AGE AND RETIREMENT CATEGORIES: IMPACT OF LANGUAGE AND STEREOTYPES

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AIM OF THE TALK

- Speak to you as researchers

- Provoke you, rather than give information

    - Thinking about age, ageing and retirement as social categories

    - Impact of language, terminology, stereotypes on the way we think about research

- Perhaps provoke research that goes beyond "productive" or "healthy" ageing or retirement

SOCIAL CATEGORIES

- Can be helpful ways to describe people

- Provide a basis for social identity

    - Evoke language both subtly and overtly, often without much awareness

    - Ascribed categories like gender, ethnicity nevertheless attract strong identification

- Age as a category, however, does not seem to do this – few people identify as old, middle-aged, young, children (maybe generation cohort?)

- Downside of social categories is that they minimise perceptions of within-group differences and variability

- The very words "age" and "ageing" evoke a whole set of stereotypes

AGE AND RETIREMENT AS CATEGORIES

- Age is typically studied as a group variable

  - Variables chosen for convenience or precedent (e.g., under 18 (or 25), 25-34, 35-44, 45-54, 55-64, over 65 – usually less fine-grained than this)

  - Two extreme groups are biggest, with most variability

    - This is a problem because it affects what is interpreted and what is considered as error in research

    - Also affects who are selected as participants (e.g., over 65 – or 55 – as "older" group) – both quant and qual

AGE AND RETIREMENT AS CATEGORIES

- Same thing is true of retirement

  - Categories tend to be employed, part-time, retired (volunteer in the best cases)

  - Comparative format typically adopted (e.g., retired vs employed)

- Leads to limited conclusions, interpretations, policy

AGE: CASE OF DRIVING ACCIDENT RATE

- Headlines (and government web sites on driving) say Older Drivers are More Dangerous

  - Claim by researchers is that over 65s have the highest accident rates

  - Interpreted as cognitive and visual decline, with relevant developmental psych theory

    - We assume that people will decline cognitively ("when decline occurs")

  - Leads to driver testing interventions, policy of more frequent testing for older adults

    - A whole research and intervention industry has developed around this

    - Not easy to find data more fine-grained than over 65

DRIVING ACCIDENT RATE: STATISTICS

- Census statistics do not support the claims

  - US 2009 (and prior years): 55-64 and 65-74 have the *lowest* accident rates – over 75s are higher, but still lower than under 25s

  - Victoria: over 75s have the highest rate – 65-74 is lower than under 30s (and comparable to other rates) – numerical basis not as clear here

- We still know nothing about accident-prone vs other drivers – what predicts this?

  - The key variable is being masked by age

- How can this mistake have come about?

AGE, RETIREMENT, RESEARCH

- Driving example is one among many using comparative approach with age as IV

- Retirement: comparing retired to employed masks extreme diversity in both groups (e.g., HILDA surveys, etc.)

- Why do we do this?

  - Because there is funding in it – research funds going toward "epidemic of ageing"

  - Because age has migrated from a descriptor to an independent variable

  - Because we invoke societal stereotypes with little reflection

  - Researchers – ourselves – are responsible for much of this

WHERE HAVE INDIVIDUAL DIFFERENCES GONE?

- Forgot our core commitment (in psychology at least) to this

  - Individual differences are not just personality – whole multivariate profile

- Also forgot that age does not cause anything, and its correlation with other things is highly variable

- Not clear whether retirement causes anything, but probably not

- Our exploration of differences based on gross categories overwhelms everything else

AGE AND RETIREMENT RESEARCH

- So we have categories that people do not often identify with, that are variably related to outcome variables, and that do not cause anything

- Yet we have created (or documented) a strongly intergroup context for ageing and retirement

- In an attempt to reduce the stigma of ageing, we have adopted the terms "productive," "positive," and "healthy" ageing and retirement

- But this may make things worse

  - Adds stigma to the mix and implies an ideal, which is fictional

WHAT IS THE WAY FORWARD?

- Stop collecting data on age status?

- Stop using age and retirement status as IVs

- This requires exploring the variables that do cause other things

  - Dementia, chronic illness, disability as causes of care and independence problems (e.g., driving) – understanding that this is a minority of people of all ages

  - Power conflicts (generational, organisational) as causes of social identification and intergroup conflict

  - Social isolation, lack of support, lack of structure as causes of mental health problems

  - Loss of group memberships as causes of problems

WHAT IS THE WAY FORWARD?

- Research methods

    - Abandon comparative approach altogether?

        - Use a profile approach (e.g., retirement quality)

    - Avoid recruiting from a single age or retirement category ("experience" of retirement)?

        - Gather full range of experience, with sufficient power

    - Take more advantage of longitudinal modelling?

    - Segment the participants more precisely?

    - Start with the real DV (predictors of depression, etc.)?

    - Use data mining?

    - Need theory that is adequate for this

- To do this, how do we overcome the vested interests opposing new ways of thinking about age and retirement?