Ageism in the Media

Policy Measures to Reduce Stereotypical Representations of Older People in Long-Term Care

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Disclaimer: The views expressed in this policy brief are those of the authors and do not reflect the position or opinion of their institutes or the funding agency.
Executive summary

Older people are stereotypically portrayed in the media at two extremes of a spectrum, either the healthy and happy retiree, or the frail and sick older person in need of care.

Older people living in residential long-term care are particularly portrayed in a homogenous way. Individuals exposed to stereotypical portrayals could develop a distorted view of the realities of older people and later life.

The negative portrayals could harmfully influence older people’s self-esteem as well as younger people’s perceptions of ageing processes.

This policy brief addresses the issue of ageism in media portrayals of older people and later life relating to residential long-term care.

This brief calls for more authentic, balanced, diverse and thoughtful portrayals of older people in the media, as well as seeking accountability of content producers as a critical way of reducing the portrayals of older people that may lead to ageism.

Policy measures are suggested for mitigating ageism in the process of generating media content (digital and print) about older people and later life relating to long-term care.

Specifically, we recommend to:

1. include a heterogeneous long-term care ageing experience in media portrayals;
2. reduce social stigmas surrounding residential long-term care;
3. encourage education in ageism and construct new images of long-term care;
4. provide training for media professionals working around residential long-term care;
5. support providers of care to tackle the privacy issue of residents.

These policy measures can be taken and tailored by media professionals and health care and long-term care professionals considering the given media, institutional and social contexts.
Introduction

Ageism refers to the stereotypes, prejudice and discrimination towards others or oneself based on age [1]. Ageism is a social problem that has harmful effects on the health and wellbeing of older people. A systematic review of health consequences of ageism involving over 7 million participants finds that ageism has detrimental impacts on older people’s health at the structural and individual level [2].

Ageism is pervasive and evident in many social institutions, such as work and employment, health and long-term care, and advertising and the media [3]. The media, including films, television, print and social media, generally echoes and reinforces negative and offensive depictions of older people [4]. Older people and later life are often portrayed stereotypically in advertising and the media, which does not allow for generating heterogenous meanings of being old.

As illustrated in previous international studies on media portrayals of older people, the portrayals tend to be polarized negative and positive depictions of either wholly disempowered, frail, and lonely people, or healthy, sociable, and happy adults [5]. Positive portrayals include youthful, healthy and socially active people filled with vitality and joy [8], while negative portrayals include older people as being less technologically competent and looked after [6, 7]. Mass media depictions of older people in long-term care are especially negative [15].

Such media depictions are stereotypical and can guide our thinking of older people and ageing processes. The polarized depictions risk perpetuating societal stereotypes of older people, which can lead to ageism. Negative portrayals have been found to have a negative impact on older people’s physical, mental, behavioural and social functioning [9]. One study found that stereotypical portrayals in print media could harmfully influence younger people’s perceptions of older people and thus compromise sound intergenerational relations [10]. Given that the media is one of the institutions producing and reproducing social constructions of old age, promoting fair and diverse media portrayals of older people is an important aspect of social justice and age-power balance [5].

Tackling ageism is addressed as an important issue in policy and advocacy [4, 11]. In policy documents, the media is suggested as an effective tool to combat ageism by increasing the recognition of older people’s contributions to family, community and society, as well as confronting negative images of ageing [12]. The present policy brief integrates the findings of our research and previous studies on media portrayals of older people which can be used to inform policy and practice to reduce ageism in the media around residential long-term care. The policy audience includes stakeholders in public authorities, educational institutions, residential long-term care institutions and media organizations that work on producing media materials about older people and later life relating to residential long-term care*.

* Residential long-term care refers to senior living settings that provide care to residents living in one facility together. Care ranges across a spectrum of care needs, including facilities for independent living, assisted living, memory care, personal care, and skilled nursing.
Stereotypical portrayals of older people living in residential long-term care

With a focus on residential long-term care for older people, the portrayals of residential care include the dependent and frail older people, often receiving care.

Previous research points to the mostly negative tone and impressions of danger and fear in North American news media covering residential care [13, 14]. The disastrous discourse of residential care and the negative portrayal of older people as being at risk and vulnerable were especially apparent during the COVID-19 pandemic [15]. Our research has shown that these portrayals of residential care and residents persist, as older people are often spoken for and excluded from the public dialogue about their care and support. Two semi-systematic reviews of existing research on media portrayals of older people found that negative portrayals were dominant in Western and Asian print media, with older people viewed as more of a burden, as frail non-contributors to society [9, 16]. These depictions were globally widespread in print and social media in the midst of the COVID-19 pandemic [17, 18].

More recently, it has been found that long-term care institutions and civil society organizations tend to portray older people in need of care and support as socially and physically active in their media profiles [19–21]. Such narrow portrayals distance from the infirmity in long-term care and rarely reflect realistic lives of older people, which suggests an attempt to break the negative stereotype of older people in care settings as wholly frail and vulnerable. While the producers of such stereotypically “positive” portrayals appear to create a new way of thinking about older people and later life, they inadvertently create an idealistic image of the older persons’ health status.
Our research has found that the stereotypically polarized portrayals of older people and later life in the media can be partly attributed to the exclusion of older people from generating portrayals of themselves, as well as from discussing residential care and issues beyond the care services they receive. Residents of long-term care face several challenges to engagement in this process, including institutional factors as well as issues relating to privacy and ethics.

Media professionals (e.g., journalists, photographers, communication officers) could possibly encounter a dilemma in visually presenting the oldest-old people when preventing unethical practices and data breaches. As a case in point, long-term care providers believe that it is offensive to display residents in insecure and uncomfortable situations and disclose information about declining health [22]. Additionally, municipal officials argue that they must protect privacy, which led them to use the photos of body parts of older people such as wrinkled hands [23], effectively disembodying the older person. These practices can result in the under-representation of older people, especially the oldest-old members of society.

The restricted access to long-term care institutions could result in a distorted portrayal and exclusion of older people’s voices in the media. Journalists and other outside entities seeking to interview residents may be prohibited from speaking to a resident by facility managers. The managers argue that restricting access is for the residents’ protection but simultaneously express desire to control the narrative surrounding long-term care institutions and portray it in a positive light.

Since residents receiving long-term care may face hearing, cognitive, technological, or other types of impairments, content producers (from both within and outside of long-term care institutions) may perceive challenges that discourage them from including residents’ authentic voices and experiences. In this regard, it is less likely for content producers to capture the real conditions of older people in long-term care, engage them in constructive conversations concerning public issues, and make them feel they are heard and seen. The lack of consultation and first-hand experience with older people in long-term care could contribute to a dominance of portrayals of active, healthy, and youthful older people in the media. Another study finds that the marketing purpose of long-term care institutions was one of the factors contributing to mainstreaming the portrayal of socially active and physically healthy residents [22].

Capturing more diversity and complexity in media portrayals of older people could help us move beyond the simplistic binary-dichotomy towards a more nuanced understanding of heterogeneous experiences among ageing individuals.
Policy recommendations

1. Include a heterogeneous long-term care ageing experience in media portrayals.

Long-term care residents can directly participate in creating media agendas, generating portrayals of ageing experiences, and evaluating images of their lives in long-term care institutions that are intended to meet the informational needs of residents, family relatives and the general public. It is imperative to ensure the inclusion of diverse residents’ authentic voices and to construct ageing experiences from a first-person perspective, as this can help long-term institutions with creating alternative portrayals of older people and ageing. Residents can be provided with cameras or smartphones to capture and show daily routines and activities if they want; additionally, they can be invited to take part in media policy development and assessments of media content.

We encourage the institutions to recognise the potential of residents, present their coherent life stories, as well as highlight heterogeneity in later life in terms of personal goals, interests, hobbies and feelings. Media portrayals can highlight residents’ potential in several aspects, such as their pro-social behaviours, knowledge of life, self-reflection or insight, social decision making, spirituality and different perspectives [26].

2. Reduce social stigmas surrounding residential long-term care.

Stigmatization of residential long-term care can include the unfavourable image of old age which equates old age as a sign of decline and perceives older people as no longer human [24]. This may lead to patronizing and ageist media messages. Thus, content producers should be sensitive to the discourse of old age in the given society when they report on issues relating to residential long-term care.

We suggest drawing attention to both the problems in residential care needing improvement, as well as the benefits of residential care for older people, such as improved quality of life and socialization that many residents experience. Including and focusing on the individuals’ lived experiences, while being conscious of the harmful effects of stereotypically portraying older people, will promote an authentic image of residents living in long-term care settings. In practice, producers can present explicit messages combating ageism in their content and advocacy, and work with researchers and policymakers who have specialist knowledge on media and long-term care. When tackling ageist portrayals, media producers should also address stigmas surrounding long-term care.
Policy recommendations

3. Provide training for media professionals working around residential long-term care.

There is a need to offer professional training for different media professionals (e.g., journalists, visual designers, advertisers) in terms of promoting inclusive portrayals of older people. The communication guidelines, such as *Campaigning to Tackle Ageism: Current Practices and Suggestions for Moving Forward* by World Health Organization and *Framing Strategies to Advance Ageing and Address Ageism as Policy Issues* by FrameWorks Institute can be used in such professional training. It is also crucial to train media professionals to improve their communication with older people and residents in long-term care. For instance, they should clearly introduce their design of media programmes to residents, be aware of the person’s health issues which perhaps influence her/his speaking and understanding, as well as be attentive to challenges or opportunities associated with the communication environment (e.g., the aspect of digital divide).

4. Encourage education in ageism and construct new images of long-term care.

The media is one major force that shapes societal perceptions and attitudes towards old age and ageing. It has been commonly found to (re-)produce and perpetuate negative construction of old age (seen as ageism). Ageist perceptions and behaviours among content producers can lead to negative portrayals of older people in the media and advertising [25]. To better reduce stereotypical portrayals of older people, governments and authorities should allocate financial resources to support education in ageism and construct newer images of old age in the media, including experiences of residential long-term care. This is important for fostering a fundamental shift in how we think about old age and ageing.
Support providers of care to tackle the privacy issue of residents in the media.

Health care professionals, long-term care workers, managers of long-term institutions and healthcare providers should understand the importance of not overstepping residents in regard to their representation in the media, but rather promoting residents’ experiences of ageing and care. The media production process should respect individual residents’ preferences and support their understanding of the process and consent. Additionally, residential care management may receive training on national and region-specific health information privacy laws to understand how to support outside entities’ efforts to access residents while still following established protocol.

Collaborating with media professionals and supporting their access to speaking with residents without oversight or interference can promote a more authentic image of ageing, including the positive outcomes of care. Furthermore, allowing for an authentic portrayal of the care experience can draw attention to areas for improvement in the care setting which can prompt governmental and policy support and aide to facilities in times of need.

Conclusion

Accountability of media content producers may entail the increased participation of older people and other civil society actors (e.g., older people’s and care users’ organisations) in generating and evaluating social content relating to older people, while also supporting older adults to engage in policymaking and with public issues.

Authentic, balanced, diverse and thoughtful media portrayals of older people in residential long-term care are necessary for reducing ageism in the media and society. When residential care homes need resources during and beyond the COVID-19 pandemic, realistically portraying residents’ experiences can support the well-functioning of care homes and optimize the delivery of service and distribution of funds and support. While identifying problems in long-term care is important to improve care conditions, it is necessary to balance this messaging with new portrayals of older people and the inclusion of diverse lived experiences in content production. Training and support of content producers can possibly reduce the portrayals that lead to ageism.
References

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Acknowledgements

We thank Nena Georganzti, Annika Taghizadeh Larsson, Liat Ayalon and Angela Kydd for reviewing this policy brief and contributing with constructive feedback.

This policy brief is part of a project that has received funding from the European Union’s Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 764632.