

Gender and Ageism

By Laurie Russell Hatch

*While devaluation with age is true for women and men,
there is clearly a difference. — Garner, 1999*

The double standard of "aging" is a phrase heard so frequently that it seems a truism. The social worth of women has been linked more closely with their physical appearance compared to the situation for men, and these social

valuations decline more markedly with age for women than they do for men (e.g., Hurd, 2000). Looking "old" is viewed more harshly for women across diverse cultures and also, apparently, for people of different sexual orientations, extending beyond heterosexual bias (Harris, 1994). As encapsulated by Garner (1999), "women lose their social value simply by growing old. Men are more likely to be evaluated and rewarded for what they do" (p. 4).

This article looks into biased constructions of gender and aging, reflected in the mass media, embedded in social policies, and evidenced in differential treatment of older women and men in healthcare encounters. The main question is how we as individual women and men perceive ourselves as we grow older. Do we "buy into" cultural stereotypes of gender and aging, or do we resist such stereotypes? In addition to the potential for resistance at the level of individuals, what is the potential for reducing ageism in society more broadly? The aim is to explore these questions, recognizing that specific forms and relative virulence of ageism extend beyond gen-

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der to also encompass ethnicity, social class, sexuality, and other forms of social differentiation and inequality.

MEDIA PORTRAYALS

The role of mass media as cause or consequence of cultural values has long been contested. At minimum, the media reflect dominant values in a society: Whether, and how, older women and men are portrayed represents one measure of how ageism and sexism are embedded in the social fabric (e.g., Holbrook, 1987). Older adults of both sexes are underrepresented in U.S. popular films and television programs relative to younger age groups, and older women are even less likely to appear on screen than older men (Bazzini and McIntosh, 1997; Sanders, 2002). When older characters are portrayed, women are more frequently depicted in negative stereotypes and shown as less successful compared to older men. Similar findings regarding the portrayal of older women and men on screen have been reported in other western countries (e.g., Kessler, Rakoczy, and Staudinger, 2004).

Older adults also are underrepresented in advertisements relative to younger age groups, and negative portrayals increase with the age of individuals featured (e.g., Peterson and Ross, 1997). Studies of advertisements from the 1950s through the 1990s have found, however, that

images of older people in U.S. television and print advertising have become more positive over time (Miller et al., 1999; Miller, Leyell, and Mazachek, 2004). The researchers concede that these "positive images" nevertheless convey stereotypes of aging. Older people featured in advertisements are portrayed most frequently as stereotypic "golden-agers" (either as adventurous or "productive" elders) or as "perfect grandparents." Further, these images are more often utilized for older women featured in advertisements than for older men.

A more nuanced consideration of media portrayal of women as golden-agers is found in Pedersen's (2002) in-depth study of a Kellogg's cereal print advertising campaign, with the slogan, "Look good on your own terms." These advertisements use direct messages as well as humor and exaggeration to "suggest that a healthy body is beautiful and that feeling healthy is more important than looking good according to media standards" (p. 170). At the same time, the advertisements also send the message that "anyone can become slim and beautiful by eating Special K [cereal]" (p. 181). Pedersen concludes that in so doing, this popular advertising campaign reinforces the very gender stereotypes and ageism that it purports to challenge.

With marketing efforts grounded in a market economy, it is not surprising that advertisers seek to mine "the gold in the gray." Miller and colleagues (2004) assert that because television advertisers have "just a few seconds to clearly convey a selling proposition" (p. 337), they should not necessarily be faulted in using (positive) stereotypical images of older women and men. A much wider and more varied set of images are utilized in advertisements featuring younger and middle-age groups, however, and these groups also are featured in media portrayals much more frequently than are older adults.

GENDER AND OLD-AGE SOCIAL POLICIES

Although ageism typically is understood in terms of negative imagery, attitudes, and practices aimed at elders, old-age programs in the U.S. as well as in other countries increasingly are criticized as benefiting older age groups at the expense of children and younger adults (e.g., Coombs and Dollery, 2004; Newacheck and

Benjamin, 2004). A sharply contrasting perspective is that Social Security, Medicare, and other old-age programs reflect an intergenerational compact in which Americans of all ages share a long-term stake (Kingson, Hirshorn, and Cornman, 1986).

Whether viewed as biased in favor of older people or as promoting the common intergenerational good, extant old-age policies reflect the interests of men more closely than those of women (Hendricks, Hatch, and Cutler, 1999). The benefits afforded through Medicare represent a case in point. Medicare is geared primarily toward healthcare for acute illnesses and covers relatively few expenses incurred by chronic illnesses. Whereas older women are more likely than men to suffer from debilitating chronic illnesses, older men contract fewer long-term chronic illnesses but are more prone to have acute illnesses. Hence, Medicare meets the healthcare needs of older men more fully than it does those of older women.

Another example of this disparity is the differential effect of Medicare's failure to cover long-term care in a nursing home, a "last resort" residence option for more women than men. Primarily because of their longer life expectancies and a greater likelihood of being widowed and living alone (Steinbach, 1992; Wolinsky and Johnson, 1992), women outnumber men in nursing homes by a ratio of roughly three to one (U.S. Department of Health and Human Services, 2004). The public policy provision for nursing home coverage is through Medicaid, the means-tested health insurance program for poor Americans of all ages. Individuals who are not already poor when they enter a nursing home typically become so rather quickly by virtue of the high cost of nursing home care, which averages over \$51,000 per year. After expending their personal assets, individuals may then become eligible for Medicaid benefits to cover nursing home care (see Schulz, 2001). "By default, then, the United States has a poverty-based long-term care system" (Harrington Meyer, 1990, p. 9), in which older women predominate.

Social Security provisions, like those afforded through Medicare, are more congruent with a (primarily white, middle-class) male model of

life experience. Social Security does not take into consideration the unpaid work that women frequently perform as family care providers. Social Security does provide spousal benefits, which some may assert implicitly recognize household and family work. However, these benefits are linked solely with maintaining a marital relationship rather than with performing childcare, eldercare, or other family labor (Harrington Meyer, 1990). In contrast, public pensions in other countries including Britain, Germany, and Japan include provisions for homemaker credits (Schulz, 2001). In the U.S., spousal benefits are afforded only when marriage lasts a minimum of ten years, and to date have extended to heterosexual couples only. Recent legislation recognizing same-sex marriage in Massachusetts and pending in other states may put this benefit restriction to a legal test.

Social Security offers a dual-eligibility structure by which individuals can receive benefits either as wage earners or as spouses of wage earners. Although spousal benefits are paid out at the rate of just one-half the benefits of the primary earner, the payments that many women would receive from their own earnings histories would be even lower (Harrington Meyer, 1990). Because of their lower lifetime earnings and more often interrupted labor-force histories, women and racial/ethnic minorities generally receive lower average "primary earner" benefits from Social Security compared to white (primarily middle- and upper-class) men. More generally, old-age policies and programs perpetuate economic inequalities established prior to retirement, and these inequalities are linked closely with gender, race/ethnicity, and social class (see Hatch, 2000).

AGEISM AND SEXISM IN HEALTHCARE ENCOUNTERS

The nexus of ageism and sexism is not only embedded in societal institutions, but is also expressed in everyday interactions. Among those with the greatest consequence are interactions with healthcare providers, where ageism and sexism are especially problematic. In these encounters, stereotypes are often expressed in subtle ways and may not be held consciously, but they have important implications for health

(Sharpe, 1995). For example, older adults interviewed by Minichiello and colleagues (2000) reported that healthcare workers typically did not behave in overtly ageist ways toward them but said that the workers conveyed a sense of the older patient as unimportant and often did not consult the person directly about healthcare decisions. Audiotaped interactions between internists and general medical outpatients found that the physicians were more egalitarian, patient, and engaged with younger patients than with older ones. In addition, the physicians were more likely to raise psychosocial concerns with younger patients than with older ones and to be more responsive to such concerns when expressed by younger patients (Sharpe, 1995).

Research suggests that the concerns of older women are especially likely to be trivialized in healthcare encounters (Sharpe, 1995). For example, a study of audiotaped interactions between male physicians and older women patients documented frequent interruptions from the physicians and devaluing of the women's concerns (Davis, 1988). More generally, healthcare providers have been more likely to label expressed health concerns as psychosomatic when the patient is a woman (Munch, 2004).

Such biases may result in differential health treatment for women and men. For example, Correa-de-Araujo (2004) indicates that men were more likely to receive a kidney transplant in every age category, but the gender gap was greatest in the group 46 to 60 years old. Women in this age group had only half the chance of receiving a transplant as men. The studies reviewed also suggest that cardiovascular disease is diagnosed and treated later for women than for men, resulting in higher mortality rates for coronary bypass surgery among women.

SEXISM, AGEISM, AND SELF-IDENTITIES

The most insidious ways in which sexist, ageist, and other biases can take shape and meaning is when they are internalized by the targeted groups. Consistent with a double standard of gender and physical attractiveness, Hurd's (2000) interviews with women ages 61 to 92 suggest that older women "exhibit the internalization of ageist beauty norms even as they assert that health is more important to them

than physical attractiveness and comment on the 'naturalness' of the aging process" (p. 77). Although men also face pressures to dye their hair and appear more youthful (Thompson, 2004), women are far more likely than men to use cosmetic and other techniques to reduce the physical signs of aging. Harris (1994) reports that 34 percent of the women in her sample compared to just 6 percent of men dyed their hair, and that 24 percent of women compared to 1 percent of men used wrinkle cream. On the other hand, women apparently view physical signs of aging as less unattractive than do men (Harris, 1994).

Ageism no doubt takes somewhat different forms for women and men, with broad-ranging implications for self-identity. Thompson (2004) avers that the research literature has focused on the confluence of ageism and sexism for women and has neglected how older men's identities also can be profoundly influenced by ageism. According to Thompson, "growing older seems to be outside conceptualizations of masculinity . . . Normative masculinity became and remains embodied by middle-aged and younger men" (p. 1). Drummond's (2003) interviews found that men who relied on their physicality for masculine identity felt inadequate as their bodies showed increasing signs of age, an observation that has been made more frequently for women.

COMBATING SEXISM AND AGEISM

This article has reviewed some of the biases reflected in media portrayals of older women and men, embedded in selected social policies, evidenced in interactions within healthcare settings, and potentially mirrored in the self-identities of older women and men. What is the potential for combating and reducing these biases?

Media portrayals. The evidence is that individuals can be made aware of media stereotyping and that they may take action on the basis of such recognition. Donlon, Ashman, and Levy (2005) studied the television viewing habits of older adults ages 60 to 92. Overall, the researchers found that greater exposure to television was associated with more negative views of aging. Study participants who were randomly assigned

to an intervention group were asked to record diaries of their television viewing for one week, noting the frequency with which older characters appeared on screen and the ways in which older characters were portrayed. At the end of the study period, participants who were assigned to the intervention group were more aware of negative portrayals and infrequency of older characters on television than the control group, who had not maintained diaries of their television watching. Participants in the intervention group also expressed their intention to watch less television in the future. Donlon and colleagues concluded that "these findings suggest that the promotion of awareness provides a means of helping elders confront ageism" (p.307).

Combating biased media representations is likely to require more than older people simply reducing television viewing. It is possible that the increasing size and presumed economic clout of the older population, combined with a greater awareness of media stereotyping of older women and men, will result in more varied (if not more balanced) portrayals of older adults.

Social policies. The increasing size and presumed clout of the older population also have important implications for old-age policies and programs. With the future of Social Security and other old-age programs increasingly in question, debates over gendered biases embedded in these programs and possible strategies to reduce gender inequities have receded further from scholarly and policy discussions in the U.S. Without doubt, Social Security, Medicare, Medicaid, and other programs have improved the lives of older Americans across gender, race, and ethnic groups. The trend toward retrenchment in these programs is likely to result in the impoverishment of more older people than are poor today, including the groups who are most in jeopardy for poverty: women and minorities (Hendricks, Hatch, and Cutler, 1999).

One aspect of the public discourse surrounding cutbacks in Social Security, Medicare, Medicaid, and other old-age programs that deserves more attention is the predomination of women in the older population, particularly the rapidly growing "oldest-old" group age 85 and older. There are almost three million women age 85-plus in the U.S., representing 70 percent

of Americans in this age category (U.S. Census Bureau, 2004). The increasingly voiced concern that public monies cannot support the economic and healthcare needs of an aging population is linked implicitly with concerns regarding an aging female population. As Steckenrider (1998) notes, "Although age-related public policies, past and present, have not developed with the intent of deliberate gender bias, the male life cycle has been the standard for policy decisions" (p. 242). A question that is provoking to ponder but difficult to answer is, Might the increasingly heated debates surrounding intergenerational equity and old-age policy reform be framed differently if men, rather than women, represented the numeric majority in older age?

Healthcare encounters and the healthcare system. Ten years ago, Sharpe (1995) proposed a multifaceted approach to problems of ageism and sexism within the healthcare system, beginning with the healthcare encounter. He and others have called for educating health professionals about ageist and sexist stereotypes, attending also to cultural diversities. Yet, relatively few medical education programs to date have focused on communicating effectively with older patients (see Weir, 2004).

A recent study found that women receive better healthcare in National Centers of Excellence in Women's Health (initiated in 1996 through the Department of Health and Human Services and the Office on Women's Health) (Henderson et al., 2004). Women who received care in these comprehensive women's health centers were more likely to receive physical breast examinations and mammograms at age 50 and older than in other primary healthcare settings.

Self-identities of older women and men. Some scholars have asserted that while older adults exempt themselves from aging stereotypes, they apply these stereotypes to peers who are deemed "old" (e.g., Marshall and McPherson, 1994). Other scholars have argued that self-identities are greatly influenced by ageist stereotyping, and that women often internalize the "double standard" of aging and physical attractiveness (e.g., Hurd, 2000).

How do older women and men *themselves* understand ageism, sexism, and other biases, and what strategies do they use to negotiate their

own experiences? Wray (2002) cautions that "conceptualizing acts of resistance [like refusing to dye gray hair] as something (older) people do to simply avoid ageist stereotypes reinforces the oppositional binary of youth and old age" (p. 523). In her study of older women of diverse ethnicities, Wray found that issues concerning racism were of greater concern to many of the women than remaining "youthful" (p. 523). Both individually and collectively, the women utilized culturally relevant strategies to maintain a sense of control in their lives. This study also highlights how older women took action in dealing with what many would consider to be debilitating health problems. The ability to "get on with life" and maintain a sense of autonomy in the face of racism, health disabilities, and other challenges is often overlooked, "as it is assumed that the primary desire of all older people is to resist ageing per se" (Wray, 2002, p. 518).

IN SUM

It is important to acknowledge that ageism and sexism are pervasive forces that underlie and shape the lives of older people. At the same time, these are of course not the only forces that individuals experience in particular contexts. Rather, there is a "multiplicity of points of resistance" (Foucault, 1980, p. 95) related to power relations that is grounded in the lived experiences of women and men at all ages. ☺

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