

Age Matters: Age As a Basis of Inequality



By Toni Calasanti and Kate Slevin

Age Matters

Feminist scholars have given little attention either to old women or to aging (Arber and Ginn 1991), despite Barbara McDonald's work in the women's movement in the 1980s and her plea that old age be recognized (McDonald 1983); despite the increases in absolute and relative numbers of those older than age sixty-five and the skewed sex ratio among old people in the United States; and despite the shifting age ratios in nations worldwide. The issues go ignored by most scholars, and one must ask why.

Feminists consider age but rarely old people or age relations. Most focus on young adult or middle-aged women and on girls. Some attend to Sontag's notion of the "double standard of aging," by which women suffer scorn and exclusion as they grow old—"a humiliating process of gradual sexual disqualification" (Sontag 1972: 102). But even studies of women "of a certain age" (Sontag 1972: 99) focus on middle age—a time when physical markers such as menopause, wrinkles, and the like emerge and care work for old people begins to occupy women's time.

Feminist scholars recently have expressed more concern about *aging* (perhaps because more are aware of their own aging), but rarely do they study *old* people or examine age relations critically.¹ The scant scholarship on old age differs markedly from the passionate work on late middle age; it is "written from the outside, it is about

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them—the old—not us” (Twigg 2004: 64). Scholars employ others’ data to document the disadvantages that women face in old age, such as low income, widowhood, and physical disability. But these accounts of the “problems of old women” (Gibson 1996) do not analyze age relations. For the most part, feminists have not talked to old women to explore their daily experiences; they have not attuned to the *advantages* old women might also have in relation to old men, such as stronger support networks (e.g., Barker, Morrow, and Mitteness 1998). They have not considered the intersections of inequalities with old age such that, for example, old black men are more likely to be poor than are old white women (Calasanti and Slevin 2001).

Feminists exclude old people both in their choice of research questions and in their theoretical approaches. They often write or say “older” rather than “old” to avoid the negativity of the latter. They may see old age as a social construction and take it as a sign of women’s inequality that they are denigrated as “old” before men are, but we do not often question the stigma affixed to old age. We don’t ask why it seems denigrating to label someone “old.” Feminists have analyzed how terms related to girls and women, such as “sissy” and “girly,” are used to put men and boys down and reinforce women’s inferiority. Yet we have not considered the *age* relations that use these terms to keep old and young groups in their respective places.

The absence of a feminist critique of ageism and age relations furthers the oppression that old people face, especially those marginalized at the intersections of multiple hierarchies. For example, by accepting the cultural dictate to “age successfully” (e.g., Friedan 1993) that underlies the “new gerontology” (Holstein and Minkler 2003), feminists reinforce ageism. Developed by Rowe and Kahn, the notion of successful aging was meant to displace the view of old age as a time of disease and decline with a “vigorous emphasis on the potential for and indeed the likelihood of a healthy and engaged old age” (Holstein and Minkler 2003: 787). Successful aging requires maintenance of the activities popular among the middle-agers privileged with money and leisure time. Thus, staying fit, or at least appearing fit, is highly valued social capital. In this sense, successful aging means not aging, not being “old,” or, at the very least, not looking old. The body has become central to identity and to aging, and the maintenance of its youthful appearance has become a lifelong project that requires increasing levels of work.

Many of the age-resisting cultural practices are the purview of women. Successful aging assumes a “feminine” aspect in the ideal that the good elderly woman be healthy, slim, discreetly sexy, and independent (Ruddick 1999). Suffice it to say, our constructions of old age contain little that is positive. Fear of and disgust with growing old are widespread; people stigmatize it and associate it with personal failure, with “letting yourself go.” Furthermore, class, gender, and racial biases embedded in these standards of middle age emphasize control over and choice about aging. We see advertising images of old people playing golf or tennis, traveling, sipping wine in front of sunsets, and strolling (or jogging) on the beaches of upscale resorts. Such pursuits, and the

consumption depicted in ads for posh retirement communities, assume a sort of active lifestyle available only to a select group (McHugh 2000): men, whose race and class make them most likely to be able to afford it, and their spouses.

Cruikshank noted the “almost inescapable” judgment that old women’s bodies are unattractive, but we know little about how old women endure this rejection (Cruikshank 2003: 147). Thus, though reporting on women who have aged “successfully” (e.g., Friedan 1993) might help negate ageist stereotypes of old women as useless or unhappy, it remains ageist in that it reinforces these standards of middle age. In light of the physical changes that occur as they age, then, many old people must develop strategies to preserve their “youthfulness” so that they will not be seen as old. As a result, old people and their bodies have become subject to a kind of discipline to activity. Those who are chronically impaired, or who prefer to be contemplative, are considered to be “problem” old people (Katz 2000; Holstein 1999; Holstein and Minkler 2003). Those who remain “active” are “not old”; those who are less active are “old” and thus less valuable.

This study of age relations also complicates theories of gender privilege. For instance, consumer capitalists can profit by the degradation of the status of men as they age. Katz (2001/2002) argued that the advertisements of the anti-aging industry present old men as potentially manly but in need of consumer regimens to remain so. Even old men who are white and rich are also generally retired and weakening, thus losing their institutional grips on the hegemonic ideals of manhood. Once out of the labor market and the realm of those considered sexually desirable by the young, old men find themselves second-class citizens. The men pictured in the anti-aging advertisements drive themselves into expensive and strenuous fun, translating the achievement orientations of the labor market into those of recreational consumption. Banned from the competition for salaries and promotions, they struggle for status by spending the wealth and strength they have to play as young men do in their attempt to appear as vigorous as possible.

Proponents of “agelessness” argue that being old is *all* a social construction (Andrews 1999)—based on how one thinks and acts. Thus we can avoid becoming old by simply not thinking and acting “old.” To be sure, age categories are subjective, and all stages are constructions. Nevertheless, as Andrews (1999: 302) observed, “there is not much serious discussion about eliminating infancy, adolescence, or adulthood from the developmental landscape. It is only old age which comes under the scalpel.” Whether our quest is to age successfully or to be ageless, this need to deny old age lies at the heart of ageism. We deny that we are aging; and, when forced to confront the process, we treat it as ugly and tragic.

Age categories have real consequences, and bodies—old bodies—matter. They have a material reality along with their social interpretation (Laz 2003). Old people are *not*, in fact, just like middle-aged persons but only older. They are different. And as is the case with other forms of oppression, we must acknowledge and accept these differences,

even see them as valuable. We must distinguish between age resistance and age denial (Twigg 2004: 63), and to do so, we must theorize the age relations that underlie the devaluation of old age.

Age Relations

Old age is a unique time of life and not simply an additive result of events occurring over the life course. Those who are perceived to be old are marginalized and lose power; they are subjected to violence (such as elder abuse) and to exploitation and cultural imperialism (Laws 1995). They suffer inequalities in distributions of authority, status, and money, and these inequalities are seen to be natural, and thus beyond dispute. Next, we briefly discuss how old people experience these inequalities.

Loss of Power

Old people lose authority and autonomy. For instance, doctors treat old patients differently than younger clients, more often withholding information, services, and treatment of medical problems (Robb, Chen, and Haley 2002). On one hand, doctors often take the complaints of old people less seriously than younger clients, attributing them to “old age” (Quadagno 1999). On the other hand, old age has been *biomedicalized*—a process whereby the outcomes of social factors are defined as medical or personal problems to be alleviated by medical intervention. Old people lose their ability to make decisions about their bodies and undergo drug therapies rather than other curative treatments (Wilson 2000).

Workplace Issues and Marginalization

Ageism costs old people in the labor market both status and money. Although the attitudes and beliefs of employers are certainly implicated (e.g., Encel 1999), often ageism is more subtly incorporated into staffing and recruitment policies, career structures, and retirement policies (Bytheway 1995). The inability to earn money in later life means that most old people must rely on others—family or the state. And when we consider the economic dependence and security of old people, the oppressive nature of age relations become apparent. The fiscal policies and welfare retrenchment in many Western countries provide one lens on the discrimination faced by old people as they increasingly face cutbacks. As Wilson (2000: 9) noted, “Economic policies are often presented as rational and inevitable but, given the power structure of society, these so-called inevitable choices usually end up protecting younger age groups and resulting in unpleasant outcomes for those in later life (cuts in pensions or charges for health care).” Demographic projections about aging populations are often used to justify such changes, even though relevant evidence

is often lacking. Furthermore, neither the public nor decision makers seem willing to consider counterevidence, such as cross-cultural comparisons that reveal little relationship between the percentage of social spending on old persons and their percentage within the overall population (Wilson 2000). Predictions of dire consequences attendant on an aging population are similarly unrelated. Indeed, with only 12.4 percent of its population age sixty-five years and older, the United States ranks thirty-seventh among countries with at least 10 percent of their population age sixty-five years and older, well below the almost 19 percent of the top three countries (Italy, Japan, and Greece) (Federal Interagency Forum on Aging Related Statistics 2004).

Decreases in income, erosion of pensions, and proposals to “reform” Social Security are not the only ways old people are marginalized when they leave the labor market. Laws (1995: 115) suggested that labor-market participation shapes identity—such that participation in waged labor “is a crucial element of citizenship, in the definition of social worthiness, and in the development of a subject’s self-esteem.” In conjunction with the sort of cultural denigration we describe next, the lack of labor-market participation encourages young people to see old people as “other” and not fully deserving of citizenship rights (Wilson 2000: 161). Such disenfranchisement may be informal (rather than based in laws), but it is real nonetheless (Laws 1995), as seen in the previous policy discussion.

Wealth and Income

In the contemporary United States, many people believe that old people hold vast economic resources—an assertion that is certainly counter to claims that old people lose status or money in later life. However, the greatest inequalities in terms of income and wealth exist among old people, such that many are quite poor. The small number of old people with tremendous wealth is offset by the vast majority who rely on Social Security to stay above the poverty line. In concrete terms, Social Security—whose monthly payments averaged \$1,013 for men and \$764 for women in 2003—provides more than half of all income received for two-thirds of old people in the United States; indeed it amounts to almost half of income for four-fifths. Even more, it composes 90 percent or more of all income for a full one-third of older people and 100 percent of income for more than one-fifth (22 percent).

The poverty threshold is higher for old people than the rest of the population. In 2003, an old person’s income had to be below \$8,825—compared to \$9,573 for those younger than sixty-five—to be officially designated “poor” (DeNavas-Walt, Proctor, and Mills 2004). Notably, most of the public is unaware of this fact. Poverty thresholds are calculated based on estimates of costs for nutritionally adequate diets, and because of their slower metabolism, old people need fewer calories than younger people. Thus, old people are assumed to need less money than those younger than sixty-five, despite

their high medical expenses. As a result, official statistics greatly underestimate the number of old persons who are poor.

Cultural Devaluation

Finally, old people are subject to a “cultural imperialism” exemplified by “the emphasis on youth and vitality that undermines the positive contributions of older people” (Laws 1995: 113). The reality that being old, in and of itself, is a position of low status is apparent in the burgeoning anti-aging industry (including the new field of “longevity medicine”), which is estimated to gross between \$27 billion and \$43 billion a year (with the expectation of a rise to \$64 billion by 2007), depending on how expansive a definition one uses (Mehlman, Binstock, Juengst, Ponsaran, and Whitehouse 2004; U.S. Senate Special Committee on Aging 2001; *Dateline NBC*, March 6, 2001). Besides ingesting nutritional supplements and testosterone or human growth hormones, increasing numbers of people spend hours at the gym, undergo cosmetic surgery, and use lotions, creams, and hair dyes to erase the physical markers of age. Such is the equation of old age with disease and physical and mental decline that visible signs of aging serve to justify limitation of the rights and authority of old people. Many view old age as a “natural” part of life with unavoidable decrements—an equation apparent in the medical doctors’ treatment of symptoms as “just old age” rather than as signs of illness or injury that merit care. The equation of aging with a natural order justifies ageism.

Age relations differ from other power relations in that one’s group membership shifts over time. As a result, one can experience both aspects of age relations—advantage and disadvantage—during a lifetime. Although other social locations can be malleable, such dramatic shifts in status remain uncommon. Few change racial or gender identities, but we all grow old or die first. Intersecting inequalities affect when this (becoming old) occurs, but the fact remains that where individuals stand in relation to old age *must* change (Calasanti and Slevin 2001).

The following sections provide just two examples of the ageism we discuss above, and how it intersects with gender relations. In the first instance, authors Kelly Joyce and Laura Mamo discuss further the process of biomedicalization that we noted above, pointing to some of the ways in which science and technology help to shape the meanings and experiences we attach to aging. Thus, in the present cultural context, aging bodies are increasingly seen to be “problems” that can be solved through the use of science and technology. Further, as they show in their discussion of sexuality, our understanding of how we should use technology and science to have “normal” bodies is shaped by gender as well. The second example, from the work of Julie Ann McMullin and Ellie D. Barger, is based on their study of unemployed older persons who are participating in programs developed to assist them find jobs. Here, we see that not only do workers over age forty-five face discrimination in employment, but that the kinds of barriers they confront are also conditioned by being a man or a woman.

Example 1: Aging, Ageism, and Biomedicalization

Within biomedicine, the aged body is increasingly constructed as a set of age-related diseases as well as a site for continual restoration and improvement. Such conceptualizations of aging and aging bodies produce a market for potential scientific and technological interventions from treatments deemed to be lifesaving (cardiac implants, kidney dialysis) to therapies for prevention and risk reduction (Tamoxifen for breast cancer, prostate cancer screening) to technologies designed to improve lifestyle (cosmetic surgeries, baldness medications). In all, there is an urgency about the importance of technology and science to the meaning, interventions, and lived experiences of aging. Furthermore, these issues illustrate the extent to which scientific knowledge and its technical applications are central producers of the meaning of “normal” aging and the embodied, lived experiences of old age.

Intervening in aging processes, while perhaps debateable, is illustrative in medicine’s current preoccupation with replacing, enhancing, and regenerating the body through practices such as hormone replacement therapy for menopause; prosthetic replacements for shoulders, knees, and hips; and new research into regenerative organs and limbs. A tension exists here between *being in* the body (a material, biophysiological state) and imagining or culturally constructing the limits, desires, and possibilities of the body. Aging, in this regard, is at best optional and at worst something (part biological, part cultural) to be individually negotiated and medically cured (Squier 2004).

Previous lines between health and illness are blurred. What was once healthy is today pre-symptomatic, at risk, and in need of anti-aging therapies. The creation, expansion, and redefinition of biomedical disease categories, such as Parkinson’s, Alzheimer’s, sexual dysfunction, and incontinence, and new biomedical risk categories, such as pre-diabetes and pre-cancer, are particularly relevant to feminist studies of aging in that these projects concomitantly produce the raced, gendered, and (anti)aging body. The search for biomarkers of difference in light of the Human Genome Diversity Project is one such example (Reardon 2005).

Pharmaceutical companies now compose an important part of biomedical practice. Called the era of “Big Pharma,” the 1990s marked an increase in the presence and size of megapharmaceutical companies such as Pfizer Pharmaceuticals, Eli Lilly, Merck Research Laboratories, and Bristol-Myers Squibb Company. These companies are among the most profitable industries in the United States, with average net returns that rank far above those of other American companies (Angell 2005). In 2000 and 2001, for example, the ten pharmaceutical companies in the Fortune 500 were leaders in the top two key measures of profitability, reporting “a profit of 17 cents for every dollar of revenue, compared with a Fortune 500 median of 3.1 cents per dollar of revenue and a return on assets of 14.1 percent, compared with a Fortune 500 median of 2.3 percent” (Pattison and Warren 2003: 1). This economic power, coupled with changes in direct-to-consumer advertising regulations, translates into pharmaceutical companies having enormous influence. As we demonstrate in the next section, pharmaceutical marketing

redefines not only what it means to be healthy and sick but also what it means to be masculine and feminine, young and old.

One drug that helped redefine masculinity and femininity is Viagra. Several feminist scholars variously examine Viagra for the work it does to redefine gender (Fishman 2004; Loe 2004; Mamo and Fishman 2001; Marshall and Katz 2002; Potts 2000) yet few have explicitly argued that Viagra redefines aging masculinity and femininity using youthful assumptions about the body to do so. For example, feminist sociologist Meika Loe's (2004) work shows how urologists, scientific studies published in medical journals, the rise of Big Pharma, advertisements, and a large aging population all co-produced the disease "sexual dysfunction." More important, though, the rise of Viagra redefined "normal" sexuality so that men are expected to produce and maintain an erection on demand (Loe 2004: 19). As Loe (2004: 92) demonstrates, "Viagra can and is being used to enforce and perpetuate an ideal masculinity"—one that is impossible for many male bodies to attain. This redefinition of masculinity, as Loe convincingly argues, simultaneously redefines femininity. Women, to accommodate their Viagra-infused partners, are now expected to be sexually active until death.

Loe's rich analysis successfully shows how the marketing and use of Viagra redefines gender and sexuality in troubling ways. However, her primary analytical focus is gender. Loe does provide an excellent chapter on senior female partners of Viagra users (see pp. 95–123) and briefly discusses the drug's relation to other anti-aging therapies such as Botox, the anti-wrinkle drug (see pp. 174–76), but a sustained discussion of ageism and aging male bodies is not Loe's central concern. While every book clearly cannot be inclusive of all issues, we contend that Viagra and other pharmaceuticals targeting sexual function are illustrative of a shift toward anti-aging therapies that reconfigure aging. For example, although the attainment of the always-erect penis is hard for many men to accomplish, it is especially difficult for aging men. Similarly, the redefinition of women's sexuality has a clear anti-aging tone as it excludes aging bodily processes and positions the young female body as the ideal. Moreover, the success of Viagra and other anti-aging interventions is related to the underlying ageism that permeates the United States. If aging bodies were perceived to be and constructed as part of routine, even "normal" social process, then such interventions would be harder to sell.

A feminist analysis of aging must continue to examine biomedicalization processes as social definitions of "normal" masculinity and femininity are increasingly constructed on biomedical and corporate terrain. For example, menopause, potentially perceived as a normal part of aging, is currently positioned as an abnormality or pathology. As part of this cultural definition, a "normal" aging woman is expected to take actions, such as using hormone replacement therapy (now available in a "low dose" form in response to the Women's Health Initiative finding that the risks of taking hormone replacement therapy often outweigh the benefits), to avoid displaying bodily changes associated with aging. The ageism is clear here as well. Yet while feminist research on the medicalization of menopause is extensive (see, for example, Bell 1987; Lewis 1993;

Lock 1993; and Martin 1989), few explicitly place ageism and age-relations at the center of analysis.⁵ For example, Guillemin's (2000) research on menopause clinics studies how the understanding of menopause as hormone deficiency is generated and stabilized in interactions between clients and health care professionals. Menopause information seminars, diagnostic questionnaires, and the use of technologies such as bone densitometry all prime women to reframe their own initial perceptions of menopause into the medicalized model. While Guillemin clearly shows the importance of technoscience to the framing of menopause as pathology, she simultaneously neglects the role ageism plays in this reframing.

Medical constructions of heart disease, osteoporosis, colon cancer, and other illnesses all participate in and reshape cultural definitions of masculinity, femininity, and aging. In all, biomedicalization processes reconfigure aging bodies and their multiple identifications from the inside out by means of illness categories and their corresponding pharmaceutical and surgical interventions. At the same time, changes in advertising regulations make it easier for pharmaceutical companies to sell new ideas of "normal," ideas that seamlessly connect normalcy with youthfulness. Presented as an "ageless" body, what is actually being sold is an ideal, youthful body mutually shaped within ideals of femininity and masculinity. Viagra and hormone replacement therapy demonstrate that to stay feminine or masculine, consumers should "choose" to maintain the erect penises and perky breasts associated with teenage or twenty-something bodies.

Example 2:

Gendered Ageism/Age(ed) Sexism: The Case of Unemployed Older Workers

Since at least the 1970s, a considerable body of research and feminist scholarship has considered gender-based inequality and sexism in paid work. One of the key issues that emerged from this scholarship was a better understanding of how gender relations structure labor markets thereby placing women at a disadvantage relative to men. The story is now well-known. Labor markets are segregated such that women tend to be employed in less well-paid, devalued jobs that often involve nurturing or caregiving tasks. Sexism at work takes many forms and often restricts women's access to jobs and promotions. Sexual harassment remains pervasive in work environments, and double standards still exist, which make it difficult for women to negotiate and manage their work environments.

Relative to the structure of gender relations and the sexism that emerges as a result, very little is known about the mechanisms through which age relations are made manifest in paid-work environments. We know very little about whether older workers are discriminated against, whether they are harassed on the basis of their age, whether they are patronized or considered invisible. Although there is a general acknowledgment among feminist scholars that age is an important structural basis of inequality, very little research has considered whether and how intersections between age and gender

relations influence inequality in labor markets. Indeed, most feminist research on the workplace has focused on the experiences of younger women and gender relations, thereby neglecting the workplace experiences of older women and the theoretical importance of age relations.

Within paid-labor markets, unemployed workers are among the most disadvantaged because they are in the uncertain and precarious position of needing to find work to earn a living and make ends meet. Older displaced workers are especially disadvantaged in this regard because, compared to younger displaced workers, they face longer spells of unemployment (Rowe and Nguyen 2003), are often rehired at lower wages or in part-time positions (McMullin and Marshall 2001), and have less time to financially recover from an unemployment spell before their retirement. Research on older displaced workers tends to be based on national statistical data and not on the experiences of the older workers. As a result we know little about the challenges that older workers face in their search for employment and how age and gender intersect in shaping their experiences.

Ageism in the Search for Paid Employment

Our data suggest that the job search experience and the meaning that respondents attribute to it are structured by age and gender relations. The most pervasive theme that emerged in our data was the belief that age influenced the job searches of the study participants in various ways. One woman described an experience where she was explicitly told that age entered into the hiring process:

No one will tell you; no one will admit it. But I have a friend who owns his own company and he said, "If I interview three people, even though you have the experience, if I think I can get more years out of another one, I would hire another person." And you know, they don't have to say that, that's just the way it's done. (female, age sixty)

Another fifty-eight-year-old woman reflected on her struggle to find employment and recalled asking a manager who wrote a reference letter for her why she couldn't find a job. As she put it,

I worked at a place for eleven and a half years. And, I did speak to the human resource person and she's given me, you know, a great reference. And I said, "What's wrong?" and she said, "It's age." ... You know, I guess I don't think of myself in terms of being older yet.

The blunt response of the human resource professional simply linking age with not being able to get a job is telling. But also interesting is the respondent's denial of

aging and being older. Similarly, another three quotations point to encounters at older-worker programs when three women first realized that their age might pose a barrier in the search for employment:

I had a course ... a specialized program for experienced workers they called it—for older workers. ... It made me very much aware of what's going on out there. I was not realizing it. I never realized that age was a factor. (female, age fifty-eight)

We saw a tape, a video about age barriers [at the older-worker program]. ... This problem related to age, I didn't expect. (female, age sixty-one)

I watched a video at [name of older-worker program] that was about age discrimination. I found it so depressing that I had to leave in the middle of the video. I was so upset by it that it is hard for me to discuss it even now. ... I would never want to see that again. ... The longer it went on, the worse I felt I had to leave. (female, age fifty-three)

These illustrations point to the contradictions and identity struggles that some older workers face as they are being labeled “older” but do not “feel older” yet.

According to many of our informants, prospective employers would refer to older applicants using phrases such as “over-qualified” or “too experienced” rather than stating that a job applicant was too old. For example,

I went to two interviews there. They finally rejected me ... I, as they put it, was “over-qualified.” ... But I couldn't get anyone to hire me. (male, age sixty-two)

There was one company I sent my résumé to. ... I was kind of surprised that I didn't get an interview there and I sent an e-mail to the HR lady asking why and what happened. ... Her e-mail seemed to indicate. ... Her e-mail said “too experienced” and I just assumed she means—as meaning too old. (male, age forty-six)

In other cases, respondents were told that someone more “junior” was hired or that the organization was too “fast-paced” for them. Our informants recognized that these were simply euphemisms for being “too old” for the job, as indicated in the following quotes:

I got turned down for a job and I asked the temp agency who was responsible for getting the job [why I got turned down] because I wanted to know for

sure ... and the answer was, and I quote, “well they hired somebody more junior.” So in other words, “junior” is a euphemism for “younger.” Now I am not supposed to realize that. I am supposed to be too stupid to realize that. So obviously they realize that if they were to have said “we hired somebody younger” that’s illegal, so now it seems like it is in vogue to say “more junior.” Well, “junior” means younger doesn’t it? So why shouldn’t that be illegal too? (female, age fifty-three)

I can see the way they [employers] talk to me sometimes—kind of in a lingo here. ‘Cause I can read the employers’ lingo very well. ... They tell me “the place is very fast-paced.” ... That’s all a line of crap, as we know. ... It’s more or less saying “good-bye, I’m glad to have met you.” Oh yeah. So I’m getting a bit tired of listening to that. (female, age forty-nine)

Hence, in efforts to avoid charges of ageism and age-based discrimination, employers seem to disguise their ageist hiring practices by rejecting older applicants with the use of more age-neutral terms.

Gendered Ageism: The Experience Factor

The insidiousness of ageism in job search processes was further reflected by the view held by many of our study participants that employers would examine résumés and reject applicants based on the number of years spent in the labor force or the number of jobs held. The following three quotations are illustrative of the general view that years of experience are equated with age:

They don’t say anything, but you know when there is absolutely no reason why you shouldn’t be considered—to just look at my résumé, they know how many years I’ve been in the business and they can sort of deduct that I’m not thirty-five or forty. (female, age sixty)

You don’t know if they’re looking at your résumé and looking at ... like figuring you got all that experience so obviously you got to be a certain age, right? (female, age fifty-three)

As you can see by my résumé I have twenty-five years [experience] so you know I’m not thirty-five. (male, age fifty)

The relationship between age and paid-labor-market experience is, however, structured by gender. Indeed, equating age and experience reflects a gendered bias that assumes lifelong, full-time employment, which remains more typical of men’s lives than of

women's. Notably, the women in our sample tended to have less paid-work experience than did the men, mainly because of their responsibilities for raising children and their other gendered care activities. One fifty-three-year-old woman commented specifically on the erroneous assumption that "age and experience" are correlated. As she states,

The assumption is that if you are older you have more experience. ... The two concepts of age and experience go hand-in-hand. But it is not necessarily accurate because you can be older and have very little experience if you have done something else with your life or whatever or doing a career change or your life has gone some other direction. (female, age fifty-three)

One disadvantage that the older women in this study face is a result of the double-edged sword of domestic labor responsibilities. In the first place, women take years out of paid labor to care for children thereby limiting their paid-work experience. In the second place, domestic work is devalued and the skills associated with it are rendered useless and inapplicable in the realm of paid work. The devaluation of the skills associated with unpaid work made several women in the study fear the prospect of returning to paid employment. As one woman noted,

If I really want to go back to full-time, probably I'd have to overcome my feeling that yes, I can do the job. ... Still, there is a "but" that is coming out. It's not so much the confidence; I do have confidence to do my work, but to face the reality. ... I started to feel scared. ... It's a very, very scary thing, I tell you. ... It's no longer the same as around thirty years ago. They look for a particular type of person. ... So this is the first time I'm facing it. So it's really tough. (female, age sixty-one)

A fifty-six-year-old woman who decided to leave paid work as a pharmacist to stay home and raise her children explained the fear and struggles that she had with the idea of going back into pharmacy after being out of the field for so many years. She spoke with many of her friends and colleagues in the pharmaceutical industry about the possibility of going back to work, and this heightened her fears because her associates told her that much had changed in the industry since she left. This woman eventually got an offer to volunteer at a pharmacy. She struggled with this decision but eventually decided to take the job:

I was probably too chicken to get a job. I guess really, I didn't feel confident that I could get a job in my field because I haven't been in it for so many years. I left it to raise my kids, and then when I wanted to go back to work I was too afraid. ... It's funny actually. A lot of my friends around my age are already

considering retiring—early. And here I am going back to work. (female, age fifty-six)

Hence, the combination of age-related norms about how old someone should be when they are looking for work and a gendered structure that makes women primarily responsible for the care of their children and families made it difficult for this woman to get a paid job. Instead, she took an unpaid job, which serves to reinforce the devaluation of her specific skills and women's skills more generally.

Notably, some of the men in our study indicated that their paid-work experience was a valuable asset in the job search process, particularly in a job interview. They suggested that being able to discuss their varied experience with potential employers was a technique that actively counteracted ageism in an interview setting. For example, one male participant described how in job interviews he would emphasize the value of his experience in past employment positions:

There is also a lot to be said about the judgment that comes with experience. The ability to judge and the ability to make a decision. . . . The people they had there were very inexperienced. They couldn't make any decisions. I was able to make decisions and so I kept things moving. . . . I am used to decisions. That is why I think that someone like me—even though it was an unaccustomed situation for me—I was able to apply my past background. I jumped in, took over, and did what was necessary to get the thing moving again. And that is where someone like me ought to be appreciated. (male, age fifty-two)

Another male respondent explained how emphasizing his experience was a strategy he used in job interviews to reframe the meaning tied to age-related questions from potential employers:

Depending on the questions [during a job interview], you know—“How old are you?”—rather than respond—“That's none of your business”—I would have said something like—“Well, I'm old enough to have twenty-five years of experience in this business,” which gives them an age bracket and it doesn't affect me. “As you can see by my résumé, I have twenty-five years [experience].” (male, age fifty)

Because many of the women in this study lacked paid-work experience, they did not have the one advantage that was associated with being an older worker that the men in the sample had.

DISCUSSION QUESTIONS

1. Why is old age under-studied by scholars? Why is this important?
2. What does it mean to “age successfully”? How is it shaped by gender, race, class and other inequalities?
3. In what ways do contemporary medical practice, science, and technology influence our ideas of “normal” aging? How do these vary by gender?
4. How are job search experiences shaped by age and gender relations?

NOTES

1. This holds regardless of whether the focus is on men or women. Even in those few instances where men’s studies scholars adopt a life-course view, “the theoretical discourse on masculinities has concentrated on social practices of young to middle-aged men and, by default, marginalized the masculinities of elderly men” (Thompson 1994: 9).

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