems (Jost & Banaji, 1994; Schmader et al., 2004). In that case, women themselves would endorse gender prescriptions.

Turning to research on age and aging, the investigation of prescriptive stereotypes has gained interest not very long ago. Previous studies revealed that, on the one hand, older adults are expected to abdicate their access to valued social resources in favor of the younger generations (Martin & North, 2021; North & Fiske, 2012, 2013), while on the other hand, they are expected to remain active for as long as possible (Pavlova & Silbereisen, 2012, 2016; Tomasik & Silbereisen, 2014). In line with the idea that prescriptive stereotypes have a social control function, older adults who violate such prescriptions are target of negative evaluations and resentment (e.g., North & Fiske, 2013) thus giving rise to intergenerational conflict and hostile ageism.

Prescriptive views of aging encompass the social control function of prescriptive age stereotypes, but beyond that, they also serve a personal function, which specifies an identity for old people. Like other ethical norms and moral standards (e.g., the ten commandments), prescriptive views of aging reflect knowledge about what life is like when you are old, and they convey what it takes to live a good life as an old person. Older people endorse and internalize prescriptive views of aging, which can provide them with a new sense of meaning and orientation for their lives (cf. Brandtstädter et al., 2010; Rothermund, 2019). Hence, as previously pointed out, prescriptive views of aging should not only be viewed as a way to achieve social control, but also as life guiding principles that have to be discussed with regard

to whether they capture important truths about life in old age, and with regard to their validity and range of application.

Prescriptive views of aging differ from descriptive stereotypes not just regarding their social and personal implications (e.g., their regulatory functions for behavior and development), but also regarding their content and valence (see Table 1 for a summary of differences between descriptive and prescriptive age stereotypes). Prescriptive views of aging and descriptive stereotypes can overlap for desirable attributes, for instance, people perceive older adults as experienced and wise and expect that they develop these attributes or else they are criticized. However, they often differ from each other when prescriptive views aim at preventing older adults from being as they are typically perceived to be, for instance, people are seen as becoming more passive with advancing age, but as claimed by activation prescriptions they should counteract this development and be different from what older people are usually assumed to be like. Thus, although empirical research that directly compares descriptive and prescriptive stereotypes is scarce, it is obvious that descriptive stereotypes differ from prescriptive views of aging both regarding function and content. These differences also have implications for the typical patterns of age group differences respecting the endorsement of both descriptive and prescriptive age stereotypes. On the one hand, young and older adults endorse descriptive age stereotypes alike (Levy & Banaji, 2002; Nosek et al., 2002). On the other hand, older adults more strongly endorse prescriptive views of aging due to their functions for defining their identity as members of this age group (see below), but young people may more strongly endorse prescriptions for older adults in situations of conflict with the aim of exerting social control (North & Fiske, 2013).

In the following section, we introduce four different types of prescriptive views of aging that we broadly summarize as *disengagement*, *activation*, *wisdom*, and *dignity*. We

discuss these age-based prescriptions with respect to their regulatory functions, which can be social and/or personal in nature.

<b>Table 1. Summary of the Differences between Descriptive and Prescriptive Age Stereotypes</b>		
	<b>Age Stereotypes</b>	
<b>Dimension</b>	<b>Descriptive (Older adults are...)</b>	<b>Prescriptive (Older adults should be...)</b>
Content and Valence	Can refer to desirable (e.g., old people are experienced) and undesirable attributes (e.g., old people are passive).	Always refer to desirable attributes (old people should be experienced [prescription], and they should not be passive [proscription]).
	<ul style="list-style-type: none"> <li>• Dissociation between descriptive and prescriptive age stereotypes for undesirable attributes (e.g., old are fragile, but should be spry)</li> <li>• Overlap between descriptive and prescriptive age stereotypes for desirable attributes (e.g., old are generous and should be generous)</li> </ul>	
Influence on Behavior (target)	Indirect influence on older individuals' behavior via stereotype threat, internalization into the self-concept, or embodiment.	Direct influence on older individuals' behavior who should not behave in ways that are not in line with social prescriptions (i.e., what is desired or expected from older people).
Influence on Behavior (perceiver)	Surprise in response to violators due to an incongruence detected between the overall, prevailing descriptive age stereotype and the attributes recognized in those who violate them.	Resentment and outrage in response to violators of prescriptive age stereotypes for not acting their age.
Age Differences	Endorsement of descriptive age stereotypes should be comparable across age groups due to similar socialization processes.	Age differences in endorsement of prescriptive age stereotypes due to (1) an internalization of prescriptive views of aging by older people in order to develop the identity of an old person, and (2) stronger endorsement of prescriptive age stereotypes by younger people in order to claim and get access to scarce resources and exert social control.

### *Prescriptive Views of Aging*

Prescriptive views of aging have a double function. They have a social control function that defines standards for the behavior of old people in line with what society – or certain groups within society – expects from them. In line with this argument, prescriptive views of aging are framed in terms of what old people should do to contribute to the welfare of the society or with respect to what they should not do in order not to interfere with the common good. Alternatively, prescriptive views of aging can serve as personal guidelines for living well in old age, specifying ideals of what it means to be a “good old person” and providing the basis for an identity for older people (cf. Rothermund, 2019). Below, we discuss the four different types of prescriptive views of aging that we introduce in this chapter, emphasizing their social and personal functions.

**Prescriptive Views of Disengagement.** Disengagement is rooted in the idea that old age is the final phase of the life of an individual, and that people should devote this phase to complete the life they have lived, and to prepare themselves for the ultimate fact that this life will eventually terminate. Finding meaning in one’s biography, coming to terms with life’s finitude, and embracing the life one has lived requires one to detach from everyday activities and obligations (Cummings & Henry, 1961). Disengagement thus expresses the requirement to let go of previous ambitions and aspirations in order to be able to complete and finalize one’s life (Erikson, 1982).

From a social control perspective, however, disengagement reflects a competition between generations for valued, limited social resources, which may lead to intergenerational conflict if one group perceives that there is imbalance in resource distribution (North & Fiske, 2012). Researchers have discussed three prescriptive domains in the realm of disengagement social expectations for older adults: (a) they should give up important roles and positions for the younger generation (Succession), (b) they should use resources only



moderately, especially regarding health care and pensions (Consumption), and (c) they should behave their own age instead of trying to act like younger people (Identity).

Prescriptive age stereotypes referring to Succession, Consumption, and Identity (North & Fiske, 2012, 2013) relate to the idea that older adults should behave altruistically and support generational solidarity (Ward, 2001). In line with this idea, older adults should cede important social roles and positions and grant access to resources to the younger generation. Succession, Consumption, and Identity therefore reflect what we denote in this chapter as “*disengagement*” prescriptive views of aging. There is evidence supporting this intergenerational tension approach, with previous studies indicating that older adults who violate prescriptive age stereotypes face strong resentment and can become a target of hostile ageism (North & Fiske, 2013).

**Prescriptive Views of Activation.** Another prevalent prescription for old age relates to the belief that older adults should remain engaged, productive, and maintain an active and healthy lifestyle. This includes expectations that they continue to be healthy, fit, and mentally sharp, as well as socially and economically engaged. As discussed by Pavlova and Silbereisen (2016) this broad definition of activation derives from studies in the gerontology field, which focused on active (World Health Organization [WHO], 2002), successful (Rowe & Kahn, 1998), and productive aging (Bass & Caro, 2001).

From the perspective of the aging individual, active engagement, from now on referred to as activation, promises the possibility of avoiding or postponing (negative) signs of aging, and of living a life of continued health, fitness, and participation. In fact, activation is a perception of aging without being or becoming old. Extending the duration of adulthood, and deferring old age is an attractive option for many old people, which is why they tend to endorse these age-based prescriptions and are willing to invest energy and resources into achieving this possibility. Pavlova and Silbereisen (2012, 2016) found that most older adults

seem to endorse activation demands as an exciting challenge, with perceptions of societal expectations for active aging being associated with psychologically beneficial outcomes for most of older individuals in their sample.

From a societal perspective, activation implies that negative changes associated to the aging process can be avoided or ameliorated, being connected to demands on the aging person to stay fit and healthy. Ekerdt (1986) introduced the concept of “busy ethic” to discuss the idea that people expect that retirement age is an active life period, a time when older adults should remain busy and occupied. Critically, activation comes along with a strong emphasis on individual responsibility. Although this type of prescription reflects views of aging that are more positive, historically, active aging policies were a response to concerns about the impact that the aging population might have on social security systems (Bowman et al., 2016). Hence, in terms of their potential social function, we can understand prescriptive views of activation as serving the purpose of relieving the social security system in times of demographic aging, which helps maintaining economic sustainability of societies (Lessenich, 2015; McNamara et al., 2012).

**Prescriptive Views of Wisdom.** The question about what wisdom is and how it plays out in the lives of individuals has intrigued researchers. In general, researchers understand wisdom as insight into what is truly important in life, and the result of having acquired knowledge and expertise with regard to the pragmatics of life, comprising an understanding of complex issues as well as tolerance and empathy (Glück & Bluck, 2011; Staudinger & Glück, 2011). Wisdom is characterized by a broad focus on the common good, and by a transcendence of narrow individual concerns and interests (Tornstam, 1997), which helps older people to maintain a sense of meaning despite shrinking individual life-time resources (Brandtstädter et al., 2010).

Wisdom is thus an important quality that helps people age successfully and face the challenges of growing older, such as dealing with physical decline and approaching finitude. In line with this idea, studies frame wisdom as the culminating, highest point of human development, which the individual reaches after they overcome the last stage of the developmental crisis, integrity *versus* despair, by fully accepting one's life as it has been (Erikson, 1982; Erikson et al., 1986). Previous research showed that age is an inherent component of implicit theories of wisdom with older adults being judged as significantly wiser than younger and middle-aged adults (Knight & Parr, 1999). However, it is also important to emphasize that becoming old does not imply becoming wise in that old age is not sufficient for wisdom (Staudinger & Glück, 2011).

Wisdom in old age can be beneficial to others and to society as well: Older adults can transmit knowledge and share life experiences with younger people, therefore contributing to the promotion of development and well-being of successive generations (Parisi et al., 2009). This also relates to the compassionate dimension of wisdom (Clayton & Birren, 1980) according to which one can use insights gained over the years to understand and help others.

**Prescriptive Views of Dignity.** We often refer to human dignity in contexts where it is threatened or violated, that is, when autonomy, freedom of choice and expression, or other human rights of an individual or group are disrespected. In the context of prescriptive views of aging, however, dignity refers to the expectation that older people should behave in a dignified way. Prescriptive views of dignity thus refer to older adults' own behavior, that is, they set standards for age-appropriate behaviors, and underlie the idea that in old age one should avoid "making a fool of themselves". Dignity therefore comprises appearance related age-based prescriptions that may show some overlap with the expectation that older adults should act their own age rather than trying to appear younger than they are. Prescriptive views of dignity go beyond appearance-based prescriptions though, in that they also refer to

expectations of respectability and ethical integrity, deviations from which are confronted with less tolerance in older people. Hence, in terms of prescriptions for old age, in essence, prescriptive views of dignity imply that older people should accept their age, and act in accordance with their life situation. In a way, dignity overlaps with prescriptive views of wisdom, since an inability to let go of personal ambitions and to embrace the fact that one's personal lifetime is limited is indicative of a lack of insight and willingness to accept fundamental facts about life and its limitations.

Having defined the four prescriptive views of aging, in the following section, we provide recent empirical evidence, which serves the purpose of illustrating how researchers can investigate them. We succinctly present two studies, which we carried out in order to explore (1) age differences in explicit endorsement of prescriptive views of aging, as well as (2) whether they are endorsed implicitly.

## **Empirical Evidence**

### ***Study 1: Explicit Endorsement of Disengagement and Activation in Different Age Groups***

Research by Michael North and colleagues revealed that endorsement of prescriptive views of disengagement is a ubiquitous phenomenon among younger people who tend to resent and devalue older adults who deviate from succession, consumption, and identity prescriptions (North & Fiske, 2013). A recent study revealed that expectations that older people should withdraw from positions of influence (succession prescriptions) was positively linked to egalitarian attitudes and was perceived as a command of fairness and justice that allowed younger people to get ahead (Martin & North, 2021). That is, people who strongly objected sexism or racism tended to more strongly endorse the belief that old people are less justified to occupy influential roles and positions than are young people. While these findings testify to the social function of prescriptive views of disengagement, recent findings from the *Aging as Future* project (AAF; Lang et al., in press) provide evidence for the personal

function of disengagement as well as of activation prescriptive views of aging (de Paula Couto et al., 2021).

*Method.* Briefly, the AAF is a longitudinal, international project that spans more than 10 years. It started in 2009 with follow-up waves in 2014 and 2019. The project sample includes German, American, Czech, Chinese, and Taiwanese participants born between 1929 and 1978. In the third, most recent, wave of the project, participants ( $N = 2,900$ ) answered a paper and pencil questionnaire covering different aspects of old age and aging, such as prescriptive views of aging.

In the study conducted by de Paula Couto and colleagues (2021) we were interested in investigating endorsement of prescriptive views of disengagement and activation across the five age cohorts in the AAF project. As discussed in the Introduction, prescriptive views of aging may be more susceptible to age differences, with empirical findings so far showing stronger endorsement among young people.

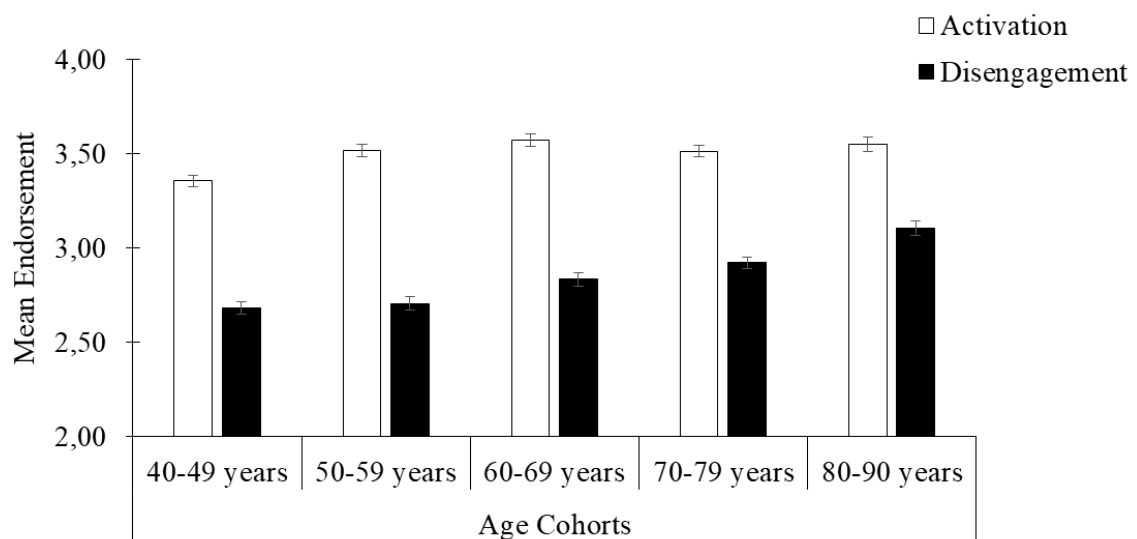
*Results.* Our results indicated that prescriptive views of disengagement and activation become internalized across the adult life span, attesting to their identity-constituting function among older people. Specifically, in our study, old and old-old participants more strongly endorsed prescriptive views of disengagement and activation as compared to middle-aged adults (see Figure 1). These findings are in line with the idea that older people use these prescriptive views of aging to develop personal conceptions of what it means to live well in old age.

In addition to age differences in endorsement of prescriptive views of aging, we also investigated the interplay between disengagement and activation. Findings showed that endorsement of prescriptive views of activation predicted well-being, whereas endorsement of prescriptive views of disengagement predicted ill-being. However, despite predicting well-being in opposite directions, endorsement of these two prescriptive views of aging correlated

positively. Thus, in spite of the apparently opposite claims expressed by prescriptive views of disengagement and activation, older adults tended to simultaneously endorse both of these age-based prescriptions, more so than did younger people. To understand this seemingly paradoxical finding, it is important to note that, in our study, both prescriptive views of disengagement and activation showed a substantial positive correlation with the belief that older adults should not become a burden to others or to society (de Paula Couto et al., 2021). Older people do understand quite well that prescriptions directed at their own age group tend to put the blame on older people if they fail to remain active, and when they continue to hold on to their positions and resources. Still, this understanding did not prevent them from endorsing these prescriptive views of aging. The fear of becoming a burden to others or society is so deeply ingrained in our beliefs about old age that even older people themselves take it for granted that they should remain healthy and fit while not standing in the way of younger people.

### Figure 1

*Endorsement of Prescriptive Views of Activation and Disengagement across Age Cohorts (cf. de Paula Couto et al., 2021)*



*Discussion.* In advancing this research, it would be interesting to see how the endorsement of disengagement and activation prescriptive views of aging relates to endorsement of wisdom and dignity, which we did not assess in this study. Possibly, letting go of material interests and ambitions, and to subordinate one's own wants and needs to those of others is also part of wisdom and is considered to constitute age appropriate and dignified behavior for older people. It is also possible that people distinguish between different phases of old age (e.g., third and fourth age, active and dependent phases of aging; Laslett, 1987; see also Baltes & Mayer, 1999), and apply prescriptive views of activation and disengagement differently depending on specific phases of old age. Assessing prescriptive views of aging in a more differentiated fashion, also taking into account the diversity between older people, and also within aging individuals as they move along the continuum from young-old age to old-old age is thus an important derivative for future research.

Extending the age range of our study to also include young people might help to explain how our findings can be reconciled with previous studies about younger adults' stronger endorsement of ageist prescriptions of consumption, succession, and identity (Martin & North, 2021; North & Fiske, 2013). Endorsement of prescriptive views of aging might follow a u-shaped curve across the life span with increased endorsement in both young and old people (compared to the middle-aged), that is, however, due to different reasons. Perceived intergenerational tensions might lead to higher endorsement of prescriptive views of disengagement in young people, whereas among older adults, endorsement of these prescriptive views may be a result of becoming identified with the group of older people. Internalization of prescriptive views of disengagement should hence follow this change in older adults' social identity.

***Study 2: Implicit Endorsement of Prescriptive Views of Aging among Young People***

Previous studies that assessed views of aging with direct and indirect measures have shown that implicit and explicit stereotypes are often only weakly correlated and might even represent different belief systems (for a review, see de Paula Couto & Wentura, 2017). With regard to prescriptive views of aging, so far past research has focused exclusively on their explicit endorsement (e.g., de Paula Couto et al., 2021; North & Fiske, 2013; Pavlova & Silbereisen, 2016) assessing them with tools that allow for influences of self-presentation. Therefore, employing tools that allow assessing endorsement of prescriptive views of aging indirectly is an important step to expand our knowledge about implicit endorsement of this type of age-based prescriptions.

Standard indirect measures that aim to assess associations (e.g., priming paradigms and the IAT), however, have recently been criticized for their lack of internal and predictive validity (e.g., Corneille & Hütter, 2020; Meissner & Rothermund, in press; Meissner et al., 2019; Rothermund et al., 2020; Sherman & Klein, 2021). In particular, these measures do not distinguish between different and even opposite semantic interpretations of the same associative relation (De Houwer et al., 2015). Nevertheless, research has shown that recently developed indirect measures aiming at assessing spontaneous activation of personally held propositional beliefs successfully address and overcome these limitations (De Houwer et al., 2015; Müller & Rothermund, 2019). We therefore opted to use one of these measures (the Propositional Evaluation Paradigm, PEP; Müller & Rothermund, 2019) in our study, since this measure allows us to assess the spontaneous endorsement of specific prescriptive views of aging in a way that is free from self-presentational concerns.

In this study (Craffonara, 2021), we investigated the implicit endorsement of prescriptive views of disengagement, activation, wisdom, and dignity among young people. Assessing a more comprehensive spectrum of prescriptive views of aging in young people allows us to broaden our knowledge about what drives their endorsement of age-based

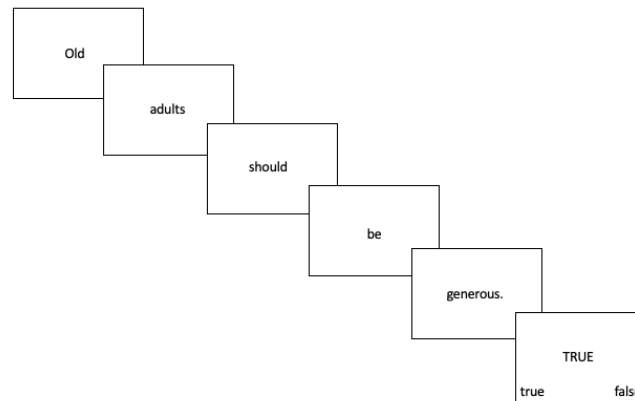


prescriptions. Researchers have provided evidence that intergenerational tensions over resources motivate greater endorsement of disengagement among younger people (North & Fiske, 2013). Hence, it is still an open question whether younger people's endorsement of prescriptive views of aging can also reflect beliefs about what is appropriate and good for older people, independently of the material interests of the younger generation. We can understand endorsement of prescriptive views of disengagement and even of activation as an expression of social control over the behavior of older people, in order to restrict access to scarce resources and the common good. Such a reframing is, however, much less plausible for endorsement of prescriptive views of wisdom and dignity, which are only very indirectly related to material resources.

*Method.* The study sample included 60 college students (53 women;  $M_{\text{age}} = 20.88$  years,  $SD = 3.34$ ). We performed the study in the lab with participants seated in front of personal computers. They took approximately 30 minutes to complete the study. After providing consent, participants filled in demographic questions and then worked through the Propositional Evaluation Paradigm (PEP; Müller & Rothermund, 2019; see also Wiswede et al., 2013). The PEP is a recently introduced tool that allows assessment of implicit endorsement of propositions. In the PEP, sentences are briefly presented, word by word, on a computer screen and participants' task is to respond to a probe word ("true", "false") that is presented after the last word of the sentence has been shown (see Figure 2). Implicit endorsement of a statement is indicated by responding faster (and more accurate) to "true" compared to "false" probes after the corresponding sentence.

## Figure 2

*Example of a Trial (old target, disengagement, “true” prompt) in the PEP Task. Fast responses for “TRUE” probes and slow responses for “FALSE” probes indicate spontaneous endorsement of the sentence presented before the respective probe (see Müller & Rothermund, 2019).*



Importantly, in this study, we measured endorsement of prescriptive views of aging in the PEP with sentences that included young and old people as targets (i.e., “Old adults should be wise.” vs. “Young people should be wise”). Assessing the same prescriptive statements with young people as the targeted age group has the advantage of providing a baseline comparison that has not been included in previous studies. We believe that investigating whether certain prescriptive views of aging target exclusively older people, or whether they are also directed at younger people is a prerequisite to evaluate the age-specificity of these age-based prescriptions.

The design of the PEP task was therefore a 2 (Target: young people vs. old adults) x 4 (Prescriptive views of aging: disengagement vs. activation vs. wisdom vs. dignity) x 2 (Probe: true vs. false) within-participants design. For each of the four prescriptive views of aging, we selected two attributes to construct the sentences for the PEP (disengagement: generous, selfless; activation: spry, mentally fit; wisdom: wise, experienced; dignity: respected, dignified). We presented each attribute in two sets of sentences, with young and

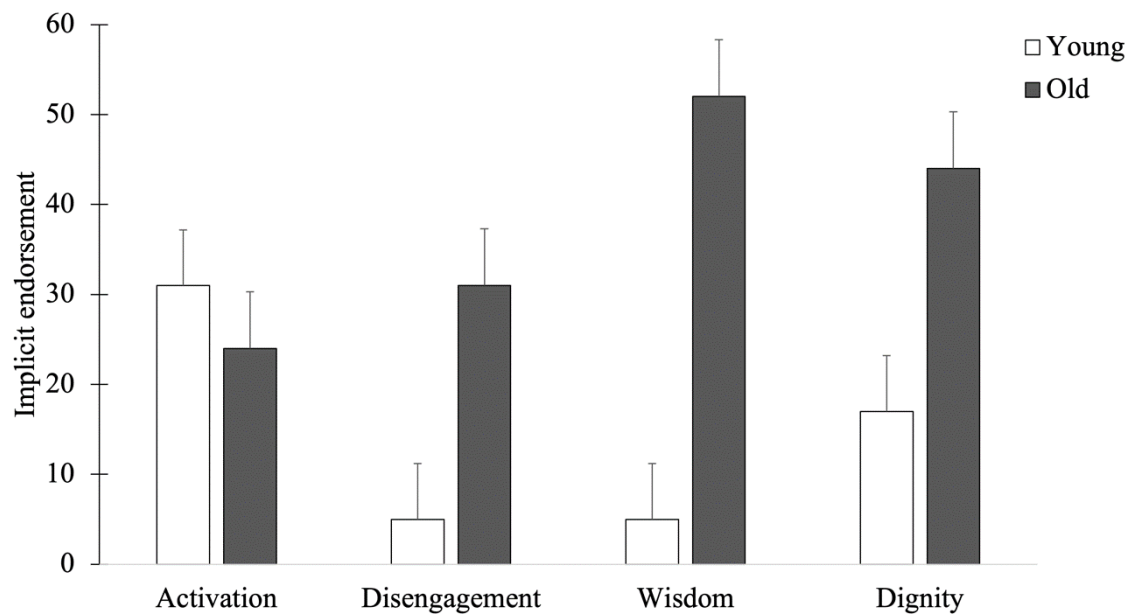
old targets (e.g., “Old adults should be spry.” vs. “Young people should be spry.”) and each sentence twice during the PEP, once with the probe word TRUE, and once with the probe word FALSE. The difference in response times for the two probes ( $RT_{\text{false}} - RT_{\text{true}}$ ) represents an index of implicit endorsement for the respective sentence.

*Results and Discussion.* Figure 3 illustrates the pattern of implicit endorsement for each of the four prescriptive views of aging, separately for the young and the old target sentences. For sentences in which old people were the target, we found significant implicit endorsement for all the four prescriptive views of aging, indicating that younger people implicitly expect that older adults behave according to prescriptive views of disengagement, activation, wisdom, and dignity. Prescriptive views of wisdom and dignity were the ones with the strongest implicit endorsement effects, but substantial implicit endorsement effects also emerged for sentences reflecting prescriptive views of disengagement and activation.

With regard to age specificity, we found that implicit endorsement of prescriptive views of wisdom, dignity, and disengagement was significantly stronger for sentences with old people as targets compared to sentences with young people as targets. In respect to activation, findings indicated that implicit endorsement of this specific prescriptive view was equally strong for sentences with old and young targets, indicating that our sample of younger people expect not only older adults but also young people to be active and fit.

**Figure 3***Implicit Endorsement of Prescriptive Views of Aging for Sentences with Young and Old*

*Targets in the PEP Task (implicit endorsement effects reflect faster response times for “true” as compared to “false” prompts after the respective statements).*



In addition to the main analyses, we further conducted correlation analyses to examine the associations among implicit endorsement of disengagement, activation, wisdom, and dignity. We found no significant correlations, thus showing that implicit endorsement of these four prescriptive views of aging is independent of each other, or in other words, that they represent different prescriptions for old age.

Altogether, our study provides initial evidence that it is feasible to assess prescriptive views of aging indirectly using the PEP task. The study findings support the assumption that disengagement, activation, wisdom, and dignity are age-specific prescriptive views of aging, which target older adults, also at the implicit level. Moreover, the fact that prescriptive views of wisdom and dignity are endorsed by younger people – even to a greater extent than

disengagement and activation – indicates that not only intergenerational tensions motivate them to endorse prescriptive views of aging, but also that they construe prescriptive views of aging as beliefs about what is appropriate and good for older people.

### **Summary and Conclusions**

Prescriptive views of aging play an important role in shaping the development and identity of older people. Our investigation revealed that both young and old people endorse prescriptive views of disengagement, activation, wisdom, and dignity as behavioral expectations for older people. Prescriptive views of aging are widely shared among the members of a society, although we see some evidence that endorsement of these prescriptive views increases when they become self-relevant, that is, when people become old and enter old age themselves (de Paula Couto et al., 2021).

Although different prescriptive views of aging can be distinguished based on their content, they also share some functional commonalities. First, we can consider all of them as identity guidelines for older people. They specify what it means to be old, and they portray ways to live well as an old person (Rothermund, 2019). As such, prescriptive views of aging form an important part of a socially shared identity of old people. Second, the very same prescriptive views also have a social function, in that they control the behavior of older people by defining standards of age-appropriate behavior that is in line with societal demands and objectives.

With regard to both aspects, personal and social, however, a critical stance is possible (M. C. Nussbaum & Levmore, 2017): We can doubt the existence of attributes or guidelines that are so absolute that they characterize or apply to the lives of all older people. Instead, we may see aging as a highly individualized process that requires individual solutions rather than general standards (Lang et al., in press). Similarly, one should not mistake homogeneity in aging, which results from given social constructions and regulations as a justification for

essentialist views of aging. From this perspective, individuals as well as societies should rather reflect on and try to expand their agentic possibilities in order to shape and optimize old age and aging in line with their values and ideals.

Although we agree with many of these points that highlight the – individually and societally – constructed nature of aging, we still think that the complete denial of essential features that characterize human aging and the optimistic claim of agentic potential are mistaken and provide a one-sided and narrow view on old age and aging. It may be impossible to define the onset of old age in terms of chronological age, and most of the changes that are seen as being age-related may not be obligatory for all older people; nevertheless, aging is part of the human condition, and some essential elements characterize the lives of everyone that lives long enough. Most importantly, our lifetime is limited, which poses extreme constraints on the possibilities to exert agentic control over our lives and eventually undermines an active, future-oriented pursuit of goals and aspirations. Realizing and experiencing these limitations induces a shift from instrumental to value-rational and time-transcendent forms of rationality and leads to a shift from an active-assimilative to a more accommodative-accepting perspective on development (Brandtstädter & Rothermund, 2002, 2003; Brandtstädter et al., 2010; Rothermund & Brandtstädter, 2003, 2019).

Of course, however, we fully agree that acknowledging aging as an essential element of human nature and specifying prescriptive views of what it means to live well when one is old does not justify any misuse of these prescriptive views of aging that directly or indirectly aim at excluding, exploiting, or devaluing older people. From this perspective, confronting older people with general prescriptions of having to withdraw, resign, or abstain from what they rightfully deserve, or to demand fitness and deny support and loyalty if they become frail, dependent, or disabled, are clear cases of age discrimination (Rothermund et al., 2021).

Systematic research on prescriptive views of aging has only just begun to attract the interest of researchers, and available evidence is still limited in several respects. First, there is a need for longitudinal studies to disentangle age-related changes from cohort differences in the endorsement of prescriptive views of aging. Second, life domain-specific differences in prescriptive views of aging should be considered, like what has been shown to be an organizing principle in the study of views of aging (Kornadt & Rothermund, 2011, 2015; Kornadt et al., 2016).

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