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Experiencing Old Age: Pilot Study Examining the Effects of Age Simulation on Ageism in Adolescents

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Abstract

Background: As global populations age, addressing societal attitudes towards older adults becomes increasingly crucial. Ageism negatively impacts both older and younger individuals. Aging simulation has been proposed as a means to challenge ageist attitudes and promote intergenerational solidarity. This study examines the effectiveness of a brief aging simulation in altering adolescents' perceptions of aging and older adults. Methods: A prospective interventional study was conducted with 63 high school students aged 15–18. Participants completed the Fraboni Scale of Ageism (FSA) before and after intervention. A subset of 20 students was randomly selected to wear an aging simulation suit. Results: Post-intervention FSA scores significantly decreased from 63.50 to 51.00, indicating a reduction in ageist attitudes. Participants showed significant changes in beliefs related to cognitive decline, the prevalence of Alzheimer's disease, and the perception that older adults are homogeneous. Additionally, 80% of participants reported a positive shift in their attitude toward aging. The simulation experience was rated highly (average score: 9/10). Conclusions: The findings support the effectiveness of aging simulation in reducing ageist attitudes among adolescents. Given the role of adolescence in shaping long-term perceptions, incorporating aging simulations into educational curricula could be a valuable strategy for promoting intergenerational understanding.

Keywords: ageism; aging; suit; simulation; adolescents

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1. Introduction

The global population is aging at an unprecedented rate. The World Health Organization projects that by 2050, the proportion of individuals aged 60 and over will nearly double from 12% to 22% [1]. As societies worldwide experience this demographic transition, the phenomenon of aging itself becomes a crucial area of sociological, psychological, and educational inquiry. This shift highlights the urgency of addressing societal attitudes toward older adults, as ageism can contribute to significant social, economic, and health disparities [2]. Intergenerational solidarity—characterized by positive interactions, mutual support, and cooperation between different age groups—plays a fundamental role in fostering social cohesion and enhancing the overall quality of life across all ages [3].

Ageism, defined as stereotypes, prejudice, and discrimination based on age, is a pervasive societal issue that has profound implications for individuals and communities [4]. Research indicates that age-based biases can negatively impact the physical and mental health of older adults, contributing to conditions such as depression, social isolation, and even reduced life expectancy [5]. Moreover, the harmful effects of ageism are not

limited to older populations; its influence extends across the lifespan, shaping adolescents' perceptions of aging and reinforcing negative stereotypes that persist into adulthood. Given these widespread effects, addressing ageism is essential for creating inclusive, equitable societies that value individuals across all stages of life.

To better understand and quantify ageism, researchers have developed various psychometric instruments for its measurement. One of the most widely used tools is the Fraboni Scale of Ageism (FSA), which provides a comprehensive assessment of ageist attitudes. The FSA measures multiple dimensions of ageism, including antilocution (negative speech), avoidance, and discrimination, through a 29-item self-report questionnaire. This multidimensional approach enables researchers to capture both cognitive and affective components of ageism, offering valuable insights into individuals' implicit and explicit biases toward older adults [6]. The FSA is particularly useful for assessing ageist attitudes among adolescents, as it allows researchers to examine early-stage perceptions that may influence future behaviors and interactions with older populations [7].

Educational interventions designed to simulate aging have been proposed as a means to influence youth perceptions and attitudes toward older adults. Such interventions provide experiential learning opportunities that promote a practical and empathetic understanding of the physical and cognitive challenges associated with aging [8]. However, previous studies on the effectiveness of aging simulations in altering attitudes have yielded mixed results. While some research suggests that these interventions lead to positive shifts in attitudes, others indicate minimal or temporary impact. This inconsistency underscores the need for further investigation into the specific conditions and methodologies that enhance the effectiveness of these interventions [9,10]. Identifying the most effective strategies for reducing ageism is critical for fostering intergenerational understanding and promoting social inclusivity in an aging world.

The aim of this pilot study was to examine the effectiveness of a brief aging simulation in altering adolescents' perceptions of aging and older adults.

2. Materials and Methods

This prospective interventional study with a triangulation of methods investigated high school students' attitudes towards the elderly and examined whether a brief simulated aging experience could influence these attitudes. Data was collected at two time periods—before and after a subset of students wore an aging simulation suit. The investigation (baseline testing, intervention, repeated testing, and data analyzing) were performed between September and December 2024. In total, 63 high school students aged 16 to 18 from grades 10, 11, and 12 at the Ruđer Bošković Educational System were recruited. Inclusion criteria were current enrollment in grades 10 through 12 and the willingness to participate. Exclusion criteria included refusal to participate or the inability to wear the suit due to a physical limitation.

All participants completed an online questionnaire with 3 subsets of questions: demographic information (e.g., sex, age, and grade), family structure (e.g., whether they have living grandparents or live with them), and the frequency and type of contact with grandparents (e.g., daily, weekly, or monthly). They also provided qualitative responses describing what they appreciate or enjoy about spending time with older relatives or older adults in general. To ensure confidentiality, the questionnaire was anonymized using a coded system in which each participant generated a unique alphanumeric code known only to themselves. The questionnaire was presented and completed on individual tablets provided by research. The questionnaire included 17 questions regarding participants' attitudes toward aging and the elderly and the FSA to measure students' baseline attitudes toward older adults. This scale evaluates multiple aspects of ageism, including

stereotypes, prejudice, and discrimination. Participants responded on a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). We used the version of the FSA in Serbian [11], which was previously translated and preliminarily validated [12] and transculturally adapted [11].

Out of the 63 participants, 20 were randomly selected to wear the SD & C Senior Suit Alpha 3 using IBM SPSS Statistics (v.23) for randomization. This aging suit simulates a range of age-related physical and sensory impairments, including hearing loss (particularly high-frequency impairment), vision deterioration (such as reduced color discrimination and peripheral vision), and reduced range of motion in the head, shoulders, elbows, knees, and wrists. It also diminishes muscle strength and coordination, increases joint stiffness—affecting balance and mobility—and reduces fingertip sensitivity. These combined effects lead to impaired coordination, balance, and communication abilities, closely mirroring the physical challenges commonly experienced by older adults.

While wearing the suit, these participants performed everyday tasks commonly encountered by older adults over two hours (e.g., walking upstairs, picking up objects, opening doors, and handling small items). All activities took place in a controlled environment to ensure participants' safety and were performed in the morning (between 8 am and 1 pm). Immediately after taking the suit off, these 20 participants once again completed the FAS questionnaire [12], and 17 questions questionnaire related to participants' attitudes regarding aging and the elderly, using the same unique alphanumeric code they had entered on the initial questionnaire. This second measurement aimed to identify any short-term changes in their attitudes toward older adults resulting from the simulation experience. Forty-three participants who were not selected did not continue the investigation, and the results of their baseline testing were not included in this paper.

To protect confidentiality, participants were instructed to include only their unique alphanumeric code on both questionnaires. No one else had access to these codes, and there was no way to link any specific student to a particular code. All data were aggregated and analyzed at the group level.

The data were analyzed using the Statistical Package for the Social Sciences IBM-SPSS, version 26.0. Categorical variables were presented as frequencies and were analyzed using the Chi-square test. All continuous variables are presented as median (interquartile range: 25–75th percentile) for the data that are not normally distributed. The Shapiro–Wilk test was used to test the normality of data distribution. For intragroup comparisons, before and after intervention, the Wilcoxon Signed Ranks Test for non-parametric variables was used. Statistical significance was defined as $p < 0.05$ for all comparisons.

Ethical approval was obtained from the Institute on Aging in Belgrade association of citizens (Approval No. 4/2024-1, 6 June 2024) prior to the commencement of this study. Participation was voluntary, and students had the right to withdraw from this study at any point without consequences. Appropriate measures were taken to protect the physical safety of students wearing aging suits, including close supervision and clear usage instructions. After completing the simulation, the participants were debriefed about this study's objectives and the purpose of the intervention.

3. Results

A total of 20 respondents (11 female and 9 male), ranging from the 10th to the 12th grades of high school, were analyzed before and after participating in the intervention, which involved wearing an age-simulation suit (Table 1). Ninety-five percent of respondents indicated they have at least one living grandparent, but none lived with them. The most common frequency of contact reported was once a month, which applies to 35% of the respondents.

Table 1. Basic sample characteristics.

Variables	***n***	**%**
Sex		
female	11	55
male	9	45
Grade		
2nd grade	9	45
3rd grade	5	25
4th grade	6	30
Do you have a grandmother or grandfather?		
yes	19	95
no	1	5
How often do you see them?		
2 or more times a week	5	25
once a week	5	25
once a month	7	35
once a year	2	10
Do you live with your grandparents?		
yes	/	/
no	19	95

/—zero value.

As shown in Figure 1, there was a significant decrease in the FSA scores after the intervention, dropping from 63.50 (50.25–72.50) to 51.00 (44.25–59.75). The Wilcoxon Signed Ranks Test confirmed this difference to be statistically significant ($p < 0.001$).

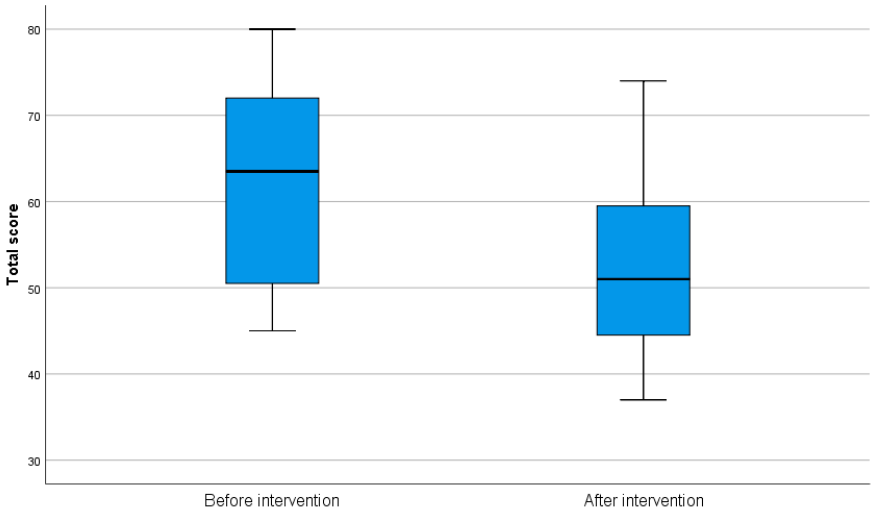


Figure 1. Average scores of the Fraboni Scale of Ageism before and after the intervention.

Table 2 presents the same questions posed before and after the intervention, focusing on whether respondents believed certain statements about older adults to be true. Overall, there were changes in most responses, with statistically significant differences in beliefs related to Alzheimer's disease, the notion that older adults have more difficulty learning than younger individuals, and the perception that most older adults are alike. After the

intervention, only three participants believed that older adults had Alzheimer's disease compared to nine before. Of eight participants before intervention who believed that most elderly people were similar to each other, only one still believed so after the intervention. The participants also significantly improved their attitudes towards the difficulties of the elderly to learn new things: compared to 2/3 of respondents before intervention, less than 1/3 still believed that it was very difficult for the elderly to learn new things. As expected, wearing the simulation suit resulted in enhanced awareness of participants regarding the decrease in reaction speeds in the elderly (100% after vs. 85% before), and decrease in body height (100% after vs. 90% before). The percentage of participants who believed that an elderly person's physical strength as well as the sensitivity of their senses decrease were initially very high (90% and 85%, respectively) and remained in the same range.

Table 2. Respondents' attitudes regarding aging and the elderly before and after the intervention.

	Before Intervention	After Intervention	Sig.*
Aging affects both sexes equally.	13 (65%)	17 (85%)	0.125
Most elderly people have Alzheimer's disease.	9 (45%)	3 (15%)	0.031
As people age, their intelligence declines.	5 (25%)	1 (5%)	0.125
It is very difficult for the elderly to learn new things.	13 (65%)	6 (30%)	0.016
As a person ages, their reaction speed decreases.	17 (85%)	20 (100%)	/
Depression is more common in the elderly than in younger people.	4 (20%)	3 (15%)	1.000
Older people have more sleep problems than younger people.	9 (45%)	8 (40%)	1.000
A person's height decreases as they age.	18 (90%)	20 (100%)	/
An elderly person's physical strength decreases as they age.	18 (90%)	18 (90%)	1.000
People over 65 make up 20% of the population in Serbia.	12 (60%)	16 (80%)	0.219
The majority of elderly people in Serbia live in nursing homes.	0 (0%)	0 (0%)	/
The modern family no longer takes care of its elderly persons.	5 (25%)	3 (15%)	0.687
The expected length of remaining life is the same for men and women who are 65 years old.	7 (35%)	3 (15%)	0.125
When older people work, they are less efficient than younger people.	17 (85%)	15 (75%)	0.687
Most elderly people are similar to each other.	8 (40%)	1 (5%)	0.016
Abuse of the elderly in Serbia is not a significant problem.	7 (35%)	1 (5%)	0.070
All senses become less sensitive in the elderly.	17 (85%)	18 (90%)	1.000

* Chi-Square test; /—not applicable.

The intervention had a positive impact on changing attitudes toward the elderly and aging. A comparison of responses before and after the intervention revealed a significant difference in most answers (Table 3). Notably, one of the most striking changes was observed in response to the question about whether elderly people are perceived as "bad." Before the intervention, the majority of respondents believed that the elderly were bad, whereas after the intervention, 95% stated that they did not hold this opinion. Similarly, the same shift in opinion was noted regarding the statement that elderly people are unreasonable: 70% participants disagreed with this statement after intervention compared to 30% before. The improvement was marked in participants' attitude toward activity: from 30% before intervention, the percentage who thought that elderly people were active increased to 45% after. An interesting finding was noted with regard to the statement that elderly people are worthy of respect: although the percentage of agreement was relatively high before (75%), after the intervention, it increased to 90%.

Table 3. Respondents' attitudes regarding aging and the elderly before and after the intervention measured using a five-point Likert scale.

	Before Intervention					**After Intervention**					
	1	2	3	4	5	1	2	3	4	5	Sig.*
Elderly people are bad.	65%	/	15%	20%	/	75%	20%	5%	/	/	0.004
The elderly are warm.	/	15%	50%	30%	15%	/	10%	35%	50%	5%	0.006
Older people are negative.	25%	25%	30%	15%	5%	25%	25%	40%	10%	/	<0.001
Older people are friendly.	/	10%	25%	60%	5%	/	/	15%	75%	10%	0.045
Elderly people are unreliable.	30%	30%	20%	20%	/	15%	45%	25%	15%	/	0.060
Elderly people are worthy of respect.	/	20%	5%	15%	60%	/	/	10%	30%	60%	0.009
The elderly are loathsome.	65%	15%	5%	10%	5%	75%	15%	10%	/	/	0.010
The elderly are happy.	5%	5%	50%	35%	5%	/	10%	60%	25%	5%	<0.001
Elderly people are ugly.	30%	30%	20%	10%	10%	25%	40%	35%	/	/	0.161
Older people are attractive.	30%	20%	40%	5%	5%	30%	5%	65%	/	/	0.287
Elderly people are unsociable.	15%	50%	25%	5%	5%	20%	70%	10%	/	/	0.002
The elderly are clean.	/	15%	30%	55%	/	5%	5%	30%	55%	5%	0.337
Elderly people are messy.	15%	45%	30%	10%	/	25%	45%	20%	10%	/	0.041
Older people are rich.	10%	15%	70%	5%	/	10%	10%	75%	5%	/	0.002
The elderly are sick.	10%	35%	35%	15%	5%	5%	20%	40%	35%	/	0.003
Older people are useful.	/	20%	15%	35%	30%	/	5%	20%	55%	20%	0.238
The elderly are weak.	/	25%	15%	40%	20%	/	20%	20%	55%	5%	0.438
Older people are fast.	25%	45%	25%	5%		35%	55%	10%	/	/	0.227
Elderly people are unreasonable.	15%	25%	20%	35%	5%	25%	45%	15%	15%	/	0.046
Older people are wise.	5%	10%	10%	60%	15%	10%	/	10%	65%	15%	<0.001
Elderly people are grumpy.	/	35%	40%	20%	5%	10%	35%	50%	/	5%	<0.001
Older people are pleasant.	/	10%	25%	60%	5%	/	/	15%	80%	5%	0.786
Elderly people are boring.	5%	40%	25%	30%	/	20%	45%	25%	10%	/	0.014
Older people are honest.	5%	10%	40%	45%	/	/	/	35%	55%	10%	0.306

Table 3. *Cont.*

	Before Intervention					After Intervention					
Elderly people are stingy.	5%	45%	25%	10%	15%	15%	55%	25%	5%	/	0.057
Older people are fashionable.	25%	35%	30%	10%	/	5%	35%	55%	5%	/	0.061
Older people are unproductive.	5%	45%	25%	20%	5%	15%	60%	15%	10%	/	0.087
Elderly people are independent.	10%	15%	20%	45%	10%	/	15%	30%	35%	20%	0.177
Elderly people are traditional.	/	10%	/	60%	30%	/	75%	10%	/	15%	0.056
Older people are tolerant.	15%	10%	35%	30%	10%	/	15%	15%	60%	10%	0.002
Older people are pessimistic.	/	25%	45%	20%	10%	10%	30%	40%	20%	/	0.010
Older people are active.	10%	20%	45%	15%	10%	5%	10%	40%	35%	10%	0.003

1—I completely disagree; 2—I mostly disagree; 3—I neither agree nor disagree; 4—I mostly agree; 5—I completely agree. The table shows the frequencies in percentages. *—Chi-Square test; /—zero value.

Following the intervention, participants were asked to rate their experience of wearing the aging simulation suit on a scale from 1 to 10. The average rating was 9 (ranging from 8 to 10), with the majority (17 respondents) giving a score of 8, 9, or 10. The lowest rating recorded was 5.

When asked whether wearing the suit changed their attitude toward aging and the elderly, 80% of participants reported a positive shift in perspective, stating that they now had a better opinion of the elderly. In contrast, 20% (four respondents) indicated that their attitude remained unchanged.

4. Discussion

The findings of this study indicate that a brief aging simulation experience can significantly influence adolescents' attitudes toward older adults. The use of the FSA before and after the intervention demonstrated a statistically significant reduction in ageist attitudes, highlighting the potential effectiveness of experiential learning methods in addressing age-related stereotypes and biases. The observed decrease in FSA scores following the intervention suggests that direct exposure to simulated age-related physical impairments can foster greater empathy and understanding among youth, as observed in other studies [13].

The significant decrease in misconceptions about Alzheimer's disease, learning difficulties, and the perceived homogeneity of older adults underscores the ability of aging simulation to challenge common stereotypes. Prior to the intervention, a considerable proportion of respondents held the opinion of generalized aging being synonymous with cognitive decline and uniformity. However, post-intervention responses showed a marked shift towards recognizing the diversity and capabilities of older adults. This aligns with previous studies indicating that educational interventions can enhance awareness and promote more nuanced views of aging [14].

The intervention's impact was further reflected in the participants' qualitative feedback. The majority of students (80%) reported a positive shift in their attitude toward aging, emphasizing that the experience provided them with a newfound appreciation for the challenges faced by older adults. This aligns with previous research suggesting that experiential learning fosters a more empathetic perspective by allowing individuals to temporarily experience physical limitations associated with aging [15,16]. The high engagement level, as evidenced by the average rating of 9 out of 10 for the experience, suggests that such interventions are well received by adolescents and can be an effective educational tool.

Despite these positive outcomes, it is notable that 20% of participants reported no change in their attitudes. This suggests that while aging simulations can be effective, they may not uniformly impact all individuals. Factors such as pre-existing attitudes, personal experiences with older adults, and individual susceptibility to experiential learning may influence the extent to which the participants' attitudes are altered. Future studies could explore additional variables, such as the role of family dynamics and prior contact with elderly relatives, to understand the differential impact of such interventions.

This study's findings contribute to the growing body of literature on intergenerational learning and anti-ageism education. Given that adolescence is a critical period for shaping lifelong attitudes, incorporating aging simulations into educational curricula could be a valuable strategy for fostering age-inclusive societies. Future research should investigate the long-term effects of such interventions to determine whether the observed attitudinal changes are sustained over time. Additionally, comparisons between different educational strategies, such as direct interaction with older adults versus simulation experiences, could provide further insights into the most effective methods for reducing ageism.

Overall, this study supports the use of aging simulation as a tool for reducing ageist attitudes among adolescents. The statistically significant improvements in FSA scores and qualitative feedback suggest that such interventions can enhance empathy and promote more positive perceptions of older adults. Therefore, many countries world-wide are trying to develop strategies of development and implementation methods which are related to aging and the older population [17]. However, further research is needed to refine these interventions, explore their long-term effectiveness, and identify the most effective strategies for fostering intergenerational understanding and social cohesion in an aging world. All this is important because of the social support of the elderly population by the whole community, because a direct connection between social support and the quality of life of the elderly has been shown [17]. Therefore, the aging of the population represents one of the biggest challenges facing the modern world [18].

Limitations of this study: Because this study took place in one high school, the results may not be applicable to all adolescent populations. The short duration of the simulation experience may limit the long-term impact on attitudes; further research could examine whether changes in ageism are sustained over longer periods. Also, the terms used to describe populations such as "elderly" or "the elderly" are somewhat discriminatory and do not support the promotion of correct attitudes towards them. This limitation is inevitable when using the FAS. In addition, the simulation suit only provides negative messages about aging, introducing difficulties in everyday life that older adults confront.

However, the strength of this study is the fact that this is the first study of its kind in Serbia that, by simulating aging, tries to show the change in attitudes of adolescents towards older people.

5. Conclusions

This study demonstrates that a brief aging simulation experience can significantly reduce ageist attitudes among adolescents. The statistically significant decrease in the Fraboni Scale of Ageism scores, alongside qualitative feedback, suggests that experiential learning fosters greater empathy and a more nuanced understanding of aging. Participants exhibited notable shifts in their perceptions, particularly in misconceptions related to cognitive decline and homogeneity among older adults. While the intervention was effective for most participants, the findings also highlight that individual differences may influence their impact. Given the critical role of adolescence in shaping long-term attitudes, integrating aging simulations into educational curricula could be a valuable strategy for promoting intergenerational understanding. Future research should explore the long-term

sustainability of these effects and compare different educational approaches to identify the most effective strategies for reducing ageism.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in this study.

Data Availability Statement: The raw data supporting the conclusions of this article will be made available by the authors on request.

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Abbreviations

FSA Fraboni Scale of Ageism

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