

Current Myths and Misconceptions about Aging

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Abstract

This study examined psychological myths about aging. In all, 616 participants completed a 37-item questionnaire online, based on a recent book on the topic, in which they rated to what extent they thought various statements/myths/misconceptions/stereotypes about aging were True or False. In total, 14 of these myths were rated as True by the majority of respondents. Most items concerned older people being more cognitively challenged, prone to illness, and less adaptable. There were a number of significant demographic correlates of the total correct score (determined by rating the myth as False), such as sex, age, political and religious beliefs, as well as intelligence. Regressions confirmed the role of sex, age, and IQ in rejecting myths about aging. How to combat myths about aging is discussed. Limitations and implications are discussed, as well as suggestions for future research on the topic.

Keywords

Aging, Myths, Misconceptions, Psychological Knowledge

1. Introduction

There has been academic interest in psychological myths and misconceptions for nearly a hundred years (Nixon, 1925; Lamal, 1979; Hughes et al., 2013; LaCaille, 2015). Myths are essentially misunderstandings, while misconceptions are essentially incorrect interpretations and faulty reasoning. The literature in this area uses the concept of (psychological) myth. There are many articles on the web about the number and type of myths about aging and their consequences, but few studies attempt to determine the extent to which these myths are endorsed and by whom. This study is about stereotypic beliefs about the process of aging and, more particularly, the characteristics of older people. It is an area that has attracted a great deal of literature (Cook, 2017; Mulley, 2007; Rasset et al., 2024; Rothermund et al., 2024; Svensson & Zuijderduijn, 2024; Thielke et al., 2012).

1.1. Research on Myths

This research area has been greatly stimulated by Lilienfeld et al.'s (2010) 50 *Great Myths of Popular Psychology*, which reviewed and attempted to dispel 50 prominent myths in psychology. Numerous studies have used the 50 myths and 250 “mythlets” to test various hypotheses in this area (Furnham & Hughes, 2014; Furnham, 2018; Swami et al., 2015). Further, other recent books have been published looking at specific myths (Bensley et al., 2014; De Bruyckere, Kirschner, & Hulshof, 2015; Warne, 2020). However, it should be noted that there is not always agreement on the “myth statements” and whether they are sufficiently clear, well expressed, and that there is always unambiguous data that they are indeed myths. From this point of view, it seems that they may be better considered as stereotypes as there is no clear distinction between myths, misconceptions and stereotypes (Brothers et al., 2021; Levy, 2009; Levy et al., 2020). Indeed, there is a rich literature on stereotypes about age and aging and how they have changed over the years (Ng et al., 2015). Also, there is the question of the difference between subjective age (how old a person feels), how old they are chronologically, and what may be considered an “old” or “older” person (Stephan et al., 2015; Westerhof et al., 2023).

Lilienfeld et al. (2010) inspired various other, more specialised, books with very similar titles and formats, such as *Great Myths of the Brain*, which listed 41 myths under various headings like defunct myths, immortal myths, and myths about the physical structure of the brain (Jarrett, 2014). Another was *Great Myths of Child Development*, which listed 50 myths under various headings such as growth, body, mind, emotions, behaviour, and social environment (Hupp & Jewell, 2015). Others concerning issues like *Neuropsychology*, *Personal Relationships*, and *Intelligence* have followed (Jewell et al., 2019; Johnson, 2016). In a number of studies, Furnham and colleagues have explored the extent to which people still adhere to these myths (Furnham, 2018; Furnham & Grover, 2019; Furnham & Horne, 2021).

Many of these books and studies concern developmental issues and changes over time: how people develop and change. Such issues as whether intelligence and personality change over time, particularly in late adulthood, remain a topic of great interest and debate and are clearly related to the topic of this study: namely, what happens to people as they age.

1.2. Myths about Aging

This study is based on Erber and Szuchman's (2015) book *Great Myths of Aging*. There have been many studies on myths and misconceptions, as opposed to empirical and objective facts, about older people (APA, 2017; Börsch-Supan, 2013; Bowen et al., 2020; Dionigi, 2015; Dykstra, 2009; Feinson, 1985; Samra et al., 2015; Salzman, 2006; Tullo et al., 2010; Van Zuilen et al., 2001; Varkey et al., 2006; Wandke et al., 2012). There are a large number of measures of attitudes to aging (Klusmann et al., 2020). Studies have used different populations and different questionnaires, but reveal consistent and persistent stereotypes and misconceptions about old people being endorsed. Less effort has gone into perhaps the more important question of why the myths are so persistent, how they are transmitted,

and indeed how they may be challenged. More importantly, many experts may indeed challenge the evidence to support the idea that the statements are myths.

The study of myths about aging has mainly been driven by the desire to educate people about aging and correct myths. It is difficult to compare individual studies which used different methods and questions on different populations, but it seems that many erroneous negative stereotypes about the considerable and obvious mental and physical decline of people over 70 persist across time and cultures.

The American Psychological Association (2017) published a report in which they argued: “*Armed with the facts about the myths and realities of aging, individuals, families, and our society are better able to view older adults as resources and to provide appropriate support for those in need of assistance*” (p. 4). In doing so, they provided data to support as well as refute myths such as “Most older adults stay socially engaged and productive” and “Older adults have little to no interest in sex or intimacy.” Like so many other organisations, they attempt to refute myths by providing up-to-date factors such as “Dementia (including Alzheimer’s disease, the most common type of dementia) is not a normal part of aging. Approximately 5% of individuals between 71 and 79, and 37% of the population above age 90, are affected and “As they age, people are generally more satisfied with their lives and more optimistic about growing older.”

One interesting question is the universality of myths about aging, and whether and why they may differ from culture to culture and time to time. For instance, does the average longevity of people in a culture or country have a powerful impact on their beliefs, as they are differently exposed to older people, which is a relative construct. With the longevity of people climbing in most developed countries, people are more exposed to older and often very old people (e.g., over 90 years), and it is important to understand how this affects their understanding of the process of aging.

Over 40 years ago, Palmore constructed the first *Facts on Aging Quiz* (FAQ1) in order to inspire students’ interest in the topic of aging and to provide a short objective test on the attitudes and knowledge of the general public. In the ensuing decades, FAQ1 became “the international standard for measuring knowledge and misconceptions about aging” (Palmore, 1988: p. 75). After the broad acceptance of this first quiz, Palmore (1981b) produced a second *Facts on Aging Quiz* (FAQ2) “to be used either in a test-retest situation or as an additional test of knowledge and misconceptions about aging” (Palmore, 1988: p. 75). The quizzes were designed to measure basic knowledge of physical, mental, and social facts about old age and aging as well as common misconceptions (Palmore, 1977, 1981a, 1981b, 1988). Twenty years ago, his measures were re-tested (Seufert & Carrozza, 2002) (See **Appendix 1**). As one might expect, many of the statements/myths are similar to those used in this study, as they describe the mental and physical decline of people as they age. People become less happy, less interested in sex, and find it difficult to learn new things (especially technology). For instance, there is no mention of Alzheimer’s disease and dementia in the Palmore studies, as well as clearly defining old people as all those who are over 65. There are also race difference

questions which would probably not be acceptable today.

1.3. This Study

This study was based on the Erber and Szuchman's (2015) book *Great Myths of Aging*. The book lists 37 myths and documents evidence to contradict them, containing 20 pages of references to studies that provide clear information that could be used to confront the myths. Their aim was in part to be "myth-busters" of negative and erroneous beliefs about older people. The book is in a series that looks at myths about different topics and aims in part to investigate "unexamined beliefs: that deeply hurt and damage can be caused when we take these myths as true." Experts, however, may indeed challenge particular myths and how they were expressed, as well as the actual evidence for each statement.

The study set out specifically to examine the extent to which a sample of adult people currently endorsed these myths. We were essentially interested in two things: first, the extent to which the myths were recognized as such or thought to be true, false, or unknown. We followed the methodology of previous papers and sought to establish the extent to which people were relatively confident in their opinions. Secondly, and perhaps more interestingly, we were interested in the individual difference correlates of these beliefs. In a similar study looking at myths about intelligence, Furnham and Horne (2021) examined a number of correlates but found no systematic pattern. However, in a study about myths concerning personality traits, Furnham and Robinson (2022) found significant and explicable relationships between participants' gender, education, ideology (as measured by political and religious beliefs), and intelligence and the extent to which they accepted or rejected various myths. They found, for instance, that intelligent people were less likely to accept myths. We aimed to replicate this finding in this paper.

In this study, we explore these individual differences as well as the age of the participants, which we believe are important and explicable correlates of many beliefs about aging. We focus particularly on the beliefs of younger people, whose beliefs about aging are often underexplored. We were interested in three issues: *first*, the prevalence of aging myth acceptance today based on the recent Erber and Szuchman (2015) book; *second*, whether there seems to be any change in various myths over the last 40 - 50 years by comparing our data with previous studies like that of Palmore; *third*, systematic individual differences in those beliefs, examining the idea that personal ideology (e.g., political and religious beliefs) as well as gender and intelligence are logically and significantly related to the acceptance and rejection of myths about aging.

2. Method

2.1. Participants

A total of 616 participants completed the questionnaire: 307 were men and 309 were women. The study was run in 2021 and they reported their year of birth (Range 1941-2000), with a mean of 1986 ($SD = 9.53$ years), meaning their mean

age was 35 years. Around 50% of participants were born between 1978 and 1996, meaning they were mainly between 25 and 43 years old. All had secondary school education and around half were graduates. In total, 46.2% were single and 26.8% were married, and 69% had no children. They rated themselves on three scales: How religious are you? (1 = *Not at all* to 8 = *Very*) ($M = 2.97$, $SD = 2.42$); How would you describe your political beliefs? (1 = *Very Left Wing* to 8 = *Very Right Wing*) ($M = 6.07$, $SD = 1.63$). In all, 36.2% said they believed in life after death and 63.7% said they did not.

2.2. Measures

Great Myths of Aging. The myths and misconceptions were derived from Erber and Szuchman (2015). This was not designed as a questionnaire and therefore has no psychometric data associated with it. Response options were broken down into Definitely True (DT), Probably True (PT), Definitely False (DF), Probably False (PF), and Don't Know (DK), allowing for greater information to be gleaned regarding the kinds of True and False responses. In addition, the "Don't Know" option improves upon some previous tests, as participants could indicate a lack of knowledge rather than guessing or leaving items unanswered (Arntzen et al., 2010). This followed the format of previous studies using a similar methodology (Furnham & Horne, 2021; Furnham & Robinson, 2022).

The Wonderlic Personnel Test (Wonderlic, 1990). This well-known, short, and valid 50-item test can be administered in 12 minutes and measures general intelligence. Items include word and number comparisons, disarranged sentences, and story problems that require mathematical and logical solutions. The test has impressive norms and correlates very highly ($r = .92$) with the WAIS-R. In this study, we used 16 items from Form A (14, 15, 18, 21, 24, 27, 28, 29, 30, 32, 33, 34, 36, 37, 43, 46). This was not a timed test, which may have skewed the results. The measure has been used in many previous studies (Furnham & Robinson, 2022). The mean score was 10.78 ($SD = 2.95$) and the alpha was .84.

2.3. Procedure

Ethical approval was gained prior to data collection (CEHP/217/565). Data were collected by Prolific, which is a platform similar to Amazon-Turk. We specified that they had to be over 21 years old and from Great Britain. Participants were paid, adult, non-vulnerable volunteers who had to fulfill various criteria. They understood that they did not have to answer every question. The questionnaire took an average of 20 minutes to complete. Participants were paid the standard rate for this task. Data were inspected and cleaned before analysis. All analysis was done using the SPSS package.

3. Results

3.1. Prevalence of Misconceptions

All of the items presented were myths (as defined above); thus, for all items, the

“correct” answer was False (Probably or Definitely). Participants’ False responses were summed in order to create a myth recognition score. That is, the more they rejected the myths, the higher their “correct score.” This could be described as a descriptive index rather than a psychometric test.

Item level analyses

Table 1 shows the results for the myths. In all, seven were identified by more than 50% of the participants as Definitely False (DF). When the Definitely and Probably False categories were combined, 22 of the myths were correctly identified as false by over 50% of the sample.

Table 1. Results of the study.

	Statement	DT	PT	PF	DF	DK
1	It is best to speak to an older person as you would to a small child: loudly, slowly, and with exaggerated emphasis.	33	148	146	276	15
2	Hearing aids are beneficial for older adults in just about any situation, but many are just too stubborn to use them.	107	249	142	76	45
3	Many older people worry too much about falling.	78	226	186	90	39
4	Older people get into more accidents than younger people.	70	226	187	82	53
5	Most older people lose interest in sex.	74	214	193	78	60
6	Most older people do not care about their looks.	27	158	267	145	21
7	Many older people need to wear diapers/nappies.	47	205	211	105	51
8	It is always best for older adults to be married rather than single.	74	210	142	100	92
9	Brain power declines with age.	201	298	62	36	22
10	Most older adults can’t or won’t learn new things, such as technology.	60	290	172	85	11
11	As people grow older, they become forgetful, and this is always a sign of dementia.	25	159	221	182	30
12	Alzheimer’s disease and dementia are the same thing.	15	42	119	384	59
13	There is no help for Alzheimer’s patients.	30	96	182	264	45
14	Wisdom comes with age; so older adults are wise.	29	193	196	156	42
15	Most older adults are susceptible and easy prey for scam artists.	26	209	205	114	65
16	Most older people are especially cautious when they have to make decisions.	43	295	190	42	49
17	Most older people are hypochondriacs.	16	99	252	167	82
18	Most older people are stingy.	5	83	247	206	74
19	Many older people prefer to be taken care of: they do not want a lot of responsibility.	16	105	246	213	39
20	Most older people are grouchy.	11	123	238	185	62
21	Many older people are introverted and prefer to spend time alone.	11	79	226	265	38

Continued

22	Many older people have given up all hopes and dreams.	18	200	216	147	38
23	Most old people are set in their ways.	87	333	120	38	39
24	Growing old is depressing; no wonder older people are more depressed than younger people.	23	151	235	158	52
25	Most older adults do not benefit significantly from psychotherapy.	23	103	210	194	88
26	Most older adults would choose living with kids and grandchildren rather than living alone.	101	295	129	39	54
27	Older adults seem to want to spend all their time with their grandchildren.	55	281	175	56	51
28	Sibling relationships are stable throughout life.	15	142	194	226	40
29	Most older adults are less happy and productive than younger people.	18	181	257	101	60
30	Most older adults hardly ever have trouble getting work.	26	87	172	283	49
31	Retirement is depressing; thus, most only retire when they have to.	21	183	200	172	43
32	Retired adults are privileged financially.	19	108	203	231	56
33	After they retire, most older folks want to retire to places that are warm.	38	288	147	62	83
34	If older widows date, it is usually to find a new husband.	14	143	228	119	115
35	The majority of older adults end up in a nursing home, where they stay until they die.	24	192	225	116	60
36	Suicide is more common among adolescents and young adults than it is among older adults.	111	248	101	46	110
37	Older people have, quite naturally, the greatest fear of death within any age group.	41	186	195	85	111

On the other hand, there were no items for which over 40% of the respondents said were Definitely True. However, there were 11 items where more than 200 respondents (40%) said they were Probably True (PT). When the Definitely and Probably True were combined, 11 of the myths were incorrectly identified by the sample. On 18 items, over 100 respondents (20%) said that they Don't Know; the highest scores were for items 6, 8, 44, and 47.

Some of the items identified by participants as either Definitely or Probably true were rather surprising, like 15: "Most older adults are suckers and easy prey for scam artists"; 16: "Most older people are extra cautious when they have to make decisions"; and 23: "Most older people are very set in their ways."

3.2. Correlations

Two scores were then computed for each individual: the total scores in which they had marked Definitely or Probably True, and Definitely or Probably False. These scores were correlated at $r = -.80$. These two scores were then correlated (Pearson) with various demographic and belief variables (see **Table 2**).

Table 2. Correlations, means, and SDs for all variables.

	Mean	SD	1	2	3	4	5	6	7	8	9
(1) True	13.67	6.52									
(2) False	19.97	7.01	-.80***								
(3) DK	3.30	4.29	-.21***	-.42***							
(4) Sex	1.50	0.50	-.27***	.26***	-.01						
(5) Birth Year	1986.31	9.54	.11**	-.15***	.08*	-.15***					
(6) Schooling	15.50	3.72	.02	.01	-.04	.06	.07				
(7) Religious	2.97	2.42	.13**	-.12**	-.01	-.04	-.09*	-.03			
(8) Politics	6.06	1.70	-.17***	.12**	.07	.21***	.08	.17***	-.30***		
(9) Afterlife	1.64	0.48	-.07	.08	-.01	-.03	.03	.07	-.56***	.21***	
(10) IQ Total	10.78	2.96	-.12**	.14***	-.04	-.06	-.00	.16***	-.27***	.21***	.29***

* $p < .001$ ** $p < .01$ *** $p < .05$ Sex: 1 = Male, 2 = Female. Note: Age is recorded as birth year: as this increases, age decreases), False scores (i.e., correct scores) decrease: older people are more accurate and younger are less accurate.

Overall, correlations were low, but there was a significant relationship between six of the variables and the True/False scores. They indicated that females were less likely than males to believe the myths as True and more likely to believe them as False. Younger people endorsed more myths as True and fewer as False. More religious people had higher True and lower False scores, while the opposite was the case for more politically left-wing people. Brighter people had lower True and higher False scores, as predicted.

Three regressions were then computed, with both test total scores (True, False, Don't Know) as the criterion variable. The results of the first regression, which was a score indicating the overall acceptance of aging myths, suggested that just over 10% of the variance could be accounted for. It indicated that males with less schooling, more left-wing political beliefs, and who were less intelligent tended overall to endorse aging myths. Similarly, younger, more intelligent females tended to reject the myths as false. There were essentially few correlates of the Don't Know response.

4. Discussion

This study looked at contemporary beliefs about aging among young adults. It may be assumed that with much larger aging populations in the West, greater access to education and information would mean that well-established myths about aging would be on the decline. This appears not to be the case.

Researchers on aging may take some comfort from the results in **Table 1**. Clearly, the respondents saw a number of myths/stereotypes for what they are. They seemed relatively well informed about Alzheimer's disease (items 12 and 13), or whether older people grow introverted and have difficulty getting to work. This shows some progress compared to earlier studies (see **Appendix 1**). On the other

hand, researchers may be dismayed by results which suggest the majority accepted many myths. Past studies have documented a number of these accepted myths being present over many decades (Dionigi, 2015; Feinson, 1985). However, it should also be acknowledged that people in the West are living longer and healthier lives than their parents and grandparents, and hence some facts about aging that were once true are no longer true.

This, like some other studies in the area, found logical correlations between participant differences and the acceptance and rejection of myths. Indeed, all of the variables we examined were linked to beliefs about aging. Women were less likely to accept myths compared to men, though it is not clear why, except perhaps for the fact that women may traditionally be more exposed to older people in caring roles, though this pattern may be changing. More intelligent people were less likely to accept myths, which is to be expected, as intelligence and education are closely related. In the correlations but not the regressions, the results indicated that more religious people were more likely to accept myths than less religious people, which may reflect the descriptions of older, and wiser, people in many religious texts.

One obvious question resulting from these findings is what other factors contribute to people's sustained adherence to aging myths. In this study, we accounted for just over 1/10 of the variance (see Table 3). It may be possible that some other, unassessed factors play an important role, such as frequency of interaction with older people, age of parents, and relatives over the age of 60.

Table 3. Regression results with total scores as the criterion variable.

	True				False				DK			
	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>
Sex	-3.17	.55	-.24	-5.79***	3.54	.60	.25	5.95***	-.32	.38	-.04	-0.84
Birth Year	.05	.03	.07	1.80	-.08	.03	-.12	-2.82**	.03	.02	.08	1.77
Schooling	.16	.07	.09	-2.21*	-.07	.08	-.04	-0.88	-.09	.05	-.07	-1.69
Religious	.16	.12	.06	1.38	-.19	.13	-.07	-1.51	.03	.08	.02	0.32
Politics	-.37	.17	-.10	-2.17*	.12	.19	.03	0.64	.26	.12	.10	2.19*
IQ Total	-.26	.10	-.12	-2.71**	.34	.10	.14	3.30**	-.08	.07	-.05	-1.12
Adjusted <i>R</i> ²			.11				.11				.01	
<i>F</i>			11.79				11.96				2.05	
<i>p</i>			.000				.000				.058	

****p* < .001, ***p* < .01, **p* < .05

It was clear from the data that older people in this study were less likely to accept the myths as true. It may indeed be interesting and important to replicate this study with a much more mature population. Indeed, this raises the issue of what is an "older person." Clearly, the definition of an "old person" is dependent on a number of factors (Daignault et al., 2021; Stephan et al., 2015).

One issue worth exploring is whether these ageing attitudinal correlates themselves change over the life-span of people. That is, do correlates, apart from age itself, change? For instance, as people get older and possibly more politically conservative and religious, it may be that ideological variables are more closely related to myths about aging, while factors like intelligence play a less prominent role.

One interesting finding from this study, which was similar to the study of [Furnham and Hughes \(2014\)](#), was the fact that around 15% - 20% answered *Don't Know* to the questions. This number varied from question to question, but on average, less than a fifth of respondents were prepared to admit that they did not know. We calculated the total scores for individuals on their Don't Know responses, but this was not systematically related to any of the demographic variables. It could be that people were too embarrassed to admit they did not know when, indeed, the evidence shows quite clearly that they did not.

Certainly, there are interesting differences in the myths identified by [Palmore \(1981a, 1981b\)](#) over 45 years ago. Some of the questions are phrased as "old people (aged over 65 or older) *say they are* seldom bored, feel miserable, are lonely rather than that they are in that state. Quite a few of the issues are about the socio-economic status of older people. There are a number of questions about crime and their political beliefs. Certainly, it seems the questionnaire used in this study is a significant development over that of the early work of Palmore, being more comprehensive with better phrased items, though of course they could be improved.

Like all studies, this had a number of limitations. *First*, the sample was heterogeneous but not fully representative in terms of age, religious views, marital status, and educational attainment. It was also relatively small. Most importantly, the vast majority of the participants were under forty, which means they were unrepresentative of the full age range. We found evidence of age differences even in this sample, and it would have been very interesting to have sampled a much wider range, including people over 60 years old. *Second*, it may have been better to combine myths with "facts" to see if participants could distinguish the two. *Third*, items were not always clearly expressed or in the same style, no doubt because they were not written as questionnaire items. *Fourth*, it would be very desirable to gather cross-cultural data to try to determine to what extent myths are shaped by socio-cultural factors.

There remains, however, one very serious issue, namely the statements being "false", as there is no necessary agreement on this even from experts. That is, some myths and misconceptions cannot be an either/or proposition; some myths are only partially false. It is, however, often difficult to provide uncontroversial evidence that a statement about aging is always true or false. As regards the myths in this study, it may be that many experts would want to caveat many of them with suggestions as to the more specific context in which they apply. Further, it could be that many participants were not familiar with a number of issues yet were loath to report "Don't Know." An example of the ambiguity of the myth statements in this study is item 9: "Brain power declines with age". If brain power is thought to

be fluid intelligence, most experts would no doubt agree, but if brain power is restricted to mean “crystallised intelligence,” then most experts would agree item 9 is largely false, at least until extreme old age. Thus, a problem for this study, and the book upon which it is based, is the clarity of the myth statements. It may, therefore, be a useful exercise to get a panel of world experts to agree on a series of statements about an issue, such as that done by intelligence researchers (Rindermann et al., 2017).

The issue for researchers in aging is how to improve popular awareness and knowledge of the topic, in part because of its consequences in the use of tests in educational and occupational selection. For most, it is the writing of popular books such as the one that inspired this study. Studies such as this provide useful historical data on psychological myths prevalent in society. They nearly always provide the “shocking truth” about the widespread acceptance of myths, which nearly always concerns experts and educationists who call for attempts to dispel or debunk those myths.

There is extensive literature on attitude change which is concerned with attempts at the society level to change myths, stereotypes, and erroneous ideas about many things like physical and mental health (Michie et al., 2009). Many of these methods have been applied to aging among both the old and the young with varying success (Marshall, 2015).

The current study has shown that psychological myths and misconceptions about aging still occur. It is possible that myth-debunking campaigns designed around refutational methods akin to those used by Kowalski and Taylor (2009), Lilienfeld et al. (2010), and LaCaille (2015) have the potential to reduce levels of misconception. The current study can be used to identify myths, misconceptions, and stereotypes in need of refutation. However, as noted above, it was not without limitations: it would have been preferable to have a larger population, particularly focusing on older people, say over 60 years old, to establish the extent to which older people were susceptible to myths and stereotypes (Chopik et al., 2018; Wurm et al., 2025). There has been a research interest in how aging affects beliefs about the process (Chang et al., 2020). Further, it would have been desirable to have factual statements about aging in the questionnaire, to see whether the participants would recognize them as such. Equally, there is debate about the very concept of age: when is a person considered to be old? (Daignault et al., 2021). Finally, it would have been desirable to know more about each participant, such as their personality (as assessed by a Big Five inventory); their exposure to “older people” through their family or work, as well as how they defined themselves in terms of age.

Data Availability

This is obtainable from the first author upon request.

Registration

This paper was not pre-registered with the journal.

Ethics

This was sought and obtained ([CEHP/2017/565](#)).

Informed Consent

Participants gave written consent for their anonymised data to be analysed and published.

Fund

This project was not funded.

Conflicts of Interest

There is no conflict of interest.

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Appendix 1 The Original Questions Used by Palmore (1981a, 1981b)

FA1

1. The majority (more than half) of old people (age 65 or older) are senile (i.e., defective memory, disoriented, or demented, etc.)
2. All five senses tend to decline in old age.
3. The majority (more than half) of old people (age 65 or older) have no capacity for sexual relations.
4. Lung capacity tends to decline in old age.
5. The majority of old people (age 65 or older) say they feel miserable most of the time.
6. Physical strength tends to decline in old age.
7. At least 10% of the aged (age 65 or older) are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for the aged, etc.).
8. Aged drivers (age 65 or older) have fewer accidents per driver than drivers under the age 65.
9. The majority of older workers cannot work as effectively as younger workers.
10. About 80% of the aged (age 65 or older) say they are healthy enough to carry out their normal activities.
11. The majority of old people are unable to adapt to change.
12. Old people usually take longer than young people to learn something new.
13. It is almost impossible for the majority of old people to learn new things.
14. The reaction time of the majority of old people tends to be slower than the reaction time of younger people.
15. In general, the majority of old people tend to be pretty much alike.
16. The majority of old people (age 65 or older) say they are seldom bored.
17. The majority of old people (age 65 or older) say they are lonely.
18. Older workers have fewer accidents than younger workers.
19. Over 15% of the U.S. population are now 65 or over.
20. The majority of medical practitioners give low priority to the aged.
21. The majority of older people (age 65 or older) have incomes below the poverty level (\$5,447 for an older person or \$6,872 for an older couple).
22. The majority of old people (age 65 or older) are working or would like to have some kind of work to do (including housework or volunteer work).
23. Older people tend to become more religious as they age.
24. The majority of older people (age 65 or older) say they are seldom angry.
25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as now.

FAQ2

1. A person's height tends to decline in old age.
2. More older persons (age 65 or older) have chronic illnesses that limit their activity than younger persons.
3. Older persons (age 65 or older) have more acute (short-term) illnesses than

persons under 65.

4. Older persons (age 65 or older) have more injuries than persons under 65.
5. Older workers have less absenteeism than younger workers.
6. The life expectancy of Blacks at age 65 is about the same as White life expectancy at age 65.
7. The life expectancy of men at age 65 is about the same as the life expectancy of women at age 65.
8. Medicare pays over half of the medical expenses for the aged.
9. Social Security Income automatically increases with inflation.
10. Supplemental Security Income guarantees a minimum income for the needy aged.
11. The aged (age 65 or older) do not get their proportionate share of the nations income.
12. The aged (age 65 or older) have higher rates of criminal victimization than persons under 65.
13. The aged (age 65 or older) are more fearful of crime than persons under 65.
14. The aged (age 65 or older) are the most law abiding of all adult groups according to official statistics.
15. There are two widows for each widower among the aged (age 65 or older).
16. A bigger percentage of the aged (age 65 or older) vote than any other age group.
17. There are proportionately more older persons (age 65 or older) in public office than in the total population.
18. The proportion of Blacks among the aged (age 65 or older) is growing.
19. Participation in voluntary organizations (such as churches and clubs) tends to decline among healthy aged 65 or over.
20. The majority of aged (age 65 or older) live alone.
21. The aged (age 65 or older) have about the same percentage of people below the official poverty level as the rest of the population (below age 65)
22. The rate of poverty among aged Blacks (age 65 or older) is about 3 times as high as among Whites 65 or over.
23. Older persons who reduce their activities tend to be happier than those who remain active.
24. When the last child leaves home, the majority of parents have serious problems adjusting to their "empty nest."
25. The proportion widowed is decreasing among the aged (age 65 or older).