

cal or developmental research has directly tested the thesis that adolescence and old age can be understood as social stigmas, readers should be forewarned that our analysis is sometimes speculative.¹

What does it mean to be "too young" or "too old"? It means that one's age identity is devalued—a state of affairs that has been viewed as an important defining feature of social stigma (Crocker, Major, & Steele, 1998). Devaluation of elderly people is shown in many ways. Our language disparages elderly persons with labels such as "old fogey," "hag," and "geezer" (Nussel, 1982). Although the elderly segment of our population is the fastest-growing age group, we see relatively few images of older adults on television or in popular films and magazines. Even many psychology textbooks have given minimal attention to issues pertaining to aging adults (Whitbourne & Hulicka, 1990). Similarly, our cultural heroes and role models are rarely elderly adults, although there are exceptions, such as the astronaut John Glenn.² In addition, the competence of elderly adults is devalued in day-to-day domains ranging from driving an automobile to engaging in sexual relations to productivity in the workplace. They may also be declared incompetent to consent to medical procedures and to manage their finances. Like stereotyped perceptions of other stigmatized groups, these derogatory views of elderly people may not be applied to all members of the category. In particular, they may be more often applied to the general category than to known individuals, and they may be more often applied to the subcategory of "old-old" adults (those aged 75 and above) than to the subcategory of "young-old" adults (those aged 65 to 74). Nevertheless, even "young-old" people are devalued in comparison to young and middle-aged adults.

In contrast to the obvious devaluation of "too old" elders, the stigma suffered by "too young" adolescents is less recognized.³ However, Lewin (1939) drew an analogy between adolescence and marginality in society, and adolescence, typically defined as the ages from 13 to 21, is in fact devalued in many social contexts. Simply on the basis of their age, adolescents are viewed as lacking the competence to see certain movies, vote, drive, drink alcohol, consent to medical procedures, earn a living, and have sexual relations. Moreover, because teenagers are branded as delinquent and trouble-prone, 146 of 200 major U.S. cities have utilized curfews that apply only to this age group (Berger, 1998). The marginality of adolescents is reflected in their complaints about the service they receive in restaurants and retail establishments. Although the following experience recalls complaints reported by Blacks in the United States, it was actually disclosed by an adolescent in response to the inquiry "Do stores discriminate against teenagers?"

"Too Young, Too Old": Stigmatizing Adolescents and Elders

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... stigma involves not so much a set of concrete individuals who can be separated into two piles, the stigmatized and the normal, as a pervasive two-role social process in which every individual participates in both roles, at least in some convolutions and in some phases of life.

—GOFFMAN (1963, pp. 137-138)

The truth of Goffman's insight is clearly evident when one considers age stigmas. We humans all pass through the adolescent stigma of being "too young," and, if we don't die a premature death, we also pass through the elderly stigma of being "too old." Attention to age as a universal stigmatizing condition can provide insights to social psychologists, who are interested in the nature of stigma, as well as to developmental psychologists, who are interested in the nature of adolescence and old age. In this chapter we examine the fit of age stigmas to the dimensions that have been used to characterize other stigmas. We also examine the stigmatizing experiences of those who are "too young" or "too old," the ways in which age-stigmatized people cope with those experiences, and the possible functions of age stigmas. Finally, we use the framework of age stigmas to suggest research topics of mutual interest to social and developmental psychologists. Because little social psychologi-

I'm not allowed in the supermarket near our school anymore because whenever you go in, they make you take off your backpack. . . . I'm not going to leave my backpack at the front door where it could get stolen. So the security guard followed me around, and then the manager came out and yelled at me for wearing my backpack. It's not like I'm stealing. I've never stolen anything, and I've never been accused of it. I'm just buying my stuff. But the manager said, if you don't want to follow our rules, then you can leave. And I said, *fine*. (Minton, 1998, p. 9)

It has been argued that a potentially stigmatizing attribute may cause people to be stigmatized in some contexts but not in others (Crocker et al., 1998). Similarly, certain social contexts may add to the devaluation and stigmatizing effects of being "too old" or "too young." For example, Luken (1987) has suggested that elderly people are especially likely to be stigmatized in contexts that involve physically or mentally demanding activities, such as performing strenuous exercises, using computers, and driving in heavy traffic. They will also be particularly stigmatized when chronological age is a pivotal discriminating marker, such as determining eligibility for participation in life or health insurance and retirement programs, or procuring reduced rates for public services. Adolescents are particularly apt to be stigmatized in contexts involving social or sexual activities that call attention to independent decision making and moral reasoning. They will also be particularly stigmatized when chronological age is a pivotal discriminating marker, such as determining eligibility for driving and marriage licenses, or gaining entrance to a bar or an R-rated movie.

Culture is a major social context that affects age stigmatization, and numerous comparative studies have shown that the stigma of being "too old" varies across cultures. In general, this research suggests that modernization and related social changes have contributed to the devaluation of the elderly. For instance, the respected role of elders as living storehouses of information has lost its status and value, with changes in technology that make their accumulated knowledge obsolete. Although the position of elderly individuals in traditional societies presents a favorable contrast to their position in more modernized societies, social scientists have been quick to point out that they may be less valued even within more traditional cultures (Fry, 1985; Keith, 1982). In particular, respect for elders may be displayed in conformity with custom and law rather than being genuine (Koyano, 1989). Consider, for instance, these complaints of elderly adults from agricultural villages of India:

Old people get respect on ritual occasions, but in everyday life those ideas are ignored. The truly aged retire into insignificance and fade away.

Many old people cannot sleep well because of worry and the unsympathetic attitude of their family around them. Old people may be spit upon, or even hit. (Harlan, 1968, pp. 474-475)

Ideas about the nature of adolescence have also been influenced by cultural developments. In particular, the widening gap between physical and social maturity in modern societies may exacerbate adolescent stigma by extending its duration. Because pubertal maturation occurs earlier in modernized societies than it did several generations ago, while the assumption of adult roles occurs later, there is a prolongation of the adolescent stigma of being denied the rights and responsibilities of adulthood despite physical maturity (Berger, 1998; Wyshak & Frisch, 1982). This stigmatization may be avoided in more traditional societies that have rites of passage to provide a clear transition from childhood to adulthood.

DIMENSIONS OF AGE STIGMAS

Jones and his colleagues (1984) have postulated several dimensions along which stigmatizing conditions can vary: "visibility," "aesthetic qualities," "disruptiveness," "peril," "controllability," "origin," and "course." The standing of a stigma on these dimensions influences its social consequences, with more adverse social interactions experienced by those with stigmas that are highly visible, aesthetically displeasing, disruptive of social interactions, perilous to others, and uncontrollable. These dimensions can also be applied to age stigmas.

Age stigmas are highly visible. As is true for many other stigmas, those who are "too young" or "too old" possess objective features that mark their membership in the stigmatized category. These include not only chronological age, but also distinctive physical qualities (Chumlea, 1982; Sinclair, 1973). Elderly adults may be marked by slowed movements, stooped posture, white hair, wrinkled skin, and a trembling voice. As a result of the growth spurt signaling the onset of puberty, "adolescents grow a new body" (Peterson & Leffert, 1997, p. 6), and they may be temporarily marked by a big-footed, long-legged, and short-waisted appearance. Secondary sex characteristics also appear (e.g., coarser and darker body hair, deeper voice and facial hair in boys, breasts and increased body fat in girls). Many adolescents also experience the ravages of acne, which may become a mark of adolescence as revealed in *Zits*, a syndicated comic strip about this age period. Unlike the appearance qualities that mark elderly adults, those that mark adolescents are not always aesthetically displeasing. For example, the lean

body builds and youthful faces of adolescent girls are highly valued in our society. Age stigmas may be more problematic for those adolescents and older adults who possess the most aesthetically displeasing age markers. However, regardless of their aesthetic qualities, the high visibility of age markers means that age stigmas can have an adverse effect on many social interactions.

As for other social stigmas, there are individual differences in the degree of visibility that may make some who are "too young" or "too old" more vulnerable than others to stigmatization on the basis of their age. Baby-faced adolescents or late-maturing adolescents will be more vulnerable than ones who look old for their age, and white-haired, deeply lined, and stooped elders will be more vulnerable than ones who look young for their age. Although the stigma of being an adolescent or an elderly person is visible, it also can be concealed to some extent. Dyes can alter hair color; makeup and plastic surgery can reduce facial wrinkles; various medications can hide or eliminate acne; and fake ID cards can allow adolescents to pass as mature adults.

Age stigmas can be disruptive to social interactions. Losses in hearing and declines in cognitive functioning and memory can disrupt social interaction with elders, as can the peril of death that older adults make salient. Although such disruptiveness may be more characteristic of interactions with those who are "too old," it can also be seen with regard to those who are "too young." For example, adolescents' egocentrism and self-consciousness, which may result in part from the maturation of certain cognitive abilities (Elkind, 1978), can make interaction with these youth difficult. It is also possible that the health and vitality of adolescents make the peril of death as salient to some middle-aged adults as does the deteriorating physical condition of elders. Age stigma may be most problematic for adolescents and elderly people whose appearance and psychological qualities are most disruptive of social interactions.

The progression of age is inexorable, but the physical markers of age and the stigmatizing conditions associated with maturation and aging can be seen as somewhat controllable. Adolescents can control their acne with antibiotics and creams, and, as we shall discuss later, they can compensate for their general stigmatized status in a variety of ways. The controllability of old-age stigma is also revealed in gerontologists' distinction between "primary" and "secondary" aging (Busse, 1987). Primary aging reflects basic, shared, inevitable sets of declines. For instance, the losses of hair pigment and of visual and auditory acuity correlate very strongly with chronological age and are probably the results of genetic or biological factors. Although these markers of age are not controllable in the sense of being preventable, they can be corrected by hair dyes, glasses, and hearing aids. Secondary aging, in contrast, is

the product of controllable environmental influences and health habits, and is neither inevitable nor shared by all aging adults. Thus, for example, although the rates of heart disease, cancer, and osteoporosis are higher for elderly people, various risk factors (such as decades of smoking, drinking, and inactivity) contribute to their incidence (Berger, 1998). Adult men and women certainly share the belief that at least some of the consequences of aging are controllable, as evidenced by the time, money, and effort that many of them spend on cosmetics, dietary programs, nutritional supplements, and exercise equipment that claim to retard or reverse these consequences. While it may seem like good news that age-related stigmatizing conditions are sometimes controllable and perceived to be so by many individuals, the bad news is that people tend to respond more negatively to individuals with controllable stigmas (e.g., Crandall & Bierman, 1990; Weiner, Perry, & Magnusson, 1988).

Although certain aspects of age stigmas are not controllable, they do change and the course of these stigmas is highly predictable. Maturation eliminates the stigma of being "too young," and death eliminates the stigma of being "too old." The predictably changing course of age stigmas is unique. Other stigmas may change (e.g., a blind person may regain sight, a physically disabled person may regain mobility), but their course is never certain. One implication of this distinctive feature of age stigmas is that all individuals can anticipate the experience of being "too old" in their lifetimes. Such anticipation could foster the development of better coping mechanisms than are available to individuals who suffer from other stigmas. Moreover, the experience of being "too young" may provide a developmental testing ground for adaptive coping strategies. On the other hand, the mindless acceptance of elderly stereotypes from a young age may make adaptive coping even less likely for elders than for other stigmatized groups (Langer, 1989).

EXPERIENCES OF THOSE WHO ARE "TOO YOUNG" OR "TOO OLD"

Stereotypes, Prejudice, and Discrimination

Like those in other stigmatized groups, adolescents and elders experience prejudice and discrimination fueled by stereotypes of their traits and abilities. Stereotypes of elderly people can be traced to ancient times. For example, Aristotle (ca. 362 B.C./1927) made the following claims in his treatise "The Three Ages of Man": "Elderly men . . . are cowardly . . . are continually talking of the past . . . do not feel their passions much . . . are too fond of themselves . . . are querulous, and not disposed to jesting or laughter" (pp. 325-327).

Elderly stereotypes have been widely studied, and a common picture that has emerged from this work is one of physical, cognitive, and interpersonal deficiency (e.g., Pasupathi, Carstensen, & Tsai, 1995). Mirroring some of Aristotle's claims, elderly people are often perceived as feeble, slow-thinking, dependent, ill-tempered, depressed, self-centered, and demanding (Hummert, 1994a). Certain positive images of older adults have also been found. For instance, Brewer and Lui (1984) found that some older women may be viewed as nurturing "grandmothers," and some older men may be seen as distinguished "elder statesmen." Similarly, Hummert (1994a) found that while some older adults may be negatively characterized as the "despondent" type of elderly persons, others are positively characterized as the "Golden Ager" type. However, these positive images are more likely to be associated with younger-looking, -sounding, and -moving elderly adults, which is consistent with the premise that elderly adults whose age is most visible are the most vulnerable to being stigmatized (Hummert, 1994a, 1994b, 1999; Hummert, Garska, & Shaner, 1997). More specifically, positive images are more likely to be associated with elderly adults who have minimal wrinkling and grey hair, whereas negative images are more likely to be associated with elderly adults who have wrinkles and grey hair. Similarly, certain negative age stereotypes are more pronounced for older men who are bald. They are perceived as less powerful and less aggressive than their hirsute peers (Muscarella & Cunningham, 1996). Just as elderly adults who look younger are viewed more positively than those who look older, those with more youthful-sounding voices are perceived more positively than those who sound older. Negative elderly stereotypes are also elicited by adults who walk slowly, drag their feet, and appear stiff-jointed. They are perceived as less powerful and less happy than their more youthful-walking peers (Montepare & Zebrowitz-McArthur, 1988).

Like stereotypes of the elderly, stereotypes about adolescents have existed since ancient times. Aristotle (ca. 362 B.C./1927) ascribed stereotypical qualities to youth, such as the following: "Young men have strong passions . . . show absence of self-control . . . are changeable and fickle . . . hot-tempered . . . trust others readily . . . are fond of their friends, intimates, and companions than older men are . . . think they know everything . . . are fond of fun" (pp. 323-325).

Despite their long history, stereotypes of adolescents have been little studied, perhaps because they are so widely accepted. For example, an editorial cartoon in a recent issue of *The Boston Globe* mirrored some of Aristotle's claims, depicting adolescents as being self-absorbed and preoccupied with playing, partying, and possessions. Rather than evoking negative reactions from readers, as would be expected for stereotypical de-

pictions of most social groups, a reader responded with the observation that this "is a sad but totally accurate portrayal of the typical American teenager's priorities" (Ferraguto, 1998, p. A12). Petersen (1988, p. 584) notes that such "powerful beliefs about adolescence have undermined systematic work. . . . Despite the paucity of research on this topic, most people believe they know what adolescence is like and are unreceptive to findings that challenge their beliefs." Beliefs about adolescents are well represented in folk psychology. Teenagers are viewed as belligerent, moody, irresponsible, and under the influence of raging hormones. Early writings in developmental psychology embodied such views of adolescence by characterizing this period as marked by storm and stress (Hall, 1904). Indeed, Anna Freud (1958) went so far as to view a calm adolescence as abnormal: "Adolescence is by its nature an interruption of peaceful growth, and . . . the upholding of a steady equilibrium during the adolescent process is in itself abnormal. . . . The adolescent manifestations come close to symptom formation of the neurotic, psychotic or dissociated order." This view persists in more recent descriptions of adolescents. For example, Lygessoll (1989) notes that parents who seek advice about their adolescent children often describe them as if they have some type of personality disorder, insofar as "at one moment their adolescent is friendly and cooperative, and the next he or she is hostile and belligerent" (p. 5).

Elderly people and adolescents cannot help being well aware of the widely shared stereotypes about their age groups, and evidence from several Western cultures indicates that both adolescents and elders actually endorse negative stereotypes about their own groups. Not only do people of all ages agree that social status is highest among middle-aged adults (Graham & Baker, 1989), but also adolescents, middle-aged adults, and elderly adults all agree that middle-aged adults are more socially at ease and pleasing to others than either adolescents or elders (Luszcz, 1983, 1985-1986; Luszcz & Fitzgerald, 1986). People of all ages also stereotype elderly adults as less personally satisfied and at peace with themselves than the other two age groups. However, the three age groups differed somewhat in their stereotypes about autonomy and instrumentality. All groups viewed middle-aged adults as highest in autonomy—that is, the group that is the most self-sufficient and contributes more than it receives from the social system. However, the group that was perceived as second in autonomy differed across age, showing ingroup favoritism. Elderly people viewed elders as more autonomous than adolescents, and adolescents viewed adolescents as more autonomous than elders. All groups also viewed elderly adults as the lowest in instrumentality—that is, the group that is the least adaptable and active in the pursuit of goals. However, ingroup favoritism again influenced

the group that was perceived as second in instrumentality. Adolescents viewed adolescents as more instrumental than middle-aged adults, whereas elderly and middle-aged adults perceived little difference in the instrumentality of middle-aged adults and adolescents. To translate these findings into simple stereotype labels, it appears that elderly adults view their own age group as lower in status, less likable, more unhappy, more dependent, and less goal-oriented than nonstigmatized middle-aged adults, while adolescents view their own group as lower in status, less likable, and more dependent.

Stereotypes about elderly adults are manifested in patronizing behavior toward them. Rubin and Brown (1975) found that young adults not only evaluated fictitious elderly adults as less intellectually competent, but also used fewer words when explaining rules of a game to elderly targets. Moutepare, Steinberg, and Rosenberg (1992) showed that young adults' voices became higher in pitch, more babyish-sounding, and more unpleasant when conversing with their grandparents than with their parents. Rodin and Langer (1980) examined the difficulty level of questions that middle-aged adults were willing to ask elderly targets, and found that they asked easier questions of elderly than of middle-aged targets, regardless of information provided about elderly targets' competence level.

Research has also documented discriminatory behavior toward aging adults in medical settings. Greene and colleagues (Greene, Adelman, Charon, & Hoffman, 1986; Greene, Adelman, Charon, & Friedmann, 1989) showed that physicians communicate with elderly patients in a less engaging, complex, and supportive manner than they do with younger adult patients. Similarly, Caporael and colleagues found that care providers in nursing homes talk in patronizing and condescending ways to elderly residents (Caporael, 1981; Caporael & Culbertson, 1986; Caporael, Lukaszewski, & Culbertson, 1983). Butler (1975) found that the elderly are provided with less rigorous clinical assessments when they report a complaint that is considered symptomatic of old age, even though many age-related diseases can be treated effectively (Grant, 1996). Similarly, elderly persons are less apt to be referred for psychiatric assessments than are younger persons, even when they report the same symptoms as younger persons (Hillerbrand & Shaw, 1990).

Discrimination against aging adults in the workplace has been well documented. Freedberg (1987) reported that nearly 27,000 age discrimination cases were filed with federal and state authorities in 1986, which was double the number of cases filed in 1980. Moreover, one-fourth of the cases filed by the Equal Employment Opportunity Commission in 1986 resulted from the Age Discrimination in Employment Act. Discrimination may also occur in more subtle ways, such as the invisibility

of elderly people in the mass media. In general, television idealizes vigor, attractiveness, and competence, and portrays being "too old" as undesirable (Northcott, 1975). In line with the television ideal, considerable research attests to the underrepresentation of elders on television (Kubey, 1980; Robinson, 1989). For example, Northcott (1975) found that elderly people appeared in 1.5% of all portrayals on television, and mostly in minor roles. Moreover, Kubey (1980) notes that in comparison to any other age group, elders are more likely to be portrayed in comical roles that highlight stereotypes of their physical, cognitive, and sexual impotence. Although there have been some positive elderly characters in recent years (Bell, 1992), television's underrepresentation and largely negative representation of elderly people clearly convey a message of their marginalization to the viewing audience.

Discrimination against adolescents has not been the focus of systematic research, perhaps because this age group is rarely recognized as stigmatized, with stereotypes and differential treatment accepted as appropriate. Indeed, it has been noted that the belief that storm and stress are normative in adolescence may have thwarted treatment of adolescents experiencing psychological problems. Rutter, Graham, Cladwick, and Yule (1976) reported that "transient situational disorder" was the most common diagnostic category for adolescents seen at outpatient clinics and was very prevalent even among adolescent psychiatric inpatients. The fact is that the majority of adolescents do not experience significant psychological difficulties, and those who do often develop serious mental illness in adulthood (see Petersen, 1988, for a pertinent review). Thus, just as physicians may fail to provide aggressive treatment for cognitive difficulties in elderly people, viewing these as inevitable outcomes of aging, so may mental health professionals fail to provide appropriate treatment for psychological disturbances in adolescents, viewing these as "just a phase" (Arnett, 1999; Hartlage, Howard, & Ostrove, 1984, cited in Jagersoll, 1989).

Beliefs about adolescent storm and stress may have other negative consequences as well. In particular, some developmental theorists are concerned that such beliefs may lead parents to adopt authoritarian parenting strategies to offset expected difficulties in their teenagers' behavior (Arnett, 1999). Not only may developmental transitions be treated inappropriately, but the behavior of highly distressed or disturbed adolescents may be overgeneralized to the entire age category. Consider public responses to the recent outbreaks of violence in high schools. Some school systems have responded by proposing that all students carry mesh book bags that make their contents visible. Others have proposed dress codes that would require students to tuck in shirts, so that weapons cannot be hidden in waistbands (Sack, 1999). Although one

can view these measures as efforts to protect high school students from harm, they also can be viewed as a discriminatory infringement on the civil rights of the vast majority of law-abiding youth. Surely no one would have proposed similar requirements for all mail carriers after the violent rampage of a U.S. postal worker several years ago, or similar requirements for all PhD candidates after one murdered his mentor. The reaction to adolescent killers reflects the view that adolescents are a psychologically unstable group of people—as opposed to the equality (if not more) plausible view that there are some highly disturbed adolescents, just as there are some highly disturbed mail carriers and PhD candidates.

Self-Concepts

There is some evidence that the self-concepts of those who are "too young" or "too old" incorporate age stereotypes. During an 8-year period following retirement, which often marks the onset of entry into the stigmatized elderly category, people showed a decreased likelihood of describing themselves as "ambitious," "assertive," "bossy," "competitive," and "shrewd." On the other hand, during an 8-year period following graduation from high school, when people were leaving the stigmatized adolescent category, they showed an increased likelihood of describing themselves in these terms (Thurnher, 1983).⁴ Although, as noted earlier, ingroup favoritism does lead elders and adolescents to rate themselves and ingroup members higher than others rate them, adolescents nevertheless judge themselves to be lower in autonomy than middle-aged or elderly people judge themselves to be, and elderly people judge themselves to be lower in instrumentality than adolescents or middle-aged people judge themselves to be (Luszcz & Fitzgerald, 1986). Older adults also acknowledge impending developmental constraints by showing a decrease in optimism about the probability of successfully planning and accomplishing goals in life, in contrast to the sense of optimism and control about the future found in younger adults—what Taylor and Brown (1988) have referred to as positive illusions (Heckhausen, 1997).

Given that age stigmas may affect the degree to which adolescents and the elderly view themselves as possessing culturally valued attributes, one might also expect those who are "too young" or "too old" to suffer from low self-esteem and depression. However, as has been found for other stigmatizing attributes, adverse effects on self-esteem and well-being are elusive (see Crocker et al., 1998; and Crocker & Major, 1989, for pertinent reviews). The maintenance of self-esteem in those stigmatized by age or other qualities may result from various coping responses that are discussed below: disidentifying with the stigmatized age group,

disengaging from the attributes that they are perceived to lack, or engaging in behaviors that overcome the devalued age identity.

There is little evidence for adverse effects of old-age stigma on self-esteem among elderly people. For instance, Thurnher (1983) found no changes in happiness when assessing self-ratings of "unhappy," "dissatisfied," "worried," and "jealous" during an 8-year period following retirement, when adults would be more fully experiencing the stigma of being "too old." Other researchers also have failed to find negative effects of retirement on the well-being of elderly persons (Ward, 1984a), although there is some evidence of an increase in suicide rates after age 70, as well as a higher rate of suicide among elders than among those who are young or middle-aged (McCall, 1991)—effects that have been attributed to serious illnesses and the loss of power in older men (Osgood, 1985). Similarly, research has failed to find convincing evidence for a general decline in self-esteem with age until the final phases of the life course, when serious health problems become an overriding concern (Brandstatter & Greve, 1994).

There is more evidence for adverse effects of age stigmas on self-esteem among adolescents than among the elderly, but the effects are small and inconsistent. Thurnher (1983) found no increases in happiness when assessing self-ratings of "unhappy," "dissatisfied," "worried," and "jealous" during an 8-year period following graduation from high school, when adolescents are leaving behind the stigma of being "too young." On the other hand, global measures of self-esteem show an increase between the ages of 13 and 23 (O'Malley & Bachman, 1983), suggesting that the greater the "too young" stigma, the lower the self-esteem. There also appears to be a slight rise in psychiatric disorders from childhood to adolescence; adolescents are slightly more likely to report depression than their mothers are; girls show increases in depression over the adolescent period; and the prevalence of suicide and suicide attempts also increases during this period (Diekstra, 1985; McGee, Feehan, Williams, & Anderson, 1992; Rutter et al., 1976). In addition to showing an increase during adolescence, suicide rates have been shown in some research to be higher among adolescent boys than among those who are young or middle-aged (McCall, 1991). It is noteworthy that the risk factors for psychological disturbance in childhood, such as educational difficulties and adverse family factors, do not predict psychological disturbance that shows up for the first time in adolescence (Rutter et al., 1976). This is consistent with the proposition that the stigma of adolescence may itself be a risk factor. There are, of course, many possible explanations for the reported relationships between age and psychological disturbance. However, it is possible that the stigma of being "too young" or "too old" contributes to the distress of certain vulnerable individuals.

As noted earlier, the stigma of being "too old" should be felt most acutely by those who look old for their age. Although there is little research bearing on this hypothesis, the lucrative hair replacement industry attests to the fact that this visible mark of old age is very troubling to men. In contrast to the greater stigmatization experienced by bald men, more babyfaced elderly adults, who look relatively young for their age, seem to suffer less from the stigma of being "too old." In particular, they report feeling fewer constraints in their lives than do their older-looking, maturefaced peers (Andreoletti, Zebrowitz, & Lachman, 1999).

Conversely, the adolescent stigma of being "too young" should be felt most acutely by those who look young for their age—babyfaced or late-maturing adolescents. Indeed, adults perceive physically immature adolescent boys as less attractive than their more mature peers (Johnson & Collins, 1988), and there is some evidence that late-maturing or babyfaced adolescent boys are more vulnerable to peer rejection, particularly in lower-socioeconomic-status (lower-SES) samples (Clausen, 1975; Zebrowitz & Lee, 1999). Late-maturing boys also have more negative body images (Cok, 1990; Crockett & Peterson, 1987; Blyth et al., 1981; Rodriguez-Tome et al., 1993; Simmons, Blyth, Van Cleave, & Bush, 1979; Tobin-Richards, Boxer, & Petersen, 1983). Adolescent boys' body dissatisfaction is strongly related to feeling too short (Duke-Duncan, Rutter, Dornbusch, Gross, & Carlsmith, 1985; Simmons & Blyth, 1987), which is not surprising, because height is one of the most salient indicators of age during the years from birth to maturity. Although late-maturing boys are unhappy with their appearance, no consistent effects of pubertal timing on overall self-esteem have been reported (see Alsker, Gunn & Ruble, 1983; Simmons & Blyth, 1987; Ingersoll, 1988; Brooks-Zaker, Blyth, & Simmons, 1984).

Interestingly, whereas late maturation appears to exacerbate the stigma of being "too young" for adolescent boys, it is early maturation that is problematic for girls. In particular, early-maturing girls have more negative body images than their late-maturing peers (Crockett & Petersen, 1987). Although being too tall may be problematic for early-maturing girls, who tower over the boys, their body dissatisfaction has been found to be strongly related to feeling "too fat," although this effect may vary across cultures (Cok, 1990; Crockett & Petersen, 1987; Duke-Duncan et al., 1985; Rodriguez-Tome et al., 1993; Stattin & Magnusson, 1990). Not only do early-maturing girls experience an earlier loss of the prepubertal lean bodies that Western culture values so highly in women, but moreover the adult bodies of early maturers tend to be heavier than those of those who mature later (Brooks-Gunn, 1988; Jones & Mussen, 1958; Silbereisen & Kracke, 1993; Tanner, 1962). Al-

though early-maturing girls are unhappy with their appearance, research has found inconsistent effects of early maturation on self-esteem and psychological distress (Alsker, 1995; Ge, Conger, & Elder, 1996; Simmons, Blyth, & McKinney, 1983; Tschann et al., 1994). In sum, it appears that adolescent girls' self-concepts are more adversely affected by the stigma of being "too fat," which may be exacerbated by early maturation, than by the stigma of being "too young," which may be exacerbated by late maturation. This interesting interaction between sex and age stigmatization in adolescence may be reversed in old age.

Whereas the stigma of being "too young" may be worse for adolescent males, the stigma of being "too old" may be worse for adolescent women. Sontag (1972) has proposed a "double standard of aging" and argued that society offers fewer rewards for aging women than for aging men because aging corrupts women's principal social asset—their physical beauty. Although early cross-sectional research suggested that aging takes a greater toll on women's than on men's attractiveness (Deursch, Zalenski, & Clark, 1986; Kogan, 1979), research assessing the attractiveness of the same individuals across the lifespan has shown equivalent declines for men and women (Zebrowitz, Olson, & Hoffman, 1993). Nevertheless, equal declines in attractiveness may have more adverse social consequences for women than for men. Indeed, the aforementioned tendency for baby-faced elderly adults, who look relatively young for their age, to perceive fewer constraints in their lives was stronger for women than for men (Andreoletti et al., 1999). Thus older-looking women suffer more in comparison to their younger-looking peers than do older-looking men. Aging is also worse for women in other respects. The elderly stigma of being dependent is worse for women in other respects. Old men, because old women are more likely to be poor: The estimated poverty rate for old women is 80% higher than that for old men (Cavanaugh, 1990). Women also live longer, which means that more women than men make it to the most stigmatized category of the "old-old": In the age group over 75, there are about 100 women for every 73 men (Cavanaugh, 1990). Living longer means that women are more likely to be deprived of a mate. This may contribute to the view of older women as "asexual," something that is less true for perceptions of older men. Although sexuality in older men may lead to derogatory labels such as "dirty old man," older men who take young wives also may be viewed as "studs." Tongues wag more disapprovingly when older women are involved with younger men. There may be awe, but no moral outrage, when 70- or even 80-year-old men marry younger women and father children. Quite the contrary is true for reactions to pregnancies in women between 50 and 60 who take advantage of recent advances in fertility technology.

BEHAVIORAL REACTIONS TO AGE STIGMAS

Stereotype Confirmation

A self-fulfilling prophecy effect occurs when the expectations created by age stigmas are realized. For example, stereotypes about adolescents or elders may lead to social interactions that elicit behavior confirming the expectancy that they will be low in autonomy or competence. Several models, grounded in communication accommodation theory, have been proposed to explain how this may occur in interactions with elderly people (e.g., Ryan, Giles, Bartolucci, & Henwood, 1986; Hummert, 1994a). These models emphasize that individuals may use overaccommodating, patronizing speech when interacting with elderly persons, in response to stereotypic expectations about their declining cognitive and communication skills. They also emphasize that expectations about elders will be guided in large part by distinctive physical cues or contextual cues that activate old-age stereotypes. For example, Hummert, Shaner, Garska, and Clark (1998) found that individuals were more likely to construct patronizing social messages when they expected them to be received by an elderly adult fitting the negative "despondent" elderly stereotype as opposed to the positive "Golden Ager" stereotype. Moreover, patronizing messages were elicited more often when an elderly adult was envisioned in a hospital context as opposed to a community setting. Finally, these models suggest that such stereotype-driven communications with the elderly not only may affect their feelings of control and self-esteem, but also may impose constraints on their present and future behavior.

In one of the few studies that has attempted to test directly the full extent of these models, Harris, Moritz, Sowards, and Kraue (1994) explored the self-fulfilling prophecy effects of age-adapted communication. Young adults engaged in a teaching task, modeled after the TV game show *\$20,000 Pyramid*, with a partner who they believed was either a similar-age peer or an elderly woman. The young adult teachers' vocal behavior was recorded on videotape as they provided instructions and clues to their fictitious partner. Next, a naive group of young adults was yoked to the videotaped communications, and their performance and perceptions of their teachers were assessed. Consistent with the theoretical models described above, young adult teachers provided fewer clues and conceptual information, sounded more nervous, and were less friendly when communicating with the elderly target. Moreover, young adults exposed to the communications ostensibly delivered to an elderly woman performed less well on the task and felt more negatively about their teachers than those exposed to the communications delivered to a similar-age peer. Thus the expectancy that elderly people are incompe-

tent and cantankerous may lead to social interactions that elicit confirmatory behavior.

Although self-fulfilling prophecy effects like those found by Harris et al. (1994) may sometimes occur in interactions with elderly people, there are factors in real-life social interactions that may work against consistent behavioral confirmation effects. In particular, behavioral confirmation is less likely when the expected behaviors are socially undesirable and when targets know that the perceiver has a negative expectation, both of which characterize expectancies based on old-age stigma. It is possible that elderly people's reactions to behaviors communicating these expectations will be quite different from the reactions shown by young adults who were treated as if they were elderly in the Harris et al. (1994) study. In particular, elderly people may have developed ways to compensate for the negative expectations that are revealed in others' behavior toward them. Such compensatory strategies have been shown by obese and unattractive individuals, who are also stigmatized, whereas behavioral confirmation effects are more consistently shown by those who are not unattractive but are treated as if they are (Miller & Myers, 1998; Müller, Kotthlun, Felicio, & Brand, 1995; Miller & Rudiger, 1997; Snyder, Tanke, & Berscheid, 1977).

Although behavioral confirmation appears to be relatively rare, occurring only when perceivers have very strong expectations and when targets are uncertain about their own traits (e.g., Major, Cozzarelli, Testa, & McFarlin, 1988; Swann & Ely, 1984; see also Snyder, 1992), it is noteworthy that such target uncertainty may be relatively high for adolescents and elders because of the developmental changes they are experiencing. It has been found that children just entering school are more vulnerable to teacher expectancy effects regarding their academic abilities, presumably because they do not have well-formed concepts of their own abilities (Jussim, 1986). Similarly, those just entering physical maturity and late adulthood may be more vulnerable to self-fulfilling prophecy effects than are midlife adults. Indeed, adolescence is a developmental stage marked by significant uncertainty surrounding issues of identity vis-à-vis sexual, occupational, and social roles, with identity formation considered the most important developmental task of that period (Erikson, 1968). The changes in physical and social status experienced by elderly people may also make them uncertain about their identities and thus more vulnerable to expectancy effects. In fact, old age has been characterized as a life stage marked not only by a loss of formal roles, but also by the absence of general socialization for an old-age role (Ward, 1984a). Because identity may be in flux for adolescents and elders, self-fulfilling prophecy effects may be more common for these age groups than for others.

Stereotype Disconfirmation

Another possible outcome of age stigmas is a self-defeating prophecy effect. Such an effect occurs when stereotypes lead to social interactions that elicit behaviors that are the opposite of those expected. There are two ways this can happen. One is that a person holding such expectations engages in social interactions that themselves defeat the prophecy. For example, a physician may explain a medication regimen very carefully to an elderly individual, who is expected to suffer from cognitive deficits, with the consequence that the elderly person becomes more capable of executing the regimen than a middle-aged adult would be. A second mechanism is that the target of the expectancies defeats them because the social interactions produced by the expectancies are negative. For example, an adolescent boy who is expected to be low in autonomy may reject this low-status identity and compensate by becoming highly self-sufficient. Such outcomes are discussed below in connection with coping mechanisms.

Stereotype Threat

Another path to behavioral effects of stereotypes is "stereotype threat" (Steele & Aronson, 1995). In Goffman's (1963) words, "minor failings or incidental inpropriety may . . . be interpreted as a direct expression of his stigmatized differentness" (p. 15). More specifically, awareness of age stereotypes may cause adolescents and elderly persons to be concerned that their behavior will confirm others' stereotyped views. Several possible consequences may follow from these concerns. One is that stereotypes will be confirmed due to the adverse effects of stereotype threat on performance. For example, even when Scholastic Aptitude Test scores are controlled for, Black students perform less well than White students on tests that are described as assessing intellectual ability—a performance dimension that evokes stereotype threat in Blacks, due to the stereotypical view that they are intellectually inferior. On the other hand, when stereotype threat is not activated because the same tests are described as nondiagnostic of ability, then the performance of Black students is equivalent to that of Whites (Steele & Aronson, 1995). Similarly, elderly people who are well aware of stereotypes about age-related declines in cognitive capacities may perform more poorly on tests of memory and other cognitive functions when they perceive that their abilities are under scrutiny than when stereotype threat is absent.

Research has found strong effects of implicit self-stereotyping on memory performance in elderly people. More specifically, Levy (1996) found that when either negative or positive images of aging were evoked

in elderly adults with a priming task, these images had a significant impact on these adults' memory performance. When positive stereotypes were activated, elderly adults' memory performance improved on four types of memory tasks. On the other hand, when negative stereotypes were activated, memory performance worsened. Interestingly, these effects were obtained when stereotypes were manipulated implicitly by a prime, but not when they were manipulated by explicit false-positive or false-negative feedback. One possible explanation for these divergent findings is that explicit positive feedback was discounted by older adults due to strongly enculturated negative images of aging and memory, whereas implicit positive feedback was able to bypass these cultural stereotypes. Another possible explanation is that older adults engaged in behaviors to compensate for explicit negative feedback, such as higher effort, whereas implicit negative feedback did not engage such compensatory mechanisms. The fact that neither explicit nor implicit feedback had effects on younger adults in this study is consistent with the argument that stereotype threat causes impaired performance. Young adults would not be concerned that their behavior would confirm others' stereotyped views of their poor memories.

COPING WITH AGE STIGMAS

Researchers have identified a variety of coping strategies utilized by those who are stigmatized. These fall into the categories of "secondary compensation" (i.e., changing the way one feels about outcomes that the stigma affects) and "primary compensation" (i.e., engaging in behaviors that facilitate achieving desired outcomes despite the stigma) (Miller & Myers, 1998). Both types of strategies are shown by people who are stigmatized on account of their age.

Secondary Compensation

One way that people can cope with a social stigma is to change the way they feel about their outcomes. Such secondary compensation mechanisms include "psychological disengagement," whereby stigmatized individuals disengage their self-esteem from their outcomes in the domains in which they are expected to perform poorly, and "disidentification," whereby stigmatized individuals cease to value these domains (Crocker & Major, 1989; Crocker et al., 1998; Major, Spencer, Schneider, Wolfe, & Crocker, 1998; Miller & Myers, 1998).

Evidence pertinent to psychological disengagement in the elderly can be found in research showing that the link between people's self-

esteem and how old they think they are perceived to be differs for adolescents and elderly adults. Adolescents' self-esteem is highly tied to how old they believe they are regarded by others. The older they think they are perceived to be, the higher their self-esteem. In contrast, older adults' self-esteem is more strongly linked to how physically and psychologically old they feel (Montepare, 1996). Thus older adults disengage their self-esteem from others' perceptions of their chronological age, tying it more to their competencies.

Evidence of psychological disidentification with domains in which poor performance is expected can be found in both adolescents and elders. In particular, elderly adults and adolescents place less value on the goal of "giving love and security to others" than do middle-aged adults, which is consistent with the stereotype that elders and adolescents are not even self-sufficient, much less capable of giving to others (Luszcz & Fitzgerald, 1986). In comparison to middle-aged adults, elderly adults also designate fewer goals related to work and finances; this is consistent with their diminished opportunities in our society for success in these domains (Heckhausen, 1997). Similarly, adolescents place less value on job satisfaction than do middle-aged adults, which is consistent with the fact that such a goal is probably not attainable for them (Luszcz & Fitzgerald, 1986). In addition, Pliner, Chaiken, and Flett (1990) found that with increases in age, women considered their physical appearance to be a less important personal attribute—a belief that would compensate for age-related declines in attractiveness (e.g., Zebrowitz, Olson, & Hoffman, 1992).⁵

Not only may stigmatized individuals disengage from the values and goals that they are prevented from attaining, but they may also develop a strong substitute identification with values and activities unique to their own groups. Indeed, responses on a social distance scale revealed that each age group prefers members of the ingroup over all others (Luszcz & Fitzgerald, 1986). This preference is particularly marked among adolescents, who make a point of setting themselves apart from young adults through various appearance qualities, including clothing, hairstyles, and (nowadays) tattoos and body piercings. The adolescent subculture also embraces music and literature that are shunned by adults. Although the particular qualities that distinguish adolescents may vary from generation to generation, the differences between adolescents and adults persist. However, research suggests that this generation gap does not extend to significant values. Parents and their adolescent children have more similar values and attitudes than do adolescents and their peers (Kandel & Lesser, 1972; Lerner, Karson, Meisels, & Knapp, 1975; Rutter et al., 1976).

Favorable social comparisons is another secondary compensation

mechanism that can protect the self-esteem of those who are stigmatized by being "too young" or "too old." For example, negative reactions to the low autonomy experienced by adolescents and elders can be ameliorated by within-age comparisons. Similarly, negative reactions to declines in functioning experienced by elderly people can be ameliorated by "social downgrading"—comparing oneself positively to a negatively biased view of one's reference group. Indeed, Heckhausen and Brim (1997) found that although younger, middle-aged, and older adults all believed that their peers' problems were more serious than their own, social downgrading was particularly pronounced in older adults, especially when they evaluated the seriousness of personal problems involving work, leisure, marriage, and stress. Relatedly, O'Gorman (1980) demonstrated that older adults who had personally experienced problems in particular life domains were more likely to ascribe more serious problems in these domains to age peers. Moreover, Brandstadter and Greve (1994) found not only that many elderly adults typically made such self-protecting comparisons when threatened by perceived developmental losses, but also that more favorable comparisons were linked to fewer depressive tendencies. Adolescents and the elderly may actively promote such comparisons by selectively choosing with whom they interact. In fact, Steinberg (1984) reports that American adolescents spend more time talking with peers on a daily basis than engaging in any other activity. And when adolescents work in part-time jobs, they are more likely to work with others their age. Elderly people may also actively promote within-age comparisons by opting to live in age-homogeneous settings, such as retirement communities and age-segregated apartments, and to participate in age-segregated social activities (Ward, 1984b).

Another secondary compensation mechanism is the use of self-protective causal attributions. When elderly people or adolescents are treated with disrespect, they may attribute these outcomes to prejudice and discrimination against their age groups, rather than taking it to reflect their personal lack of merit. Some empirical support for such attributions is found in interviews with unemployed older workers about their unemployment experiences (Rife & First, 1989). When asked why they were unable to find another job, a majority stated reasons other than a lack of available jobs or personal inadequacies such as low skills or poor health. Rather, many asserted that their unemployment was a result of their age and a devaluation of the skills of older workers. Although there may be truth to their claims, many respondents could not report specific instances of discrimination; this is consistent with the possibility that these claims reflected secondary compensation. It should be noted that, as is true for attributions to other stigmatizing qualities, causal attributions to one's age group can be double-edged swords.

When elderly people or adolescents receive positive outcomes, they may suffer attributional ambiguity. For example, adolescents and elderly people who suffer from stereotype threat concerning their competence may wonder whether praise of their performance is honest or patronizing.

An extreme form of secondary compensation is to identify with the stigmatized group altogether and to "pass" as a member of the nonstigmatized group. In Goffman's (1963) words, "Because of the great rewards of being considered normal, almost all persons who are in a position to pass will do so on some occasion by intent" (p. 74). Such disidentification is unusual in this age of "political correctness." It has become relatively rare for Blacks to try to pass as White, gays as straight, or Jews as Christian, or for women to take pride in being told that they "think like a man." But adolescents remain quite happy to pass for 21, and many 70-year-olds prefer passing for 60 to being labeled "old-timers." Consistent with the double standard of aging, old women are more reluctant to tell their age than old men are. The tendency for adolescents and elders to deny their age is not merely a self-presentation strategy; it seems to be internalized. Indeed, when asked how old they feel, adolescents report feeling younger than their chronological ages and elderly adults (1989). Moreover, many adolescents prefer to label themselves "young adults," and many elderly adults prefer to call themselves "senior citizens," "retired persons," or "mature adults" (Montepare & Lachman, 1983; Ward, 1984a). Heckhausen (1997) has also found that aging adults perceive their own developmental goals to be more consistent with the goals of adults younger than themselves, presumably because comparisons to a nonelderly, nonstigmatized reference group serves to elevate aging adults' self-image. Just as the elderly may attempt to deny their age, adolescents may endeavor to deny their youth by aspiring to developmental goals and responsibilities typically associated with older, more mature persons who hold a higher, more desirable social status (Heckhausen, 1997; Montepare & Clements, 1995). Such effects are properly viewed as secondary compensation only when they reflect internalized changes in group identification. When they reflect changes in behavior designed to achieve desirable outcomes that are typically reserved for nonstigmatized individuals, then they should be viewed as primary compensation effects.

Primary Compensation

The stigmatized individual can also attempt to correct his condition indirectly by devoting much private effort to the mastery of areas of activity ordinarily felt to be closed on

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incidental and physical grounds to one with his shortcoming. This is illustrated by the lame person who learns to re-learn to swim, ride, play tennis, or fly an airplane, or the blind person who becomes expert at skiing and mountain climbing.

—GOFFMAN (1963, p. 10)

In addition to the possibility of coping with their stigmas by changing how they feel about various negative outcomes, stigmatized individuals may engage in behaviors that enable them to achieve desired outcomes in spite of their stigmas. This strategy has been called "primary compensation" (Müller & Myers, 1998). As adolescents attempt to negotiate the transition from childhood to adulthood, their primary interest is the development of autonomy (e.g., Adams, Montemayor, & Gullotta, 1996). Thus adolescents may lie about their age to achieve independence from adult control, be it control over their access to movies, alcohol, or part-time jobs. They may also engage in delinquent behavior in an effort to attain adult privileges. Moffitt (1993) has argued that the gap between biological and social maturity that adolescents experience may lead them to act out in the attempt to gain adult privileges such as sex, parenthood, drinking, and ownership of material goods. Because these privileges are not readily attainable, many adolescents resort to delinquent behavior to attain them. In addition to serving a primary compensation function, delinquent behavior may provide secondary compensation by bolstering self-esteem. Indeed, people who experienced a publicly degrading situation (perhaps simulating the experience of a stigma) were more likely to go along with a subsequent suggestion to steal something (Van Duuren & Di Giacomo, 1996), and those engaging in mild delinquent behavior may also have high self-esteem (Silbereisen & Noack, 1988). These findings are consistent with evidence that stigmatized individuals may offset deficiencies in one area by bolstering other aspects of the self (Steele, 1988).

As noted earlier, the adolescent stigma of being "too young" may be particularly keen for babyfaced adolescents, because babyfaced people of all ages are perceived as more socially and intellectually weak than their more maturefaced peers (see Montepare & Zebrowitz, 1998, and Zebrowitz, 1997, for pertinent reviews). As a result, babyfaced adolescents may be particularly motivated to behave in ways that will bridge the maturity gap and achieve adult privileges. Consistent with this suggestion, Zebrowitz, Andreoletti, Collins, Lee, and Blumenthal (1998, Study 3) found that lower-SES babyfaced adolescent boys were more likely than their maturefaced peers to be delinquent, particularly when the boys were also short. Moreover, within the group of delinquents, those who were more babyfaced committed more crimes. Being baby-

aced has also been found to increase the likelihood of behavior that can compensate for the lack of adult privileges among nondelinquent adolescents. Zebrowitz, Collins, and Dutta (1998) found that middle-SES babyfaced adolescent boys were more assertive and hostile than their maturefaced peers, according to assessments made by judges who had never met the boys but who had access to data gathered from the boys, their families, and school records. Items such as "values independence," "rebellious," "pushes limits," and "skeptical" contributed to the assertiveness measure, while items such as "negativistic," "self-indulgent," "deceitful," "condescending," "distrustful," and "irritable" loaded on the hostility measure. Such behavior seems aimed at compensating for the particularly low autonomy and low status that babyfaced adolescents experience.

The compensatory assertive and contentious behavior of babyfaced adolescents can yield prosocial as well as antisocial effects. Babyfaced soldiers who served in the military during World War II and the Korean War were more likely to win a military award (Collins & Zebrowitz, 1995). This outcome suggests courageous and heroic behavior that could bridge the maturity gap.⁶ Babyfaced adolescent boys from middle-SES samples had higher educational attainment than their maturefaced peers, thus bridging the maturity gap by showing their intellectual competence (Zebrowitz, Andreoletti, et al., 1998, Study 1). Babyfaced adolescent boys from lower-SES and delinquent samples also showed higher academic achievement than their maturefaced peers, but this was true only for boys who were above average for those samples in SES or IQ (Zebrowitz, Andreoletti, et al., 1998, Study 2). It thus appears that babyfaced boys show positive compensation effects that can bridge the maturity gap by achieving more competence only when they are able to do so by virtue either of their intelligence or a minimally favorable socioeconomic environment. Babyfaced adolescents who lack the social background or intelligence to compensate for the expectation that they will be intellectually weak fulfill those expectations with lower academic performance than their maturefaced peers.

Like babyfaced boys, late-maturing boys may be particularly likely to respond to the stigma of adolescence with primary compensation behaviors. Although research has revealed somewhat inconsistent effects of pubertal timing, there is some evidence that late-maturing boys are more rebellious toward their parents, lower in submissiveness, at higher risk for drinking problems, and higher in intellectual curiosity (for pertinent reviews, see Alsaker, 1995, 1996; Connolly, Paikoff, & Buchanan, 1996; and Northcraft & Hastorf, 1986). Like the behavior of babyfaced adolescents, such behavior may compensate for the particularly low autonomy and low status that late-maturing adolescents experience. Some

of these behaviors may also serve to maintain the general self-esteem of these boys, which, as noted earlier, appears to be comparable to that of early-maturing boys. Interestingly, positive compensation effects in the domain of academic performance are absent for late-maturing boys from lower-SES backgrounds, just as they are for babyfaced boys from such backgrounds. Late-maturing boys from lower-SES backgrounds show lower academic ability and are less likely to want to complete college; these findings, coupled with lower expectations from their parents, suggest a self-fulfilling prophecy effect (Dornbusch, Gross, Duncan, & Rutter, 1987).

Neither being babyfaced nor maturing late appears to increase compensatory behavior among adolescent girls. Indeed, early-maturing girls have been found to show more problem behaviors (e.g., Caspi, Lynam, Moffitt, & Silva, 1993; Silbereisen, Petersen, Albrecht, & Kracke, 1989; Stattin & Magnusson, 1990). Although there are many possible explanations for this finding, it could reflect in part compensation for the stigma of being "too fat," which appears to be more problematic for early-maturing girls than is the stigma of being "too young" for late maturers.⁷ Babyfaced adolescent girls and late-maturing girls may show no stronger reactions to the maturity gap than their maturefaced peers, because the way babyfaced and late-maturing adolescents are treated is more congruent with a feminine gender identity than with a masculine one. Not only are perceptions of babyfaced people and children paralleled by perceptions of women (see Friedman & Zebrowitz, 1992); it has also been argued that women's self-concepts incorporate elements consistent with the babyface stereotype, such as likability and connection to others, in contrast to men's self-concepts, which emphasize power and self-sufficiency (see Gross & Madson, 1997, for a pertinent review). Just as adolescent girls are less likely than boys to compensate for being babyfaced or maturing late, they may be less likely than boys to compensate for the general adolescent stigma of being "too young." Consistent with this suggestion, girls do not show the same pattern of delinquent behavior at adolescence as boys do. More specifically, although there is a steady increase in the number of delinquent acts among boys and girls across the adolescent years, boys are consistently more likely than girls to admit to having committed nontrivial offenses, and the seriousness of boys' delinquent acts increases with age (Gold & Petronio, 1980).

Like adolescents, elderly people may show primary compensation effects. Such effects have been described by Baltes and Baltes (1990) as a process of selective optimization with compensation, whereby aging adults devise alternative behavioral strategies to compensate for age-related declines in ability. More specifically, in order to cope with the undeniable physical and cognitive losses of later adulthood, and the

reactions that these losses may evoke from others, elderly adults may set about rethinking their goals, reassessing their abilities, and making behavioral adjustments necessary to accomplish what they want despite the limitations and declines brought on by old age. Thus, for example, an elderly man who aims to continue driving may decide to avoid driving during rush hours, to take certain routes to avoid busy intersections, and to record specific directions to avoid getting lost (Johnson & Bear, 1993).

Heckhausen (1997) has proposed that elderly people will show "primary control" effects (analogous to primary compensation effects), whereby they selectively focus on goals that allow the greatest control and possibility of success. Consistent with this premise, Heckhausen found that older adults were not only less likely than young and middle-aged adults to aspire to work- and finance-related goals, as noted above, but also more likely to aspire to more attainable goals related to health and leisure. Moreover, within various domains older adults were more likely to strive to avoid losses rather than to achieve gains, again showing primary compensation by selecting more attainable goals (Heckhausen, 1997).⁴

Whether compensation effects among elderly persons also occur with respect to social skills and abilities is an interesting question. For example, might negative expectations regarding elderly people's communication skills lead them to engage in certain compensation strategies? Research has shown that, compared to younger adults, older adults report a greater tendency to lose track of the topic during conversations and more difficulty recalling factual information. As well, they are more likely to feel that other people speak too fast and too softly, making it difficult to sustain interaction. Older adults may attempt to compensate for these difficulties by taking charge of the conversation and steering it toward more familiar and personal topics, repeating what they say, and talking at a slower pace. Such compensation effects are certainly consistent with stereotypes of older adults' expressive and receptive language skills, if not with actual differences in their conversational practices (Ryan, See, Meneer, & Trovato, 1992).

Although elderly adults do show primary compensation, some theorists have suggested that the frequency of such coping strategies may be age-dependent (Brandstader & Greve, 1994; Brandstader, Wentura, & Greve, 1993; Heckhausen & Schulz, 1993). With advancing age, it may become increasingly difficult for some elderly adults to make use of primary compensation strategies, and the costs of maintaining desired levels of performance may eventually outweigh the expected benefits for these individuals. Thus they may be more likely to rely on secondary compensation strategies, which involve the psychological adjustment of

goals and self-evaluative standards. In contrast to older adults, some adolescents may be more likely to use primary compensation strategies (such as delinquent behavior), because the constraints imposed by the adolescent stigma are more external than internal.

Like babyfaced adolescents, elderly people who are marked by physical signs of age, such as white hair and lined faces, may suffer most acutely from the stigma of their age. Although their greater stigmatization may make these individuals feel more constraints on their behavior, they may also compensate for those constraints and achieve more control over various outcomes than their younger-looking peers. Whether older-looking elderly people, like babyfaced adolescents, are more prone to show primary compensation effects is an interesting question. As is true for adolescents, the answer is likely to depend upon other factors, such as their ability to compensate for the view of elderly people as low in power and competence. Among elderly people who are high in IQ or in good health, those who look particularly old may make a greater effort to compensate, showing less intellectual decline than those who are younger-looking. On the other hand, the reverse may be true among elderly people who are low in IQ or in poor health, with those who look particularly old being more vulnerable to self-fulfilling prophecy effects. Although a study of the relationship between being babyfaced and perceiving control did not provide evidence for greater compensation effects by older-looking elderly people, additional research is needed to examine the moderating effects of IQ or health (Andreoletti et al., 1999).

FUNCTIONS OF AGE STIGMAS

Why are adolescents and elderly people devalued? Some of the functions that have been invoked to explain devaluation elicited by other stigmas fit these age stigmas as well (see Crocker et al., 1998; Goffman, 1963; Jones et al., 1984). One is the function of self-enhancement. By derogating the power and competence of those who are "too young" or "too old," individuals in young and middle adulthood can enhance their own feelings of power and competence. Adolescents and elderly people are logical targets for self-enhancing derogation by young and middle-aged adults because they may in fact be relatively low in power and/or competence. Many adolescents have not yet achieved their full physical power, and many elderly people are losing theirs. Many adolescents have not yet achieved their full intellectual competence, and many elders are losing theirs. This analysis suggests that derogation of those who are "too young" or "too old" should be more pronounced among young and middle-aged adults whose self-esteem is threatened, as has been shown

for derogation of other stigmatized groups (see Wills, 1981; Wylie, 1971).

System justification may also be served by derogating adolescents and elders. People in these age groups suffer a relatively low status in society: They may be denied employment opportunities, denied opportunities for sexual satisfaction, denied the privilege of managing their own finances or legal affairs, and/or denied the privilege of living on their own. A function of derogatory stereotypes about these age groups may be to explain and to justify their disadvantaged position in society. The strength of this function of age stereotypes is underscored by the fact that the lower status of adolescents, if not elderly people, is viewed as appropriate. Age stereotypes, like other group stereotypes, qualify as hierarchy-legitimizing myths (Pratto, Sidanius, Stallworth, & Malle, 1994). Empirical support for this function can be gleaned from research by Abammer and Baltes (1972), who found that middle-aged adults were more likely to hold stereotypic views of adolescents and older adults than persons in these two age groups were to hold such views of middle-aged adults. These authors interpreted middle-aged adults' stereotypic perceptions as being motivated by their desire to set themselves apart from older and younger generations, in order to justify their position in the distribution of power in society. Consistent with this explanation, Neugarten (1968) interviewed over 2,000 adults and found that middle-aged men and women regarded themselves as the norm bearers and decision makers in a society controlled by their age peers. Moreover, middle-aged adults perceived their age stage as qualitatively different from younger and older age periods, and as marked by a heightened sensitivity to their position and role in the social structure.

Terror management is another function of stigmatization that fits age stigma. People may be stigmatized because they exacerbate the existential anxiety that is caused by the fear of death and a meaningless existence (Solomon, Greenberg, & Pyszczynski, 1991). Elderly people may be devalued because they remind people of their mortality and the incapable possibility of death. Indeed, Collette-Pratt (1976) has found that negative attitudes toward death were a significant predictor of devaluation of old age, especially among young and middle-aged adults. Elders may also be devalued because they challenge the meaning that is imposed on existence in Western culture, where people are viewed as being in control of their own destiny and as deriving purpose in life through their work. Adolescents may be devalued both because their youthful vitality reminds middle-aged people of their own aging and mortality, and also because they challenge their world view—in this case, by deviating from accepted cultural norms. Of course, there is a chicken-egg question here: Are adolescents devalued because they deviate from accepted

norms, or do they deviate from accepted norms because they are devalued? Both causal links may be true.

CONCLUSIONS

Although separated in time by at least five decades, adolescence and old age share a number of common features in our society. Not yet having fully achieved adulthood, adolescents are devalued for being "too young." And, having moved beyond the prime of adulthood, elderly people are devalued for being "too old." Each of these stigmatized conditions is highly visible, often aesthetically unappealing, somewhat disruptive of social interactions, partially uncontrollable, and threatening to the values of young or middle-aged adults. Those who suffer from these age stigmas experience stereotypes, prejudice, and discrimination. They respond in part by internalizing society's negative views, and they may show behavioral confirmation effects. But those who are "too young" or "too old" also show positive coping mechanisms. They may psychologically disengage from arenas in which they are expected to fall short, and they may identify with similar-age others, so as not to suffer unduly from upward social comparison. They resist the labels "too young" or "too old" by thinking of themselves as closer to what is viewed as the prime of life and, when possible, by "passing" for more valued ages. Adolescents and the elderly also engage in behaviors other than "passing" in order to achieve desired outcomes in spite of the stigma, thereby compensating directly for real or perceived inadequacies.

The social-developmental framework of this chapter emphasizes that no individual who achieves his or her full life expectancy can avoid being a member of a stigmatized group. As such, some aspects of stigmatization are part of the social-psychological processes of normal development, as opposed to unique phenomena experienced by particular individuals. This has important implications for social psychologists' understanding of stigma, as well as for developmental psychologists' understanding of adolescence and old age. The effort to understand what social and psychological forces can produce stigmatization of social categories that are so dissimilar and so familiar as adolescence and old age will contribute much to our overall comprehension of stigma. So will greater attention to the short- and long-term implications of moving into and out of stigmatized groups, which is characteristic of age stigmas. For example, making salient to people the inevitability of their own stigmatization may increase tolerance for other stigmatized groups (Galanis & Jones, 1986).

Developmental psychologists' understanding of cognitive, emotional, and behavioral changes in adolescents and older adults may be enriched by greater attention to the possible contributions of their stigmatizing experiences. Although researchers have acknowledged the potential role of age-graded expectancies in the development of adolescents and older adults, they have rarely focused on links between specific components of stigmatization and aspects of coping or well-being (e.g., Nurmi, 1993). For example, discrimination against adolescents may give rise to delinquent behavior as a primary compensation strategy (Moffitt, 1993). Considering commonalities between adolescence and old age may enrich developmental theories in other ways. For example, psychologists concerned with adult development have been very interested in the question of how positive views of the self are achieved in the elderly years (see, e.g., Baltes & Baltes, 1990; Brandstader & Greve, 1994; Heckhausen, 1997; Carstensen & Freund, 1994). Although many appreciate that such views are intimately tied to individuals' personal experiences over time, the search for connections between experiences during the early and later years of development has been limited. The present chapter suggests at least one way in which these experiences may be functionally related. The stigma of adolescence may provide a developmental testing ground for coping strategies that will become essential determinants of well-being much later in life.

The social-development framework in which stigma has been considered not only underscores the general value of social psychologists' considering developmental issues and developmental psychologists' considering social issues, but also highlights specific research questions concerning the dimensions, consequences, functions, and moderators of age stigmas. For example, the fact that a target's sex appears to moderate an age stigma raises the interesting question of what other target attributes may serve as moderators of these and other stigmas—be they those that Goffman (1963) categorized as "abominations of the body," "blemishes of individual character," or the "tribal identities" of race, nation, and religion (see also Eagly & Kite, 1987). With respect to the dimensions of age stigmas, it would be interesting to examine the extent to which people view the processes of maturation and aging as controllable, and the impact of these perceptions on stigmatization of those who are "too young" or "too old." It is also of interest to examine the extent to which stigmatizing experiences can indeed be controlled by the various aids and plays people use to conceal their age. With respect to the consequences of age stigmas, a great deal has yet to be learned about the range and limits of self-fulfilling and self-defeating prophecy effects guided by age stereotypes and moderated by self-perceptions and competencies. Questions regarding coping with age stigmas are also plentiful. For ex-

ample, an understanding of individual differences in the outcomes of stigmatizing experiences would benefit from identifying the factors that lead to the use of primary versus secondary compensation mechanisms. With respect to the functions of age stigmas, a closer examination of the role played by self-enhancement may provide interesting insights into why those who are "too young" and "too old" are derogated, as well as how age stigmas may be attenuated for all of us who too must face their challenges.

NOTES

1. Several theorists in social gerontology have conceptualized the aging process as a response to social stigma (see Ward, 1984a). However, the present discussion differs from previous approaches by taking a more lifespan developmental approach and a more intrapsychic, individual level of analysis of process and outcome.
2. It is interesting to note, however, that John Glenn is admired precisely because his behavior does not conform to expectations about elderly adults.
3. An exception is Westman (1991), who has discussed prejudice and discrimination against children ("juvenile ageism"), some of which is also pertinent to adolescents.
4. One might suggest that the changes in self-descriptions shown by retired adults and high school graduates reflects a movement out of or into paid employment, rather than the acceptance of elderly stereotypes and the rejection of adolescent stereotypes, respectively. But traits like "competitive," "assertive," and "shrewd" can be manifested in many arenas besides the workplace. Thus changes in employment status per se seem inadequate to account for the changes in self-views on these traits.
5. One might suggest that elderly individuals and adolescents simply have different values from those of other age groups, and that these values are not connected to their inability to attain certain goals. Although this hypothesis cannot be rejected, it may reflect stereotyped views of elderly people and adolescents.
6. An alternative explanation is that this finding reflects a contrast effect, whereby whatever courageous actions babyfaced men took received more recognition because the contrast with the perception of babyfaced individuals as warm, dependent, and submissive made these actions more salient.
7. Interestingly, Caspi et al. (1993) found that the tendency for early-maturing girls to show higher levels of delinquent behavior was limited to girls in mixed-sex schools. Although this could well reflect an adverse influence of older boys on early-maturing girls in the mixed-sex setting, it might also reflect a greater need to compensate for the stigma of being "too fat" in a mixed-sex setting.
8. To some readers, compensation effects may be reminiscent of social gerontologists' "disengagement" theory (Cummings & Henry, 1961). This theory

maintained that in order to cope successfully with losses in social roles and contacts, elderly people are compelled to disengage or withdraw from their past social worlds and develop more passive lifestyles. However, we agree with critics of disengagement theory, who view compensation effects as active restructuring and optimization of available resources rather than as passive withdrawal.

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