

When It Comes to Older Adults, Language Matters



“Watch your thoughts, for your thoughts become your words. Watch your words, for your words become your actions.”—Unknown

Several weeks ago, our colleagues at the *Journal of the American Geriatrics Society (JAGS)* announced an important change to their manuscript submission standards (Lundebjerg, Trucil, Hammond, & Applegate, 2017). The announcement began with the same ancient proverb noted above—and, like *JAGS* readers, you may also be wondering what ancient sayings and a journal style change have in common. More than you might think, as we have learned from

American Geriatrics Society (AGS) work with the FrameWorks Institute and Leaders of Aging Organizations (LAO) (Lindland, Fond, Haydon, & Kendall-Taylor, 2015). Simply put, we know that language matters. That likely comes as no surprise to advanced practice nurses and the host of health care professionals committed to high-quality, person-centered care for older adults. In June 2016, I shared my personal experience with language in an editorial titled “The Power of Words,” in which I shared an

encounter where health care providers referred to my son as a “Down’s kid” (Fick, 2016, p. 5). I made the comparison to how we sometimes talk about older adults and persons with dementia, and I discussed what nurses could do better by saying we need to see (as nurses) “a better way to use [their] words (i.e., individual with dementia or diabetes) and to consider...the perspective of the person first” (Fick, 2016, p. 6). Particularly in the care of older adults, persons with a disability, and persons with mental illness, the wrong language can be stigmatizing and may stereotype individuals in a negative manner. I emphasized that nurses should say, “Helen has dementia,” or “Helen has schizophrenia,” rather than “she is demented or schizophrenic.” This approach to language puts the emphasis on the person first, not the illness, and avoids assigning a medical label to their personhood. I also encouraged nurses to use language and stories to tell about real people with dementia trying to live well with their disease—to illustrate with stories what it is like to be that individual with diabetes or Down’s syndrome or dementia—and to reframe it as living positively with a disease or condition.

But it is not just about personal experiences anymore. As *JAGS* highlighted in its recent announcement—and as we are now reinforcing in this editorial from one of the AGS’s nursing periodi-

TABLE

REFRAMING LANGUAGE

Instead of These Words and Cues	Try
"Tidal wave," "tsunami," and similarly catastrophic terms for the growing population of older adults	Talking affirmatively about changing demographics: "As Americans live longer and healthier lives..."
"Choice," "planning," "control," and other individual determinants of aging outcomes	Emphasizing how to improve social contexts: "Let's find creative solutions to ensure we can all thrive as we age..."
"Seniors," "elderly," "aging dependents," and similar "other-ing" terms that stoke stereotypes	Using more neutral ("older people/Americans") and inclusive ("we" and "us") terms
"Struggle," "battle," "fight," and similar conflict-oriented words to describe aging experiences	The Building Momentum metaphor: "Aging is a dynamic process that leads to new abilities and knowledge we can share with our communities..."
Using the word "ageism" without explanation	Defining ageism: "Ageism is discrimination against older people due to negative and inaccurate stereotypes..."
Making generic appeals to the need to "do something" about aging	Using concrete examples like intergenerational community centers to illustrate inventive solutions

Reprinted with permission from *Gaining Momentum: A FrameWorks Communications Toolkit* (2017).

calls (the other, *Geriatric Nursing*, is implementing the same switch concurrently [Resnick, in press])—language also matters professionally (Lundebjerg et al., 2017). That is why tools like those from the LAO and FrameWorks Institute are so important, and why we are working across our two publications to reinforce why this guidance is critical to how we write, speak, and act on behalf of the older adults we serve.

LANGUAGE MATTERS

On the surface, the recent style change at *JAGS* is straightforward: the journal is transitioning to use of the American Medical Association (AMA) style guide, in part because AMA provides guidance on terms *not* to use when describing older adults (Lundebjerg et al., 2017). The change reinforces that words such as (the) aged, elder(s), (the) elderly, and seniors "should not be used... because [they] connote discrimination and certain negative stereotypes that may undercut research-based recommendations for better serving our needs as we age" (Lundebjerg et al., 2017, p. 1).

Straightforward, to be sure—but delve a little deeper and you will start to understand a far more powerful change at hand. In this era of instant public access to scientific research, this guidance acknowledges that these terms do not sit well with the public—a truth at the heart of the LAO–FrameWorks Institute collaboration (Lindland et al., 2015; Lundebjerg et al., 2017). Through anthropological studies and social science research, the LAO has concluded that language (even down to specific word choice) has been a significant obstacle to conveying to the public and policymakers the advances made in health care and aging services (Table) (Lindland et al., 2015; Lundebjerg et al., 2017). As a result, despite years of progress in our own understanding of aging, public perceptions are still mired in a "swamp" that treats aging as:

- *Someone Else's Problem.* People tend to focus on "the aged" as an otherized group (Lindland et al., 2015).
- *Undesirable.* The public associates aging almost exclusively with decline and deterioration (Lindland et al., 2015).

- *An Inescapable Decline.* For most, "fading away" is tied to a strong sense of inevitability around "breaking down" as a central aspect of growing old (Lindland et al., 2015).

- *Isolated.* A majority of the public perceives old age not only as an outside obstacle but also as a personal or familial problem, not a challenge that society shares (Lindland et al., 2015).

- *Fatalistic.* Intimately tied to these perceptions are fears of decline, depression, and dependence (Lindland et al., 2015). Such fears not only imbue aging with dread, but also impede support for policies and solutions that address the challenges (and opportunities) associated with age (Lindland et al., 2015).

- *Out of Sight and Out of Mind.* Fear and misperceptions ultimately fuel a lack of attention to older adult health (Lindland et al., 2015). But keeping aging "off the radar" does little to remedy impediments to health as we grow older (Lindland et al., 2015).

In light of these findings, *JAGS* qualified AMA recommendations even further, requiring that authors:

...use the term “older adult” when describing individuals age 65 and older. Authors will also be asked to provide a specific age range (e.g., “older adults between the ages of 75 and 85”) when describing their research or making recommendations about patient care or the health of the population. (Lundebjerg et al., 2017, pp. 1-2)

We agree and hope you will join us in adopting a similar change for manuscripts submitted to the *Journal of Gerontological Nursing (JGN)*.

Specifically, we also request that authors now use the term “older adult” when describing individuals 65 and older. We also suggest using an age range when describing research or making recommendations about patient care or population health (e.g., “for older adults between the ages of 65 and 85”), and we advocate avoiding terms such as “the aged,” “elder(s),” “the elderly,” and “seniors.”

More specific information is available in the *JGN* Information for Authors (access <http://www.healio.com/nursing/journals/jgn/submit-an-article>). This is a change that transcends merely aligning with our peer publications. It is a change reinforcing that language really does matter—and that is true regardless of who, where, or why we may be reporting geriatrics expertise.

Over the next few years, the AGS will be sharing additional resources on other changes we all can make—beyond word choice—to frame research in ways that resonate with the public. *JGN* is committed to making sure such resources reach nurse leaders. For example, the LAO released a collection of tools to help advocates, such as our authors and readers, drive a more productive narrative about the benefits of an increase in the average

lifespan (“Gaining momentum,” 2017). The FrameWorks Institute’s empirical approach to developing and testing frames—suggestions for how to position messages about aging—yielded provocative insights and practical recommendations, such as the following:

- *Aging needs to be redefined.*

Widespread negative assumptions about “getting old” led the public to taking a fatalistic stance that there was not much to be done about aging (“Gaining momentum,” 2017).

- *A call for justice beats a plea for sympathy.* A controlled experiment found that one of the most effective ways to build support for greater inclusion of older adults was a reminder that a just society strives to treat everyone as equal participants (“Gaining momentum,” 2017).

- *A new metaphor dramatically shifts perceptions of aging.* FrameWorks Institute researchers found that by comparing the process of aging to building momentum, researchers as communicators can open a new way to think and talk about aging—something counter to currently available cultural idioms such as “fighting” aging or the importance of “staying young.” An innovative test of how messaging can affect people’s implicit associations showed that this metaphor reduced ageist attitudes by a remarkable 30% (“Gaining momentum,” 2017).

The suite of LAO FrameWorks tools is available for free (access <http://www.frameworksinstitute.org/toolkits/aging>). These tools were also discussed during a symposium at the AGS 2017 Annual Scientific Meeting, with a corresponding slide set available for free from GeriatricsCareOnline.org. It is important to remember that these tools are not a typical “press kit.” The materials are designed for use within

our community, to help researchers build framing concepts and skills. Although you will not find “turn-key” phrases that will revolutionize how you position your work, you will find examples and guidelines that can help you—with practice and over time—continue to work more intentionally and strategically to advance the conversation about older adults in the United States. Sharing and telling a common story is part of what it takes for a movement to drive major and meaningful change—change embracing that, when it comes to older adults, language matters.

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