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0:00:06.8 Jennifer Rogers: From the California Prevention Training Center in San Francisco, this is Speaking Frankly, the state of sexual health. We know good sexual health doesn't just happen. It's created. In this series, we're starting the conversations we should already be having. We'll speak with experts in the field about sex, stigma, and all of the other factors that shape our sexual health and our everyday lives. I'm Jennifer Rogers.

0:00:30.7 Jennifer Rogers: Hi friends, today's episode is super exciting for us. We're talking with Dr. Paul Nash of the University of Southern California about aging. It's a topic that's so overlooked, even avoided, and we know that this is a huge disservice, especially in terms of public health, since the segment of adults over 50 is growing so rapidly. Today, my colleague at the PTC, Duran Rutledge, guest-hosts the show. He talks with Dr. Nash, who's been studying aging and ageism for over a decade. Here's Duran to tell you more. I hope you enjoy the episode.

0:01:08.6 Duran Rutledge: Thanks Jen. And I'm excited about hosting this episode and having a great, fun and engaging conversation with Paul Nash, who I had the wonderful opportunity to attend a webinar where he presented on HIV and aging and the intersectionality of the two. So we had a lively discussion, and even with that the Golden Girls came up. So I hope that everyone enjoys the conversation that we had as much as I enjoyed having it. Just how did you get into the field of aging?

0:01:51.9 Dr. Paul Nash: Well, it was kind of by accident, 'cause I guess we kind of all fall into our jobs that way, anyway. So I was starting off as a very, very naive researcher, and I was really interested in how attitudes are formed and why we make particular judgments about people. So I was trawling through the literature, I was really interested in sexism and racism. The same research had been done for years and years, but when I was looking for PhD work, obviously it had to be novel, and the area that it struck me had never really been delved into was that around ageism, and I didn't really understand why. And it was really from taking it from that research level further and further to see... Well, there was some research that was out there, but it was very much in its intimacy. And then when we were looking at other forms of prejudice, it struck me that because older people generally don't have a voice, that research isn't generally focused on those people who aren't, "In the workforce," or/and stereotypically economically active, that maybe they're being overlooked, but the impacts of prejudice are gonna be just as strong if not stronger, because that group isn't obviously being represented.

0:03:09.6 Duran Rutledge: You know, it's interesting when you say that generally that older folks don't have a voice. I recently watched this movie on Netflix called "I Care About You." I don't know if you've seen this movie.

0:03:22.8 Dr. Paul Nash: I haven't, but I'm going to put it on my list now.

0:03:26.1 Duran Rutledge: And it is this woman who is just ruthless, and she does a conservatorship over older individuals and deem them incapable of taking care of themselves. And it is all in an attempt to get access to their accounts, their money, their homes and to sell everything and then to enrich her pockets. And what really kind of struck me is the fact that you're right. I think that at some point, it seems like folks who are aging and depending upon how we classify that individual at that particular point in their lifespan, that there are ways in which it seems potentially very detrimental. So when I'm thinking about when you're talking about ageism, it seems like there are some... There are some benefits to aging and there are some kind of really kind of deficits to aging as well. So just in your work, it's like, are there benefits to ageism and if there are, what is that?

0:04:46.0 Dr. Paul Nash: Well, I guess it's how you look at ageism because aging occurs across the lifespan, so you really have to look at ageism across the lifespan as well. So you might argue that ageism is just about prejudicing against older people, so if you're prejudicing against one group, and you're not in that group, then maybe you're benefiting, but that's a really short-sighted vision of what ageism is. So ageism is the discrimination based on age. And I know when I first came into the field of academia as a sparkly-eyed 20-something, I wasn't taken very seriously, and it wasn't until actually people started to read what I was writing, they started to make the same connections that I was. That actually some of the presentations I was making, were actually hitting the right spot, but it was this prejudice against how would a 20-something-year-old had anything to say about one, an academic subject or two, about aging.

0:05:43.0 Dr. Paul Nash: So it can impact people on both sides of the age spectrum. But we also have to think about in the stereotyped ways. So what about prejudicing against older people? Well, if you prejudice against an older person as an employer or even as an employee, well, maybe you then get to step up in the workforce, you get that promotion they've been overlooked for, you might even get the job that they've been overlooked for. That benefits you, yeah? Okay. So you might see that as a short-term gain, but given God's good graces, each one of us is going to become older. So what happens if as a younger person, you perpetuate the stereotypes around aging, you make ageism seem normal, then when you reach older age, you are gonna face that same stereotype that you helped build. So does ageism have any benefits? Well, maybe you could argue in the short term it could do, but in the long term, you're only building prejudice against your future self. So it is something that just makes no sense because it will come back and, excuse my language, but it'll come back and bite you in the rear after a few years.

0:06:54.2 Duran Rutledge: And I still appreciate the fact that you talk about ageism on both sides of the fence. 'Cause I'm thinking about ageism in the sense of older, but ageism can also be something that is impacted by individuals that we consider younger in a field, and then equate that with inexperience, and the example that you just gave is a wonderful one. And I'm also wondering too that, a lot of times when we talk about ageism and individuals getting older, one of the things that I really appreciated in your presentation around HIV and aging, was what we classify as aging, in the sense that there's elderly, there's senior citizen, and different frail and the ways that we kind of envisualize individuals who are getting older and also attribute negative aspects to aging. And in your work, what's your thoughts around just like categorizing people in these different terminologies that we use to describe aging?

0:08:18.9 Dr. Paul Nash: Well, we've got some really interesting things when you think about it. Because what we tend to do is, as a society, we create stereotypes about certain groups and they're ways of reducing our cognitive loads, so how much we have to think about certain things. So what we do is we lump all older people together, and when you think about it, we say everybody over the age of say 60, will be an older person, that's a 40-year age gap, so between 60 and a 100 years, those people are not all the same. The same as people who are 20 and 60 are not the same. So when we automatically just lump those group of people together, we're doing a massive disservice to the diversity that's common in those groups. But one of the problems that we have because of this, is historically, what we tend to do is look at the challenges associated with aging, because we use the medical model of aging. But I think you... That you brought it up brilliantly earlier on, when you said that there's some really good things about aging and then there are some... I can't think of the word that you used...

0:09:22.5 Duran Rutledge: Detriments.

0:09:22.8 Dr. Paul Nash: Detriments yeah. But, how I know I can see it is that there are some assets and some challenges. Because, there's nothing that you go through that is part of typical aging that is any more than a challenge. Obviously, there are certain disease states that we experience, or we're more likely to experience, say for example, you may experience dementia, although the majority of older adults don't. You may experience frailty, yet many, many older adults don't. But they are disease states, they're not typical forms of the aging process. But what we tend to do is we think of them as typical. We make these stereo types in our mind that all older people are going to become frail, and they're going to get dementia. These are not true, but we still draw on those, so we make these assumptions about what older people can and can't do. That can cause huge problems in terms of, you mentioned before, in terms of that person on that film, where you experience elder abuse, where older adults are assumed not to have capacity. Where financial abuse is relatively still common in the US and indeed around the Western laws as well. So we have these problems that are associated with the stereotypes associated with making medical assumptions. But what we should be doing is looking at the vernacular, look at the words that we're using.

0:10:47.5 Dr. Paul Nash: And as you mentioned, elderly, I'm trying to... Senior citizens for example, so the word senior can have positive or negative connotations. So senior could mean more experienced, but we also then lumped that together as, senior citizen, by which is a negative association. So you ask most people whether they want to be senior at work, they'd say yes. If you ask them if they want to be senior citizen, that'd be no. Because we have these links to what we assume to be characteristics of certain age groups. The other issue that we have with that is that we don't necessarily look at what people can do. We don't look at the contributions that people make, because again, I look at my grandmother in her 90s, she's perfectly able to make contributions to society, and she does on a regular basis. She walks more than I do on a daily basis, and she has more friends than I do. So there are certain things that we make assumptions about that are just totally inaccurate. And when we looking at it from the life span perspective, it's really interesting because we tend to and look at ageism and we categorize. So you might make assumptions about Gen Zers, you might make assumptions about millennials, you might make assumptions about baby boomers.

0:12:04.3 Dr. Paul Nash: But all that does a group a big portion of society as a homogenous group, when they are often anything but homogenous. And then we create inter-generational conflict, and that really doesn't do us any favors. So what we need to do is start to move away from these homogenous categorizations. And yes we might start talking about older adults, rather than elderly, 'cause elderly, unfortunately is synonymous with frailty. But when we talk about older adults, again we're looking at about life's course perspective. So somebody who is 30 is older than somebody who is 20, somebody who is 50 is older than somebody who is 40 and so on and so forth. So we don't have those negative connotations. So it's about making people less of a chronological age group, and more of a sliding scale, and we can't look at that by a medical model rather than actually looking at the benefits of aging. 'Cause I... To be honest with you, I can't wait until I am able to retire, I can't wait until I'm able to do half the things that my grandmother does in terms of her social life compared to mine.

0:13:11.5 Duran Rutledge: And you know it's like... I love what you just said, and I love the fact of looking at the terminology or framing it around older adults, because you're right. Somebody who is 30 is older than somebody who is 20, somebody who's 50 is older than somebody who is 30. I'm also wondering too, it's like, how do we change that narrative in... Just kind of an individualized basis? I think that oftentimes, we look at something from this huge structural ways of which we need to change things, and I sometimes think that for me, I know that that's overwhelming, but I always think that what can I do? What can I learn on an individual basis that impacts change for the people that are in my sphere of influence?

0:14:08.9 Dr. Paul Nash: Well, I think that's a really important question, and because ageism could always be seen as a death by a thousand cuts as well, because if you experience these microaggressions on a daily basis as an older person, that can have a huge impact on your own quality of life, your well-being, as well as your individual psychological and physiological health as a result of the stress caused by these. So when we're looking at ageism, the World Health Organization have denoted that it is the last socially accepted form of prejudice. And that's where the challenge really comes. Because we accept it. So you look in birthday card aisles, you're going to see lots about joking about age, about being forgetful, about bits drooping here or there, or stereotypes about gray hair or clothing, etcetera, etcetera.

0:15:00.3 Dr. Paul Nash: You won't see stereotypes about race, you don't see stereotypes about gender, because that is not acceptable, but age is still something we can poke fun at, and the problem is even when it seems innocent, it's that tacit acceptance of that prejudice that's the real problem. And if I'm going to take it into an academic level, what we're saying is the difference between implicit and explicit. Though explicitly when we're saying things, we're often like, "No, of course we're not ageist." But we don't challenge people when they say something that is ageist, but we like because it's socially acceptable. And, you may have heard before, but one of the big ones here is you would never say to me, "Oh, you drive really well for an Englishman". Or, I would never turn around to one of my colleagues and say, "Oh, you're really funny for a woman." But, we say, "Oh, you look great for your age". Why do we use that qualifier? How is that a compliment? Why not just say, "Wow, you look great." Period. That's it, that's all you need. But we have these qualifiers because we expect age to be something that is hideous, something that is physically not attractive and that just is not the case. In my opinion.

0:16:23.2 Duran Rutledge: No it's... And you have me smiling, especially when you said that you look good for your age. I'm a man of a certain age, and even with that, which I got from Wendy Williams, not that she's a man of a certain age, but just the terminology. When I think about it I got this from my mother. My mother is just a wonderful vain woman, and I've always loved the fact that she's wonderful and vain, in the sense that if you ask her her age, she would strike a pose and she would look at you and go like, "Well, how old do you think I am?" Meaning that you are going to guess something that is different than what her chronological age is. But yeah, I do think that there is ways in which... That we devalue... Not, I don't know if we devalue... Well, yeah, I'm gonna say devalue.

0:17:19.0 Dr. Paul Nash: We, we do.

0:17:19.8 Duran Rutledge: Yeah, older individuals and their contributions, and I was really struck when you said that, you know, like ageism or age discrimination is the last social form of oppression, because like, even watching television shows, I hate when there's like an older adult that's in a movie or something, and they're kind of like in a wheelchair or in a chair, sitting in one spot with a remote control and every 15-20 minutes somebody comes and washes their face and/or puts a plate of food on their lap, because it's... We see them as someone who a younger person must take care of, and I love the fact that you were talking about your grandmother and the fact that in her 90s, she is more social than you do, does more walking than you do, because I think that we need those images of some of the reality of older individuals than what we have been conditioned to maintain and reinforce those forms of oppression and those visual forms of oppression for older folks.

0:18:30.4 Dr. Paul Nash: Oh, most definitely. Because let's be honest, if we look at visual representation... Because we talk about representation when it comes through race, when it comes through gender, etcetera, but we need to look at that when it comes to age as well. So if we were to build our image of older people based on everything you see on TV or film, every older person is gonna be in a wheelchair, wearing really badly fitting clothes, having dementia, and I think that would be a really grumpy, grumpy person. But we know that's not true and unfortunately, for every time I talk about my 95-year-old grandmother who is doing XYZ, there's somebody else that's saying, "Well older people are forgetful, older people are this and that and the other". So what we tend to do is we discount those counter-stereotypical images because that just takes more effort on our part to try and incorporate that into our own mental image of what it is to be an older person. And I know this is a discussion where you're asking the questions, but I'm gonna flip it 'round a little bit to you. So you've talked about their contributions of older people. There was a study done in 2020 that was looking back at the previous year, looking at the contributions, the economic contributions made to the US economy, by people over the age of 50. So what do you think that might be in rough numbers?

0:19:48.5 Duran Rutledge: You're talking about a percentage-wise?

0:19:51.6 Dr. Paul Nash: You can either say as a percentage of GDP or as an overall number, I'm going with either.

0:19:57.1 Duran Rutledge: Okay, so I'm gonna have to go with percentage. I'd say maybe about like a 53%.

0:20:04.5 Dr. Paul Nash: So you're looking at people over the age of 50?

0:20:06.6 Duran Rutledge: Yes.

0:20:07.2 Dr. Paul Nash: So people over the age of 50 making a contribution, well, it's actually a little bit less and that.

0:20:11.0 Duran Rutledge: Okay.

0:20:12.1 Dr. Paul Nash: So it's actually the US economy at $8.3 trillion a year is attributed to older adults, which is about 40% of the GDP. So when we make these assumptions that older people don't make contributions, they really, really do. But we have to look at the types of value that we assign to these contributions. It might be, obviously, people over the age of 50 in the workforce. It might be that they're doing unpaid, informal caregiving roles, so they're supporting their spouse. It might be doing informal grand-parenting or childcare, so that the older children can go back to work and become economically active as well. It might be the term of the volunteer sector or the non-profits, the charities that are generally held up by older people. And if charities aren't doing that work, then that has to be met by the public person as well. Unless you're in America, right, it doesn't really get met by the public first. But the contributions that older people make are often really devalued. And that becomes with a part of the problem where we then start to devalue older people themselves.

0:21:18.8 Duran Rutledge: You know, what's amazing about that to me is that when you hear about market research or anything along those lines, and who the "target audience" are, it seems like there isn't really great... From my perspective, you would know better... As far as the target audience being 50 and plus, unless you're talking about something where you have disposable income in the sense of buying a luxury car, or are retiring in a way that falls into what is perceived as that age-appropriate category. It is interesting that there is that study that shows that individuals that are 50 and older are still providing considerably to the economics of commerce.

0:22:17.7 Dr. Paul Nash: Most definitely, it is quite interesting there, you actually mentioned "age-appropriate." What is age-appropriate? Why can't Cher wear burlesque outfits? Why can't my grandmother wear something that isn't a crippling two-piece? We have these assumptions about what is or what isn't age-appropriate, and that often falls into the design sphere as well. So you look at products that are designed for younger people, they're often snazzy and they're really desirable. You look at the products that are designed specifically for older people, they're often big clunky buttons, something that might be practical, but really not desirable. And we have to kind of move away from that because as you mentioned, old people do have quite a bit of disposable income, they often have paid off mortgages, they often have got a pension rather than a 401K, etcetera.

0:23:12.7 Dr. Paul Nash: So there is going to be more money there, so why not design products that older people actually want? But then also look at the boomer generation. And I know, I have to say that we shouldn't be using these kind of generational ties, but that generation grew up and has aged in a society where if they want something, they don't just ask for it, but they get it. So what happens when they are now aging into that 60-plus category? They're not gonna be happy with brown molded plastic jewelry or hearing aids or things, they want to look good. They know that looking good isn't just for those people in their twenties, and that products can and should be designed for each and every age group.

0:24:00.8 Duran Rutledge: One of the things that I feel that we often don't factor in to folks who are older adults... Make sure I use the terminology well, as I'm learning... Is the whole thing about intimacy and sexuality and the value of that. And I think that we look at older adults as far as in thinking that it's not age-appropriate that you should still be sexually active. We talk about the dirty old man or a woman of a certain age being a cougar as opposed to folks still being viable, enjoying sex.

0:24:48.4 Dr. Paul Nash: Well, let's be honest, seeing as we're talking very frankly here. We know that as soon as you reach 50, you no longer desire sex, you no longer have sex, and it's just not physically possible. We know that's completely accurate.

0:25:01.7 Duran Rutledge: Absolutely. [laughter]

0:25:02.9 Dr. Paul Nash: And it's been widely acknowledged both in research and in terms of policy as well for 20-plus years. We know that older people are having sex. We know that the policies are not designed to support older people having sex. We know that there is a lot of stigma around older people having sex, because people don't want to imagine... So for example, doctors don't want to imagine patients, who are basically mirror images of their parents or their grandparents, having sex. But on the flip side of that, the research has shown that about 50-60% of those people over the age of 60 are still regularly engaging in sex. And of those in relationships, 100% said it is absolutely instrumental to the foundation of their relationships. So rather than trying to sweep it under the carpet, which let's face it, is gonna do nothing for the sexual health of that population, it's gonna do nothing for our knowledge or understanding of that, then why don't we actually start to engage and talk about it? Why don't we break some of those taboos? It's very much like ageism in the first place. That we don't discuss it, and when we don't discuss it, it only becomes worse. And that leads to problems to the current generation of older people, but then again, for the next generation who are coming in behind them.

[music]

0:26:29.8 Jennifer Rogers: That was such a great conversation with Dr. Nash and my colleague, Duran Rutledge. Dr. Nash's work was so interesting to us that we decided to make this a two-part episode. We wanted you to hear the entirety of the conversation between Dr. Nash and Duran. So next week, keep your eyes and ears peeled for part two of that conversation. Duran and Dr. Nash are really gonna dig into the stigma around aging more and kind of investigate why some physicians have a hard time discussing the sexual health of older adults. And also why the beloved show, the Golden Girls... Yes, we all love Betty White... Helped to further conversations about aging and really normalize sex in older adults. So I hope you can stick around, and I hope you're finding this conversation as rewarding as we did, and thanks so much for tuning in. A special thank you again to our guest host, Duran Rutledge, and to our guest, Dr. Paul Nash of the University of Southern California, who is a specialist on aging and ageism. Speaking Frankly is a production of The California Prevention Training Center in San Francisco, California. It's produced by me, Jennifer Rogers and Laura Marie Lazar and is edited by Podcast Prowess.