

‘I know it exists ... but I haven’t experienced it personally’: older Canadian men’s perceptions of ageism as a distant social problem

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ABSTRACT

This paper examines how older men perceive, experience and internalise ageist prejudice in the context of their everyday lives. We draw on in-depth interviews with 29 community-dwelling Canadian men aged 65–89. Although one-third of our participants were unfamiliar with the term ageism, the majority felt that age-based discrimination was prevalent in Canadian society. Indicating that they themselves had not been personally subjected to ageism, the men considered age-based discrimination to be a socially distant problem. The men explained their perceived immunity to ageism in terms of their youthful attitudes and active lifestyles. The men identified three groups who they considered to be particularly vulnerable to age-based discrimination, namely women, older workers and frail elders residing in institutions. At the same time, the majority of our participants had internalised a variety of ageist and sexist stereotypes. Indeed, the men assumed that later life was inevitably a time of physical decline and dependence, and accepted as fact that older adults were grumpy, poor drivers, unable to learn new technologies and, in the case of older women, sexually unattractive. In this way, a tension existed between the men’s assertion that ageism did not affect their lives and their own internalisation of ageist stereotypes. We consider our findings in relation to the theorising about ageism and hegemonic masculinity.

KEY WORDS—ageism, older men, everyday life, internalised prejudice, gendered ageism, workplace discrimination, ageist stereotypes.

Introduction

Ageism constitutes ‘a set of oppressive social relations’ (Laws 1995: 112) whereby age is used as an organising principle of society as those who are not old gain power over the old, who, in turn, face increasing social

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exclusion (Calasanti and Slevin 2001). The term ageism was originally coined in 1969 by Robert Butler, who subsequently defined the concept as ‘the systematic stereotyping and discrimination against older adults because they are old’ (Butler 1975: 12). Building on the work of Butler (1975), Bytheway and Johnson have argued that:

Ageism generates and reinforces a fear and denigration of the ageing process, and stereotyping presumptions regarding competence and the need for protection. In particular, ageism legitimates the use of chronological age to mark out classes of people who are systematically denied resources and opportunities that others enjoy, and who suffer the consequences of such denigration, ranging from well-meaning patronage to unambiguous vilification. (1990: 37)

There is a wealth of research examining ageism, with the bulk of the studies focused on workplace discrimination, ageist health-care practices and policies, elder abuse and the internalisation of age-based prejudice. With respect to workplace discrimination, it has been well-documented that ageism negatively affects older workers’ recruitment, job security, job retention, training and promotion (Berger 2006, 2009; Chiu *et al.* 2001; Duncan and Loretto 2004; Henkens 2005; Hirsch, MacPherson and Hardy 2000; Loretto and White 2006; Pompper 2014; Posthuma and Campion 2009; Roscigno *et al.* 2007; Taylor and Urwin 2001). Employers are often reluctant to hire and retain older workers who are assumed to be less flexible, creative, competent, skilled, productive, ambitious, and adaptable to workplace changes than younger workers (Chiu *et al.* 2001; Cuddy and Fiske 2002; Gullette 2004; Henkens 2005; Posthuma and Campion 2009). Older employees frequently experience hostile work environments, job displacement, longer unemployment times, downward mobility upon re-employment, and involuntary early retirement (Berger 2009; Henkens 2005; Hirsch, MacPherson and Hardy 2000; Loretto and White 2006; Pompper 2014; Roscigno *et al.* 2007). Moreover, gendered ageism results in older female employees being subject to the ‘double jeopardy’ of age and gender (Itzin and Phillipson 1995: 84), as they tend to be perceived as less competent than both younger women and older men (Duncan and Loretto 2004; Roscigno *et al.* 2007; Walker *et al.* 2007). Older female workers often face age discrimination at younger ages, barriers to training and promotion, and more negative attitudes associated with their appearance and sexuality as compared to their male counterparts (Duncan and Loretto 2004; Granlesse and Sayer 2006; Handy and Davy 2007; Walker *et al.* 2007).

Considerable evidence suggests that age discrimination impacts older adults’ access to health care and interactions with health-care providers (Adams *et al.* 2002; Kagan 2008; Robb, Chen and Haley 2002). Older patients are less likely to receive adequate diagnoses and treatment when

compared to younger patients with similar health conditions (Adams *et al.* 2002; Adelman, Greene and Charon 1991; Bowling 1999; Burroughs *et al.* 2006; Ganz *et al.* 1999; Ivey, Wieling and Harris 2000; Kagan 2008; Pasupathi and Lockenhoff 2002; Redelmeier, Tan and Booth 1998; Robb, Chen and Haley 2002). Numerous studies have also found that health-care providers often express persistently negative attitudes towards older adults as well as a reluctance to treat older patients, especially those aged 85+ and individuals residing in long-term care facilities (Adams *et al.* 2002; Dobbs *et al.* 2008; Gallagher, Bennett and Halford 2006; Gunderson *et al.* 2005; Higgins *et al.* 2007; Kearney *et al.* 2000; Pasupathi and Lockenhoff 2002; Robb, Chen and Haley 2002).

Additionally, a growing body of research has explored how ageism may culminate in elder abuse and neglect (Brozowski and Hall 2010; Gutman and Spencer 2010). Brozowski and Hall have argued that elder abuse is 'a symptom of deeply entrenched ageism within a highly individualised risk-oriented culture' (2010: 1184). While the prevalence of elder abuse is frequently under-reported due to its stigmatised and invisible nature, survey data suggest that approximately one in ten adults over the age of 60 experience neglect, financial exploitation, or emotional, physical or sexual abuse at the hands of a care-giver, family member or intimate partner (Acierno *et al.* 2010). Older adults who are female, Aboriginal, socially isolated, poor, cognitively impaired, mentally ill, and/or residing in assisted living and long-term care facilities have been found to be particularly vulnerable to abuse and mistreatment (Brozowski and Hall 2010; Burgess and Phillips 2006; Cooper, Selwood and Livingston 2008; Dobbs *et al.* 2008; Joshi and Flaherty 2005; Stevens *et al.* 2013).

Finally, the research suggests that ageism is often deeply internalised as individuals accept stereotypes that depict later life as a time of poor health, cognitive impairment, dependence, lack of productivity and social disengagement (Cuddy, Norton and Fiske 2005; Minichiello, Browne and Kendig 2000; Nelson 2002; Nussbaum *et al.* 2005; Palmore 1999). Ageist stereotypes are gendered and particularly demeaning of older women who are assumed to lose their physical attractiveness and sexual desirability progressively. In contrast, older men may continue to be thought of as distinguished and sexy, especially when they are affluent and powerful (Arber and Ginn 1991; Calasanti and Slevin 2001; Sontag 1997). A man's relative immunity to ageism is linked to his ability to approximate and maintain hegemonic masculinity, the dominant expression of masculine behaviour and ideals to which all other masculinities and femininities are subordinated (Connell 1995; Connell and Messerschmidt 2005). Those older men who successfully perform hegemonic masculinity may fail to see

ageism in themselves or experience exclusion as a result of their social privilege (Kimmel 1994). Kimmel argues that ‘the very processes that confer privilege to one group and not another group are often invisible to those upon whom that privilege is conferred ... [such that] only men have the luxury to pretend that gender does not matter’ (1997: 186). Indeed, as individuals embrace ageist cultural values and assumptions, ‘those who are advantaged by this system view their position as “natural” and beyond dispute’ (Calasanti 2007: 336).

At the same time, internalised assumptions about later life may lead individuals to distance themselves from those they deem old by virtue of their approximation, if not capitulation, to ageist stereotypes (Hurd 1999; Minichiello, Browne and Kendig 2000; Slevin 2006). For instance, the older adults interviewed in the studies conducted by Hurd (1999) and Minichiello, Browne and Kendig (2000) positioned themselves as active, busy, positive and purposeful, and thus in opposition to those considered old by virtue of their social isolation, disengagement, frailty and loss of physical attractiveness. Another means of distancing the self from oldness is the differentiation between one’s chronological and felt ages, as older adults frequently suggest that they feel younger than their actual ages or that their appearances and physical abilities belie their youthful identities (Choi, DiNitto and Kim 2014; Furstenberg 1989; Minichiello, Browne and Kendig 2000; Weiss and Lang 2012). Several theorists contend that the internalisation of ageist stereotypes is deeply problematic (Calasanti 2005; Coupland 2009; Laws 1995) because, as Calasanti argues, ‘we ultimately oppress ourselves: Either we try to avoid the ageing process or we lose self-esteem because of the selves we feel we are becoming’ (2005: 8). In other words, avoiding age-based discrimination eventually becomes impossible as ‘ageism is the one oppression that we will all face’ (Calasanti and Slevin 2001: 193).

With the exception of the work of Minichiello, Browne and Kendig (2000), the research examining the internalisation of ageism has primarily been concerned with older women such that older men’s experiences have largely been ignored. Thus, the purpose of this study was to explore how older Canadian men encountered and responded to age-based discrimination in the context of their everyday lives. In particular, we wanted to know whether or not older men had experienced and internalised ageist prejudice. Our research was guided by the following questions: (a) How do older men define, perceive and experience ageism, if at all?; and (b) To what extent are older men’s daily lives shaped and constrained by age-based discrimination? In this way, we were endeavouring to uncover how and why older men’s experiences with and responses to ageism were unique from those of older women.

Methods

Design

Ethical approval for the study was received from the University of British Columbia Behavioural Research Ethics Board. Twenty-nine participants residing in the greater Vancouver area were recruited through advertisements in local newspapers and posters in public facilities. To be included in the study, participants needed to be 65+ and self-identify as male. In addition to covering any travel expenses they incurred, we offered each participant a \$25 gift card from a merchant of their choice as compensation for their time, although seven participants declined the honorarium.

Each participant was interviewed by the first author, second author or another trained graduate student, for an average of 2.5 hours (and a total of 73 interview hours). While 23 participants were interviewed once, seven participants preferred to divide the interview hours across two meetings. Fifteen participants were interviewed in their own homes, ten were interviewed at the university, one was interviewed by Skype and three were interviewed in public locations. Although participants were encouraged to speak freely and our interviews were semi-structured, we used a topic guide to ensure that there was consistency across all the interviews. The men were asked to describe how ageing had influenced or altered their sense of identity, appearances, physical function, health, sexuality, sense of masculinity and interactions with others, if at all. Additionally, the men were questioned about whether or not they had been treated differently by others as a result of their ages, their perceptions of ageist stereotypes, and what ageing and oldness meant to them in the context of their everyday lives.

Sample

The participants ranged in age from 65 to 89 years, with an average age of 74 years. While 28 of the men identified as heterosexual, one man identified as homosexual. As noted in [Table 1](#), the participants varied in terms of their ages, places of birth, marital statuses, levels of education, employment statuses and household incomes, although the majority were Canadian born, married, well-educated, retired and of middle or upper class. While 15 men rated their health as excellent, 11 perceived their health to be good and three indicated that they were in poor health. All of the men were living independently in the community.

Data analysis

All interviews were digitally recorded and transcribed verbatim by trained research assistants. Each of the original interviewers subsequently reviewed

TABLE 1. *Demographic information and descriptive characteristics*

	N
Age (years):	
65–69	12
70–74	5
75–79	5
80–84	2
85–89	5
Place of birth:	
Canada	20
Chile	1
China	1
Germany	1
Mauritius	1
The Netherlands	1
United Kingdom	3
United States of America	1
Marital status:	
Married/common law	20
Divorced/separated	3
Widowed	2
Never married	3
Living apart together	1
Education:	
Some high school	2
High school diploma	4
Technical/vocational school	2
College/university	13
College/university + technical/vocational school	2
Graduate school	6
Employment status:	
Employed full-time	3
Employed part-time/semi-retired	4
Retired	22
Total household income (Can \$):	
Less than 15,000	0
15,000–39,999	5
40,000–64,999	8
65,000–89,999	4
90,000–114,999	3
115,000–139,999	3
More than 140,000	5
Not reported	1

Note: N = 29.

her respective transcripts to ensure the accuracy of the transcription relative to the digital recording. Following transcription, both authors read and reread the transcripts, independently making note of emerging themes, of which ageism was a broad category. From there, all of the transcripts were coded line-by-line with the aid of NVivo 8 software by a trained research assistant who identified all of the text that made reference to

ageism. The first and second authors then completed a thematic analysis (Patton 2002) of the ageism data together, drawing on the extant literature and theorising. This collaborative process resulted in the generation of three sub-themes, namely 'perceptions of ageism as a distant social problem', 'others' experiences of ageism' and 'internalised ageism'. The participants were provided with a summary report outlining the key themes identified across the set of interviews and invited to provide feedback (although none of them opted to do so).

Findings

In the sections that follow, we summarise the three major themes from our thematic analysis, drawing upon representative quotations expressed by our participants, who have each been assigned a pseudonym.

'Ageism? Never heard of the term': age-based discrimination as a distant social problem

Similar to the participants interviewed by Minichiello, Browne and Kendig (2000), 13 of our 29 participants voiced confusion with or a lack of awareness of the term ageism such that our requests for information about their personal experiences of age-based discrimination were initially often met with puzzled silences, shrugs of shoulders or requests for a definition of the concept. It was not uncommon for the participants to make comments similar to those of 85-year-old Henry who stated: 'Ageism? Never heard of the term.' Some of the men were also surprised by the definition of ageism as discrimination against older adults because they had tended to equate the word with ageing more generally. For example, upon hearing the definition, Patrick, aged 69, responded, 'Oh, is that what ageism is? I would have taken ageism to be somebody growing older.'

Despite their frequent lack of familiarity with the term, 20 participants suggested that age-based discrimination was a widespread social problem, albeit something they themselves had not personally experienced. Irrespective of their ages, employment status, sexual orientation and social class, the men made comments similar to those of 65-year-old Michael who declared, 'Well, I know it exists ... but I haven't experienced it personally.' In describing ageism as a distant social problem, the men used language such as 'them', 'they' and 'those older people' to distinguish themselves from the victims of age-based discrimination. Peter, a 65-year-old put it this way: 'There's certainly devaluation of older people in this society ... I mean as you get older, people see *them* as more disposable' (emphasis added). Ramon, aged 66, had this to say:

I think [ageism] is quite prevalent ... because people just don't want to relate to old people. They think of *them* as being ill and complaining. They don't have time ... This society is in such a hurry, okay, it's all so selfish. They got no time for anybody else. (emphasis added)

When asked why they thought they had been able to avoid age-based discrimination, the men appealed to their own inherent youthfulness as they argued that they were 'not old'. For example, 67-year-old Calvin asserted:

I can't recall being treated differently because of my age because really, I don't consider myself an elderly person or an old man. And I don't think most people probably perceive me as that way. I feel like I'm somebody who is in their forties or fifties at the most ... I would describe myself as middle aged ... because I feel young at heart and my spirit. I laugh a lot, I joke a lot, I can enjoy life, [I have] so many interests, [I'm] physically active. I feel young.

Indeed, the men often used expressions such as 'young at heart', 'quite young', 'middle-aged', 'younger than my numerical age', 'very young' and 'not old' to describe themselves. In this way, the men suggested that youthfulness and oldness had more to do with one's mind-set than one's chronological age, as articulated by 68-year-old Wayne:

I may look old but I'm not old ... Old fashioned [is] a state of mind ... I hate to say this, I see some guys at my age or even younger that have said, 'Oh I'm older, that's it. Life is over' ... You just see them sort of trudging around [and] I say 'C'mon! ... Buy yourself a nice Tommy Bahamas shirt ... and a pair of red shoes! Just go out feeling good!' Some people age well ... and that's a mind-set.

The men further asserted that their lack of oldness was evident in their active lifestyles and physical abilities, as articulated by 80-year-old Hugh who stated:

To me to be old is you can't do something that you want to do. I've never encountered that. You know, I've always been able to do whatever I want to do ... So if I want to bike a long distance, or something, do a bit of shopping, throw it in my backpack, which I do a lot, you know, I can do it. If I felt I was old, I would say, 'Gee, I'm too old to do that' [but] I don't restrict myself.

By retaining youthful spirits and engaging in active lifestyles, the men concluded that they could avoid being seen and treated as old, as expressed by 85-year-old Marshall:

I think if you act old mentally or physically you'll be treated old and looked at as being old. But in our circumstances, because we can just carry on life as normal every day, people aren't looking at us like we're old.

In this way, the men suggested that they had personally avoided ageism by retaining a youthful attitude towards life and remaining socially active and engaged.

'I hear stories about ageism': others' experiences of ageism

Even as the men largely distanced themselves from oldness and the effects of age-based discrimination, they also frequently identified particular groups of older adults who they perceived to be especially vulnerable. Eighteen men stated that older women were far more likely to experience ageism and social exclusion than older men. These participants suggested that an older woman's social position was precarious, if not predominantly negative, because, as Wayne put it: 'It's harder for older women. Society just doesn't accept older women as much as they do older men.' The men maintained that the underlying reason for older women's marginalisation stemmed from cultural associations between youthfulness, feminine beauty and women's social value. Walter, aged 69, stated: 'Women are much more bombarded by the public view or this notion that a youthful appearance is the essential element of femininity.' The men contrasted women's negative experiences with the ability of some men to continue to be thought of as distinguished and attractive. For example, Barry, aged 81, maintained: 'I think a guy who looks after himself looks distinguished when he's old. A woman, if she's not careful, when she gets old, she looks old.'

The second group that 15 men (two of whom were still employed) identified as being particularly vulnerable to ageism was older individuals already in the workforce or those trying to obtain new employment. Peter, who was retired, had this to say:

Ageism is quite prevalent especially for job opportunities. Once you reach your fifties and sixties, forget it ... I think 40 is about the cut-off. After that, people aren't going to hire you. And then also at the job people are going to push you out.

The men further contended that older female workers were especially susceptible to work-based discrimination, as articulated by 75-year-old Harold who worked part-time: 'In the workplace women are pressured all the time to look younger or else they think they're going to be let go.' The men also suggested that women of all ages but especially older women were 'not given the same level of opportunity' (Barry, who was retired) in the workplace and were rarely promoted to positions of authority. Notably, seven men (of whom six were retired and one was employed) indicated that they themselves had experienced age-based discrimination in the workplace. As well as finding it difficult to obtain new employment or feeling pressured to retire, these men felt that their talents and creativity had been overlooked and devalued in the latter years of their careers. Morris, who was 70 years old and retired, stated:

There was perhaps a sense, before I retired, that I'd been there too long and I wasn't able to see new things. And it's funny because that was probably the furthest thing from the truth because I was very creative in doing things and bringing in new ideas and constantly sort of evaluating what we were doing and such. But it was just the perception that if you're 55 years old you're not as good as a 28-year-old.

That said, three men felt that age-related prejudice operated in positive ways in the workplace and resulted in older workers being regarded as invaluable sources of wisdom and experience. Keith, aged 75, who was retired, had this to say:

In the workplace, as you got older, you were the senior guy. So very definitely there was a certain amount of deference given to you simply because you had experience and perhaps more knowledge or at least a different approach to the knowledge that had been shared around the table. If I had a staff meeting, I was sort of the last voice in the room ... because I was the oldest guy in the room.

For these men, all of whom had higher educations and had been employed in senior management positions with concomitantly higher incomes, ageing served to augment the power and authority they held in the workplace rather than undermining their perceived social value.

Finally, nine men contended that frail older adults, typically women residing in institutions, were especially vulnerable to age-based discrimination. For example, Patrick described incidents of ageism at the hands of family members and health-care providers:

I hear stories about ageism when I go to my mom's place at the nursing home ... about people who are on their own and their families don't visit or they come and argue over the will or take advantage of them ... Also when somebody at the nursing home says how cute my mother is, I find it derogatory and demeaning because they're saying the reason she's cute is she's old and does things that four-year-olds do, which isn't complimentary.

Alan, aged 78, relayed concerns about elder abuse: 'You hear about elderly people in care homes being hurt or not being well cared for, and families having [to] get security cameras in there to make sure that their old frail mother isn't being ... bruised or beaten up.' Similarly, Hugh recounted how his elderly aunt had initially been denied health-care treatment because of her age:

My aunt developed anaemia. Therefore she needed a blood transfusion and I took her to see the doctor at the hospital. The doctor called me aside and said, 'You know, your aunt is 94 and we're awful busy and we're short of blood.' And I said, 'Are you trying to tell me because of her age she shouldn't get a blood transfusion?' I took out my blood donor card and I said, 'I've donated 110 pints of blood. Please give her some of that.' You know, so definitely she was being treated differently [because of her age].

In this way, our participants often decried the ageism experienced by frail, institutionalised, older others and described incidents where they had advocated for the rights and needs of their vulnerable loved ones.

'Most of the stereotypes are pretty real actually': internalised ageism

Irrespective of their advocacy efforts and concern for the victims of ageism, the men had often internalised many ageist stereotypes regarding later life. In addition to privileging youthfulness over oldness, the men frequently endorsed stereotypes as statements of fact. Thus, 23 men suggested that older adults were invariably grumpy, as they echoed Morris' sentiments:

I think most of the stereotypes are pretty real actually. For example, the grumpy old man ... It's very hard for me to go into a restaurant and have yelling, screaming kids there and so I get grumpier ... I think you do get grumpy. You can be less tolerant and then that causes grumpiness.

While some of the men equated irritability with declining tolerance, others viewed it as an increasing ability of older adults to be candid with their opinions. Including himself in the description through his use of the term 'we', 69-year-old Nicholas asserted, 'We're more and more grumpy ... and there's nothing wrong with it. We like what we like and we're not afraid to tell anybody about it anymore.' Still others explained grouchiness in relation to the assumption that later life was unavoidably a time of declining physical health and abilities, a stereotype they actively avoided. Using language that differentiated themselves from the old and the frail, 20 men made comments similar to Peter who stated: 'Most of the old got something wrong with them. You know they take a ton of pills or something's wrong. I bet you there's not one in 100 who makes it through to age 90 without any major health problems.' Consequently, these men attributed older adults' cantankerousness to pain and suffering, as articulated by 66-year-old William: 'The ones you find who are grumpy, I think they've most probably got aches and pains and they're having a bad day. You know, they're short on their medications or they need new meds or whatever.'

In addition to grumpiness and declining health, most of the men asserted that older adults lacked or progressively lost specific skills, although they were divided in their assessments of their own driving abilities and technological savviness. For example, 20 men maintained that older adults were poor drivers, as expressed by Henry who stated: 'I don't think I'm a bad driver but certainly there are some that their reflexes aren't good, their eyesight's not good. So yeah, certainly ageing has an effect on your driving ability. I don't think there's any doubt about that.' Additionally, 14 men indicated that older adults, including themselves, struggled to learn how to use new technologies. For example, Keith contended:

I'm the first to admit that technology has blown right by me ... Myself and my peer group are not that adept ... The rate of change in technology is blowing us all away. I mean we're just figuring out what our grandkids take for granted and by the time we've got it figured out, there's a whole new thing to have to learn. So technology is leaving us behind.

Finally, irrespective of their ages, employment status, sexual orientation and social class, 26 men expressed internalised gendered ageism as they described older women as less attractive and less sexually desirable than their younger counterparts. Henry stated: 'Age does have an effect on attractiveness. You know a 20- or 25-year-old woman is certainly not the same as an 85-year-old woman. I mean, they lose a lot of their attractiveness when they get older.' As a result, the men who were currently in relationships often discussed how their wives found changes to their appearance to be distressing even as they emphasised the importance of youthfulness to feminine beauty. For example, Ramon, who had been in a common-law relationship for 26 years to a woman 15 years his junior asserted:

My wife is more concerned about her appearance than I am about mine ... She's only 52 and she complains that she's getting old ... I guess because women like to look young, stay young ... Even though my wife could be older than me, I would never expect her to look older. Because who would want to be married to an older woman? ... At my age, as long as I age with grace, I can show my age. But a woman should never look older.

A few of the men who were currently single and looking for new partners made comments similar to Harold who asserted: 'I have to be honest. Women my age do not appeal to me. They're too old. I mean for a platonic relationship, it's fine. But if it's sexual interest no way! I like women in their twenties.' In this way, not only did the men acknowledge the social pressure on older women to remain youthful in appearance (as noted in the second findings section), but they themselves also expressed a preference for younger women.

Discussion and conclusions

In this paper we have examined how older Canadian men defined, perceived, and internalised ageism in the context of their everyday lives. Similar to the extensive research on age-based discrimination (*see e.g.* Adams *et al.* 2002; Berger 2009; Brozowski and Hall 2010; Henkens 2005; Hirsch, MacPherson and Hardy 2000; Kagan 2008; Loretto and White 2006; Pompper 2014; Robb, Chen and Haley 2002; Roscigno *et al.* 2007), the majority of the older men we interviewed considered ageism to be an issue that was primarily experienced by women, older workers and frail

elders living in long-term care facilities. In this way, the men experienced age-based discrimination as a distant social problem that affected vulnerable others rather than something that permeated and constrained their own daily lives. Similar to previous research (Hurd 1999; Minichiello, Browne and Kendig 2000; Slevin 2006), the men explained their relative immunity to ageism in terms of their youthful mind-sets and active lifestyles, and thus as a result of their personal choices and abilities. The men failed to recognise age-based prejudice in their own deeply internalised ageist and sexist understandings of the social world around them as they largely embraced stereotypes concerning later life and older women as statements of fact.

The men's perception of ageism as a distant rather than proximal issue warrants further comment. Rather than arising from personal choices and behaviours, the men's relative immunity to ageism was a product of their privileged social position. Indeed, the men were protected from explicit ageism because of their gender, social class, retirement status, good health and ability to conform to hegemonic masculinity ideals (Connell 1995; Connell and Messerschmidt 2005) despite their advancing ages. While some of the men were aware of their advantaged social position relative to women (*e.g.* in the case of employed older female workers) and dependent elderly (*e.g.* residents in long-term care facilities), they failed to understand how their internalised ageism rendered them complicit in the oppression of others. In particular, by viewing older women as less sexually desirable, the men both accepted and reinforced idealised standards of feminine beauty defined in terms of youthfulness. At the same time, the men were contributing to the future social exclusion of themselves as their own health and physical abilities eventually declined and they joined the ranks of the vulnerable, dependent others.

Our study is limited by its small, convenience sample as well as by the relatively homogeneous nature of our participants. Although they were diverse with respect to age, income and education, the majority of the men were of middle and upper class. Likewise, only one participant identified as homosexual. While this man's experiences of ageism were in line with those of his heterosexual counterparts, further research is needed to explore the influence of sexual orientation on older men's perceptions of age-based discrimination. The fact the interviews were conducted by women may have inhibited some of our male participants from fully disclosing their sense of vulnerability related to ageing and ageism, although none of the men we spoke to conveyed any such sense of discomfort. Further research needs to examine how frail older men perceive, experience and internalise age-based discrimination. It would also be interesting to investigate whether or not older men engage in specific types of body work and health practices so as to maintain their perceived youthfulness. Finally, more research is

needed to understand how internalised ageism is manifested in the attitudes and behaviours of individuals of all ages.

In conclusion, our findings highlight the taken-for-granted nature of ageism in the everyday world where agedness is abhorred and youth is increasingly valourised. As such, the men that we spoke with were a product of their social environment as they emulated and reproduced the deeply entrenched gendered ageism that underscores cultural attitudes about growing older. Indeed, in contemporary society, to age successfully individuals must continually strive to distance themselves from oldness despite the ultimate impossibility of this goal. Moreover, the insidious and harmful nature of ageist stereotypes go largely unopposed and unseen as they are unquestioningly accepted and assumed to be factual. In addition to ending structural inequalities and discriminatory policies and practices, the eradication of ageism will require challenging the myriad of ways that age-based prejudice is invisible in our everyday interactions and assumptions about old age.

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References

- Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W. and Kilpatrick, D. G. 2010. Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the National Elder Mistreatment Study. *American Journal of Public Health*, **100**, 2, 292–7.
- Adams, W. L., McIlvain, H. E., Lacy, N. L., Magsi, H., Crabtree, B. F., Yenny, S. K. and Sitorius, M. A. 2002. Primary care for elderly people: why do doctors find it so hard? *The Gerontologist*, **42**, 6, 835–42.
- Adelman, R. D., Greene, M. G. and Charon, R. 1991. Issues in the physician–elderly patient interaction. *Ageing & Society*, **11**, 2, 127–48.
- Arber, S. and Ginn, J. 1991. *Gender and Later Life: A Sociological Analysis of Resources and Constraints*. Sage, London.
- Berger, E. D. 2006. ‘Aging’ identities: degradation and negotiation in the search for employment. *Journal of Aging Studies*, **20**, 4, 303–16.
- Berger, E. D. 2009. Managing age discrimination: an examination of the techniques used when seeking employment. *The Gerontologist*, **49**, 3, 317–32.

- Bowling, A. 1999. Ageism in cardiology. *British Medical Journal*, **319**, 7221, 1353–5.
- Brozowski, K. and Hall, D. R. 2010. Aging and risk: physical and sexual abuse of elders in Canada. *Journal of Interpersonal Violence*, **25**, 7, 1183–99.
- Burgess, A. W. and Phillips, S. L. 2006. Sexual abuse, trauma and dementia in the elderly: a retrospective study of 284 cases. *Victims and Offenders: An International Journal of Evidence-based Research, Policy, and Practice*, **1**, 2, 193–204.
- Burroughs, H., Lovell, K., Morley, M., Baldwin, R., Burns, A. and Chew-Graham, C. 2006. 'Justifiable depression': how primary care professionals and patients view late-life depression? A qualitative study. *Family Practice*, **23**, 3, 369–77.
- Butler, R. N. 1969. Age-ism: another form of bigotry. *The Gerontologist*, **9**, 4, 243–6.
- Butler, R. N. 1975. *Why Survive? Being Old in America*. Harper and Row Publishers, New York.
- Bytheway, B. and Johnson, J. 1990. On defining ageism. *Critical Social Policy*, **10**, 29, 27–39.
- Calasanti, T. M. 2005. Ageism, gravity, and gender: experiences of aging bodies. *Generations*, **29**, 3, 8–12.
- Calasanti, T. M. 2007. Bodacious berry, potency wood and the aging monster: gender and age relations in anti-aging ads. *Social Forces*, **86**, 1, 335–55.
- Calasanti, T. M. and Slevin, K. F. 2001. *Gender, Social Inequalities, and Aging*. Altamira Press, New York.
- Chiu, W. C. K., Chan, A. W., Snape, E. and Redman, T. 2001. Age stereotypes and discriminatory attitudes towards older workers: an East–West comparison. *Human Relations*, **54**, 5, 629–61.
- Choi, N. G., DiNitto, D. M. and Kim, J. 2014. Discrepancy between chronological age and felt age: age group difference in objective and subjective health as correlates. *Journal of Aging and Health*, **26**, 3, 458–73.
- Connell, R. W. 1995. *Masculinities*. Polity Press, Cambridge.
- Connell, R. W. and Messerschmidt, J. W. 2005. Hegemonic masculinity: rethinking the concept. *Gender and Society*, **19**, 6, 829–59.
- Cooper, C., Selwood, A. and Livingston, G. 2008. The prevalence of elder abuse and neglect: a systematic review. *Age and Ageing*, **37**, 2, 151–60.
- Coupland, J. 2009. Time, the body and the reversibility of aging: commodifying the decade. *Ageing & Society*, **29**, 6, 953–76.
- Cuddy, A. J. and Fiske, S. T. 2002. Doddering but dear: process, content and function in stereotyping of older persons. In Nelson, T. D. (ed.), *Ageism: Stereotyping and Prejudice Against Older Persons*. MIT Press, Cambridge, Massachusetts, 3–26.
- Cuddy, A. J., Norton, M. I. and Fiske, S. T. 2005. This old stereotype: the pervasiveness and persistence of the elderly stereotype. *Journal of Social Issues*, **61**, 2, 267–85.
- Dobbs, D., Eckert, J. K., Rubinstein, B., Keimig, L., Clark, L., Frankowski, A. C. and Zimmerman, S. 2008. An ethnographic study of stigma and ageism in residential care or assisted living. *The Gerontologist*, **48**, 4, 517–26.
- Duncan, C. and Loretto, W. 2004. Never the right age? Gender and age-based discrimination in employment. *Gender, Work, and Organization*, **11**, 1, 95–115.
- Furstenberg, A. L. 1989. Older people's age self-concept. *Social Casework: The Journal of Contemporary Social Work*, **70**, 5, 268–75.
- Gallagher, S., Bennett, K. M. and Halford, J. C. G. 2006. A comparison of acute and long-term health-care personnel's attitudes towards older adults. *International Journal of Nursing Practice*, **12**, 5, 273–9.
- Ganz, D. A., Lamas, G. A., Orav, E. J., Goldman, L., Gutierrez, P. R. and Mangione, C. M. 1999. Age-related differences in management of heart disease: a study of cardiac medication use in an older cohort. *Journal of the American Geriatrics Society*, **47**, 2, 145–50.

- Granlesse, J. and Sayer, G. 2006. Gendered ageism and looksism: a triple jeopardy for female academics. *Women in Management Review*, **21**, 6, 500–17.
- Gullette, M. M. 2004. *Aged by Culture*. The University of Chicago Press, Chicago.
- Gunderson, A., Tomkowiak, J., Menachemi, N. and Brooks, R. 2005. Rural physicians' attitudes towards the elderly: evidence of ageism? *Quality Management in Health Care*, **14**, 3, 167–76.
- Gutman, G. and Spencer, C. 2010. *Aging, Ageism, and Abuse: Moving from Awareness to Action*. Elsevier, Boston.
- Handy, J. and Davy, D. 2007. Gendered ageism: older women's experiences of employment agency practices. *Asia Pacific Journal of Human Resources*, **45**, 1, 85–99.
- Henkens, K. 2005. Stereotyping of older workers and retirement: the managers' point of view. *Canadian Journal on Aging*, **24**, 4, 353–66.
- Higgins, I., Van Der Riet, P., Slater, L. and Peek, C. 2007. The negative attitudes of nurses towards older patients in the acute hospital setting: a qualitative descriptive study. *Contemporary Nurse*, **26**, 2, 225–37.
- Hirsch, B. T., Macpherson, D. A. and Hardy, M. 2000. Occupational age structure and access for older workers. *Industrial and Labour Relations Review*, **53**, 3, 401–18.
- Hurd, L. 1999. 'We're not old!': older women's negotiation of aging and oldness. *Journal of Aging Studies*, **13**, 4, 419–39.
- Itzin, C. and Phillipson, C. 1995. Gendered ageism as a double jeopardy for women in organizations. In Itzin, C. and Phillipson, C. (eds), *Gender, Culture, and Organizational Change: Putting Theory into Practice*. Routledge, London, 84–94.
- Ivey, D. C., Wieling, E. and Harris, S. M. 2000. Save the young – the elderly have lived their lives: ageism in marriage and family therapy. *Family Process*, **39**, 2, 163–75.
- Joshi, S. and Flahery, J. H. 2005. Elder abuse and neglect in long-term care. *Clinics in Geriatric Medicine*, **21**, 2, 333–54.
- Kagan, S. H. 2008. Ageism in cancer care. *Seminars in Oncology Nursing*, **24**, 4, 246–53.
- Kearney, N., Miller, M., Paul, J. and Smith, K. 2000. Oncology healthcare professionals' attitudes towards elderly people. *Annals of Oncology*, **11**, 5, 599–601.
- Kimmel, M. S. 1994. Masculinity as homophobia: fear, shame, and silence in the construction of gender identity. In Brod, H. and Kaufman, M. (eds), *Theorizing Masculinities*. Sage, Thousand Oaks, California, 119–41.
- Kimmel, M. S. 1997. Integrating men into the curriculum. *Duke Journal of Gender Law and Policy*, **4**, 1, 181–95.
- Laws, G. 1995. Understanding ageism: lessons from feminism and postmodernism. *The Gerontologist*, **35**, 1, 112–8.
- Loretto, W. and White, P. 2006. Employers' attitudes, practices and policies towards older workers. *Human Resources Management Journal*, **16**, 3, 313–30.
- Minichiello, V., Browne, J. and Kendig, H. 2000. Perceptions and consequences of ageism: views of older people. *Ageing & Society*, **20**, 3, 253–78.
- Nelson, T. D. 2002. *Ageism: Stereotypes and Prejudice Against Older Persons*. MIT Press, Cambridge, Massachusetts.
- Nussbaum, J. F., Pitts, M. J., Huber, F. N., Raup Krieger, J. L. and Ohs, J. E. 2005. Ageism and ageist language across the life span: intimate relationships and non-intimate interactions. *Journal of Social Issues*, **6**, 2, 287–305.
- Palmore, E. B. 1999. *Ageism: Negative and Positive*. Second edition, Springer, New York.
- Pasupathi, M. and Lockenhoff, C. 2002. Ageist behaviour. In Nelson, T. D. (ed.), *Ageism: Stereotyping and Prejudice Against Older Persons*. MIT Press, Cambridge, Massachusetts, 201–46.

- Patton, M. Q. 2002. *Qualitative Research and Evaluation Methods*. Sage, Thousand Oaks, California.
- Pompper, D. 2014. Fearing age and aging fears at work. In Pompper, D. (ed.), *International Perspectives on Equality, Diversity and Inclusion, Volume 1: Practical and Theoretical Implications of Successfully Doing Difference in Organizations*. Emerald Group Publishing, Bingley, UK, 135–50.
- Posthuma, R. A. and Campion, M. A. 2009. Age stereotypes in the workplace: common stereotypes, moderators, and future research directions? *Journal of Management*, **35**, 1, 158–88.
- Redelmeier, D. A., Tan, S. H. and Booth, G. L. 1998. The treatment of unrelated disorders in patients with chronic medical diseases. *New England Journal of Medicine*, **338**, 21, 1516–20.
- Robb, C., Chen, H. and Haley, W. E. 2002. Ageism in mental health and health care: a critical review. *Journal of Clinical Geropsychology*, **8**, 1, 1–12.
- Roscigno, V. J., Mong, S., Byron, R. and Tester, G. 2007. Age discrimination, social closure, and employment. *Social Forces*, **86**, 1, 313–34.
- Slevin, K. F. 2006. The embodied experiences of old lesbians. In Calasanti, T. M. and Slevin, K. F. (eds), *Age Matters: Realigning Feminist Thinking*. Routledge, New York, 247–68.
- Sontag, S. 1997. The double standard of aging. In Pearsall, M. (ed.), *The Other Within Us: Feminist Explorations of Women and Aging*. Westview Press, Boulder, Colorado, 19–24.
- Stevens, M., Biggs, S., Dixon, J., Tinker, A. and Manthorpe, J. 2013. Interactional perspectives on the mistreatment of older and vulnerable people in long-term care settings. *British Journal of Sociology*, **64**, 2, 267–85.
- Taylor, P. and Urwin, P. 2001. Age and participation in vocational education and training. *Work, Employment, and Society*, **15**, 4, 763–79.
- Walker, H., Grant, D., Meadows, M. and Cook, I. 2007. Women's experiences and perceptions of age discrimination in employment: implications for research and policy. *Social Policy and Society*, **6**, 1, 37–48.
- Weiss, D. and Lang, F. R. 2012. 'They' are old but 'I' feel younger: age-group dissociation as a self-protective strategy in old age. *Psychology and Aging*, **27**, 1, 153–63.

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