Stereotypes Associated With Age-related Conditions and Assistive Device Use in Canadian Media

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Research Article

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Abstract

Purpose of the Study: Newspapers are an important source of information. The discourses within the media can influence public attitudes and support or discourage stereotypical portrayals of older individuals. This study critically examined discourses within a Canadian newspaper in terms of stereotypical depictions of age-related health conditions and assistive technology devices (ATDs).

Design and Methods: Four years (2009–2013) of Globe and Mail articles were searched for terms relevant to the research question. A total of 65 articles were retained, and a critical discourse analysis (CDA) of the texts was conducted. The articles were coded for stereotypes associated with age-related health conditions and ATDs, consequences of the stereotyping, and context (overall setting or background) of the discourse.

Results: The primary code list included 4 contexts, 13 stereotypes, and 9 consequences of stereotyping. CDA revealed discourses relating to (a) maintaining autonomy in a stereotypical world, (b) ATDs as obstacles in employment, (c) barriers to help seeking for age-related conditions, and (d) people in power setting the stage for discrimination.

Implications: Our findings indicate that discourses in the Canadian media include stereotypes associated with age-related health conditions. Further, depictions of health conditions and ATDs may exacerbate existing stereotypes about older individuals, limit the options available to them, lead to a reduction in help seeking, and lower ATD use. Education about the realities of age-related health changes and ATDs is needed in order to diminish stereotypes and encourage ATD uptake and use.

Keywords: Stigma, Critical discourse analysis, Multiple chronic conditions, Rehabilitation

Most older adults want independence and social contact with family and friends without inconveniencing them (Bowes & McColgan, 2006). Yet, maintaining desired levels of social engagement may be complicated by chronic age-related health conditions, such as age-related vision and hearing loss (Kempen, Verbrugge, Merrill, & Ormel, 1998). Treatment and rehabilitation of these conditions can be hampered by psychosocial factors associated with aging and health (Brennan & Bally, 2007). Stereotyping, prejudice, and discrimination impede upon the recognition and early identification of chronic health conditions and are an obstacle to assistive technology devices (ATDs) help...
seeking and use. ATDs are devices and products “applied to or directly manipulated by a person” that are designed to facilitate and promote functional independence (Fuhrer, Jutai, Scherer, & DeRuyter, 2003, p. 1243), such as hearing aids, wheelchairs, magnifiers, and white canes for vision loss. Although many older adults acknowledge the potential benefits of ATDs (Roelands, Van Oost, Buyse, & Depoorter, 2002), they are reluctant to use them because impairments become conspicuous (Hétu, 1996; Jackler, 2006; Mitteness & Barker, 1995; Parette & Scherer, 2004; Southall, Gagné, & Leroux, 2006), potentially making them a target for stigmatization (Gaffney, 2010).

In 2001, Link and Phelan (2001) proposed the modified labeling theory to explain the stigmatization process. The first component of this process is that “people identify and label human differences” (p. 528). This labeling is followed by stereotyping or assigning of specific traits to the labeled individual. Although this labeling is efficient as it minimizes the use of cognitive resources, it can be problematic as we tend to resort to categorizing a person by a particular trait which is not representative of the person. Stereotyping or “believing unfairly that all people with a particular characteristic are the same” (Merriam Webster Dictionary; www.merriam-webster.com) can create a situation in which two groups of people exist: insiders (people who have a stigmatizing trait) and outsiders (people who do not have this trait). When the outsiders (i.e., the governing group) perceive a trait (i.e., disease symptoms, treatments including ATDs) to be stigmatizing, they might unconsciously or consciously stereotype and discriminate against the insiders in order to preserve their status and power over the other group (Dovidio, Major, & Crocker, 2000). Moreover, many insiders anticipate being devalued and discriminated against in social contexts, and they begin utilizing strategies to avoid negative outcomes. Some of these strategies (i.e., withdrawal, concealment, and disengagement) may result in a more restricted social network and ultimately may reinforce the outsiders’ prevailing views, support the stigmatization process, and become a self-fulfilling prophecy (Link & Phelan, 2001). It is important to note that some people will believe the stereotype, that some will not, and that the interpretation of the stereotype may differ across individuals. For example, the stereotype of “wise older adult” might be interpreted by some as a compliment and others as an unattainable goal.

There is a general consensus that stigma is a social construction (Crocker, Major, & Steele, 1998; Dovidio et al., 2000; Goffman, 1963). Social and physical environments, as well as macrolevel sociopolitical factors, determine which traits are perceived to be stigmatizing (Link & Phelan, 1999, 2001). Jones, Farina, Hastorf, Miller, and Scott (1984) identified six dimensions of stigma that influence the nature of stigmatization: (a) concealability, the apparentness of the trait(s); (2) course of the mark, the extent to which the attribute changes over time; (3) disruptiveness, how a stigmatizing trait can give rise to tension in their relationships; (4) aesthetic qualities, the extent to which the trait is displeasing to others; (5) origin, the perceived responsibility of the individual in acquiring or creating the trait; and (6) peril, the perceived danger to others attributable to the trait. Of these dimensions, Crocker and colleagues (1998) proposed that concealability and origin are most influential in giving rise to stigmatization. What begins with labeling and stereotyping leads to a stigma process with multiple dimensions. The stigmatization process is a dynamic process, which involves the co-occurrence of labeling, separation, status loss, discrimination, and power differences (Link & Phelan, 2001). Over time, several factors may change: your group membership may change, your response to a particular stereotype might change, who is present when the stigmatization occurs might influence both an insiders’ and outsiders’ response to a stereotype, different personal characteristics might impact how an individual responds, as such, the stigmatization process is a highly variable and flexible process (Major & O’Brien, 2005). Research examining ageist stereotypes has demonstrated that stereotypes can have deleterious effects on an older adult’s health and independence (Coudin & Alexopoulos, 2010; Levy, Zonderman, Slade, & Ferrucci, 2009). Stereotypes and stigmatization potentially influence acceptance or rejection of ATDs for older adults (Scherer, Jutai, Fuhrer, Demers, & Deruyter, 2007; Wainapel, 1989).

The media is a forum in which stereotypes can be propagated or debunked. Television, the internet, and newspapers influence the way older adults are perceived by others and how they perceive themselves (Lin, Harwood, & Hummert, 2008; Wadsworth & Johnson, 2008). Three out of four Canadians read the newspaper each week and six out of ten readers choose print media (nadbank.com, 2013). Print media remains an important forum for the discussion of aging issues and influential in the social construction of aging. In line with the modified labeling theory, newspaper articles that present stereotypical views of older adults could potentially influence both insiders’ (older adults) and outsiders’ (the public) attitudes about optimal aging. Ultimately, an individual’s response to stereotypical content in newspaper articles can fluctuate and will vary depending on the stereotype that is being applied, personal characteristics, as well as aspects of the situation (Major & O’Brien, 2005).

In popular media, aging is often portrayed as a process that should be stopped or controlled (Bell, 1992; Lagacé, Laplante, & Nahon-Serfaty, 2012; Signorielli, 2004; Vandenberg, Price, Friedman, Marchman, & Anderson, 2012). Several gerontological meta-analyses reveal that older adults are perceived as frail, unattractive, ill (Barrett & Cantwell, 2007), worthless, senile, ineffective, isolated and depressed (Palmore, 1999), self-centered, and demanding (Hummert, Garstka, Ryan, & Bonnesen, 2004).

One method to examine media narratives is critical discourse analysis (CDA). Using CDA, critical examinations of text and talk uncover how they can foster political and
social domination (Fairclough, 2003; van Dijk, 1993). When examining discourses, there is the larger, more abstract social, political, cultural, global context in which the discourse occurs, which tends to be backgrounded information accessible as needed, and more local context information that is currently active: words, sentences in the text, which provide more detailed information about the discourse, the participants, etc. (van Dijk, 2008). These global and local contexts necessarily interact and help produce and allow for our understanding of the discourse presented. Van Dijk (2008, p. 17) argues that global and local contexts may use the “same conceptual and categorical structure” to present information in order to preserve cognitive resources and create a “cognitive economy,” which allows for the discursive coding of information into categories at very general or very specific levels. Van Brakel (2006) recommended media discourse analysis to better understand health-related stigmas. In Ireland, researchers used CDA to examine how age and age identities were socially constructed in newspapers (Fealy, McNamara, Treacy, & Lyons, 2012). Fealy and colleagues (2012) revealed five distinct identities: victim; frail, infirm, and vulnerable; radicalized citizens; deserving old; and undeserving old and portrayals of older adults as dependent and “outside mainstream Irish society” (p. 85). Other CDAs have examined the social construction of older adults with delirium (Schofield, Tolson, & Fleming, 2012), the social participation of older adults (Raymond & Grenier, 2013), and elder care (Weicht, 2013). For each, power imbalances emerge in which older adults are discriminated against and assigned a particular role (i.e., a risk object [Schofield et al., 2012]) or have a passive voice in their care (Weicht, 2013).

In discursive analyses of Canadian newspapers, researchers have examined how the media presents retirement and productive and successful aging (Lagacé et al., 2012; Rozanova, 2010; Rudman & Molke, 2009). With the shift toward fewer taxpayers and more retirees, some media discourses focus on retirement as a negative outcome and promote continued involvement in work as “productive aging” (Rudman & Molke, 2009). Lagacé and colleagues (2012) found a dichotomy between those who remain in the workforce: the “good old” and those who retire: the “bad old.” Even the good olds were negatively stereotyped as cognitively impaired, less productive, and less efficient in comparison with younger workers (Lagacé et al., 2012). Similarly, in her examination of “successful aging,” Rozanova (2010) found that print media portrayed successful aging as a personal choice and that unsuccessful aging could be blamed on the individual. These articles suggest that if an older adult remains physically active, then they should not be vulnerable to decline and disease (Rozanova, 2010). Tying successful aging to the health of the individual and their personal choices serve only to further stigmatize individuals whose health status is poor or who are unable to access resources because of low socioeconomic status. Older adults with disability are routinely marginalized in social participation programs based on the expectation of active and productive participation levels (Raymond & Grenier, 2013).

Previous discursive analyses have explored issues related to aging: retirement, remaining in the workforce, eldercare, active and successful aging, and social participation. One study uncovered negative social constructions of aging and chronic health conditions (Rozanova, 2010), but none have critically examined aging, health conditions, and ATDs. Given the importance of assistive devices to the maintenance of independence in later life and the potential for public discourse to shape attitudes toward older adults and ATDs, as well as available treatment options, the purpose of this study was to critically examine how public discourse in Canadian print media contributes to the creation and maintenance of stereotypes associated with age-related health conditions and ATDs.

Methods

This study focused on The Globe and Mail, a national English language newspaper founded in 1844 that is distributed widely across Canada. According to an independent and impartial print media research committee, The Globe and Mail attracts a 6-day readership of 2.5 million, making it the most read newspaper in Canada (www.pmb.ca). Within the Factiva database, The Globe and Mail was searched for articles relevant to the research question. In order to sample recent discourses on the research topic and to examine its evolution over time, a 4-year time frame was selected (2009–2013). Initially, broad search strings were used (e.g., “old and aging”). Subsequent search strings were refined to include language found in the initial searches (e.g., baby boomers). For each component of our research question (psychosocial constructs, age-related health conditions, and ATDs), we searched with broad and specific search terms based on the authors’ research expertise and on the terms used in retained texts. For example, we considered ATD a broad terminology and hearing aid a specific term. Similarly, for health conditions, we searched mobility a broad term; but, we also searched for presbycusis a specific terminology. In the case of age-related health conditions, we focused on health conditions that are more prevalent in older age (hearing loss, vision loss, cognitive impairment [dementia], and mobility restrictions due to chronic conditions such as arthritis, osteoarthritis, and rheumatism). For psychosocial constructs, we used the terms ageism as well as stigma, stereotypes, negative beliefs, attitudes, prejudice, labeling, and discrimination. Searches were conducted with combinations of terms including three components of the research question (i.e., psychosocial, health, and ATD) or two components (e.g., psychosocial and health). In addition, each term was searched on its own. A total of 149 searches were conducted, uncovering 9,818 articles that included one or more search terms in the text or title.
The articles retrieved were further scrutinized to confirm that the search term(s) were employed appropriately in the text. Articles with incorrect word meanings were excluded. For example, articles that included the word hearing as in a court of law hearing, rather than audiological capacity were excluded. In addition, duplicate or repeated articles that appeared in different searches were excluded. A total of 182 articles remained after excluding articles with incorrect word meanings and duplicates.

Next, a research assistant (V. Kenyon) and a postdoctoral fellow (S. A. Fraser) critically evaluated the full text of the remaining articles based on inclusion criteria specific to the research question. For the article to be retained, it had to (a) contain a health-related stereotype; (b) ideally discuss older adults; and (c) ideally discuss ATDs. Of the articles evaluated, 65 articles met these criteria. Basic situational data about each article were entered into a coding grid (similar to that in Lagacé et al., 2012). Information entered into this grid included (a) publication date; (b) section of the newspaper; (c) article length; (d) type of article (e.g., commentary); (e) name and sex of author; (f) sex of individuals mentioned in the article; and (g) the overall tone of article (positive, neutral/mixed [includes tones that were initially negative and switched to positive and vice versa], and negative).

After entering the basic data into the coding grid, the full text of each article was coded using the CDA method. Two researchers (V. Kenyon and S. A. Fraser) first independently then collaboratively coded the text of the 65 articles with the goal of classifying the global context in which aging and ATDs are discussed and identifying any stereotypes and/or consequences of stereotyping tied to age-related health conditions and ATDs. This was an iterative process conducted weekly over a 4-month period, with several readings and discussion regarding content and codes emerging from the articles. Lack of consensus in the application of codes was discussed with the project leader and coauthor (K. Southall). After multiple coding sessions, there was 100% agreement between the coders. The data were then uploaded to the Atlas.ti software (2004), a software designed to provide an interface whereby researchers can quickly move about text-based documents in order to examine how selected texts and assigned codes relate with one another. Atlas.ti was used primarily as a data management tool. The investigators judged the relevancy of passages and how to code selected excerpts. Data analyses continued until it became evident that extending analyses would produce no new information (Morse & Field, 1995).

The primary code list included codes for (a) the stereotype associated with an age-related health condition or ATDs (Table 1); (b) consequences of the stereotype (i.e., discrimination, a reduction in help seeking); and (c) the global context of the article. Additionally, there were three secondary codes (a) the health condition discussed; (b) offensive terminology (e.g., “oldsters”); and (c) stigma layering, when two stigmatizing traits mentioned in combination (e.g., gender and age). The unit of coding was a sentence.

In CDA, the context of public discourse is critical. As such, the entire discourse of each article was assessed in order to develop global context codes. One context was assigned to each article. The context codes included (a) independence referred to adapting to health changes and maintaining autonomy, this context is not limited to functional independence (i.e., in activities of daily living) but rather reflects the abilities of an older adult to make their own decisions about their support needs; (b) employment referred to employee–employer relationships and the workplace and (c) asking for help referred to seeking assistance and treatment; (d) policy referred to government and policy making.

### Results

Our search uncovered 65 articles that included stereotyping of age-related health conditions. Several articles mentioned the “gray tsunami” as “frequent flyers” depleting the health care system with their multiple chronic conditions. In addition, almost one third of the articles (18 articles) discussed stereotyping relating to some type of assistive device (e.g., hearing aid). Therefore, these data identify a discourse involving aging, health conditions, and assistive devices in the Canadian media.

The situational data, which contribute to both global and local contexts, demonstrated that the day of the week was Saturday (n = 17). In comparison with other sections of the newspaper (e.g., Business), the News (National, International, and Breaking News; n = 23) and the Life sections (Globe Life/Life Main; n = 18) had the highest number of relevant articles. Most articles had a mixed/neutral tone (n = 29), and the remaining articles were split between positive (n = 18) and negative (n = 18) tones. It is important to note that the largest number of articles had a mixed/neutral tone and generally represented articles that had some combination of positive and negative portrayals of older adults, health conditions, and assistive devices. An increasing number of articles fit our inclusion criteria over the sampled years, with only 7 articles identified in 2009 and 20 articles identified in 2013.

In total, 13 stereotypes (Table 1) and 9 consequences of stereotyping were coded. In the next sections, representative excerpts are presented. Stereotype codes and passages most relevant to the stereotype coded are italicized. The stereotypes, ATDs, and stereotype consequences will be discussed within four contexts (Independence, Employment, and Asking for Help, Policy). Policy context includes a large discourse including stereotypes associated with age-related health conditions, but the discourse did not include ATDs; therefore, this context is presented last.

### Table 1

<table>
<thead>
<tr>
<th>Stereotype</th>
<th>Consequences</th>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence</td>
<td>Discrimination, reduction in help seeking</td>
<td>Independence</td>
</tr>
<tr>
<td>Employment</td>
<td>Employee–employer relationships, workplace</td>
<td>Employment</td>
</tr>
<tr>
<td>Asking for help</td>
<td>Seeking assistance and treatment</td>
<td>Asking for help</td>
</tr>
<tr>
<td>Policy</td>
<td>Government and policy making</td>
<td>Policy</td>
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</table>

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Of the 65 articles, 20 articles included a discourse on the maintenance of autonomy in older age and on adaptations (including ATD use) to live independently. The most common stereotype associated with this context was incompetent, reflecting the perception that an older individual with a health condition cannot complete tasks as well as someone less old without any health conditions. This could be made visible through the use of an ATD.

Another stereotype associated with this context is inevitable decline. This is a common ageist stereotype that “we all experience a deterioration in function as we age; it’s normal” (January 24, 2013). A consequence of this stereotype is that some older individuals (insiders) and others (i.e., outsiders: medical professionals, family members) may believe that age-related changes in health are inevitable and that these conditions are not worth treating. One article presenting a “Grandma...open to new ideas” presents a 99-year-old woman as “thriving” and when ATDs are mentioned, the fact that she does not use her ATD is presented as a strength “...we moved to the kitchen, walking past the cane that she occasionally carries with her. Carries, not uses—the cane dangles above the ground as she walks more like a chrome ornament than a walking aid” (20 August, 2010). In the same article, “inevitable declines” in the individual’s vision are discussed “as her vision deteriorated, Ria taught herself to use a contraption that magnifies the words on the page so she could continue to read.” Here the individual is accommodated by the service dog and her wheelchair” (December 26, 2012).

<table>
<thead>
<tr>
<th>Stereotype</th>
<th>Definition of coded stereotype</th>
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<tbody>
<tr>
<td>1. Incompetent</td>
<td>People with health conditions cannot complete certain tasks at the same level as someone without a health condition—this could be made visible through the use of an ATD.</td>
</tr>
<tr>
<td>2. A burden on the economy</td>
<td>Burden on the government and/or health care system. Individual or group is perceived as not contributing to society.</td>
</tr>
<tr>
<td>3. Facing an inevitable decline</td>
<td>Health conditions associated with aging are normal (i.e., aging = death; aging = depression, etc.)</td>
</tr>
<tr>
<td>4. Vulnerable</td>
<td>People with health conditions are frail/at risk and need protection—this could be made visible through the use of an ATD. Individual can also hold their own self-perception of being frail/at risk.</td>
</tr>
<tr>
<td>5. Freaks</td>
<td>Health condition signifies difference, misfit, strangeness, inhumanness, and otherworldliness</td>
</tr>
<tr>
<td>6. Ugly</td>
<td>Represents unpleasant visual or behavioral traits associated with a health condition, symptoms, or treatment. Incompatible with sexuality.</td>
</tr>
<tr>
<td>7. Lost causes</td>
<td>Individuals with “age-related health conditions” will not benefit from an intervention they are helpless.</td>
</tr>
<tr>
<td>8. Worthless</td>
<td>Meaningless existence for people with health conditions. They are subordinate to others. Life is less valuable or fulfilling.</td>
</tr>
<tr>
<td>9. All the same</td>
<td>Any impairment = incapacitated in all domains (hearing, vision, mobility, etc.). Ignorance of different degrees of impairment within one health condition (e.g., some vision loss does not equal blind).</td>
</tr>
<tr>
<td>10. A burden on others</td>
<td>Health condition or individual with the health condition is perceived as a burden on the family and friends.</td>
</tr>
<tr>
<td>11. Bad drivers</td>
<td>Older adults are perceived as having mental and physical declines that impact their driving skills and the assumption is that they are less capable drivers than other age groups.</td>
</tr>
<tr>
<td>12. Cognitively impaired</td>
<td>People with age-related health conditions are often perceived as cognitively impaired.</td>
</tr>
<tr>
<td>13. Suffering (because of their chronic conditions)</td>
<td>Anyone with a health condition must endure physical and emotional distress.</td>
</tr>
</tbody>
</table>

**Table 1. Coded Stereotypes and Definitions.**

ATD = assistive technology device.
maintaining independence with an ATD, but the discourse used to present the ATD is negative: a “contraption”.

In another article, an older adult described her numerous health changes and the “bandaids” she used to address these changes. The following excerpt is in relation to her hearing loss: “The words ‘excuse me’ were used more frequently as hearing declined. . . . I said the words ‘excuse me’ too often. So I gave myself the push and asked for Band-Aid 7, a hearing aid. I am happy to use it to hear soft-speaking friends, lectures at a conference, and the odd TV show . . . . People tell me I look well rested and have not changed a bit. I don’t tell friends about the Band-Aids I use, though. I smile and thank them for the compliment. I feel pretty good at 81, and hoping it stays that way. I think eight Band-Aids are enough.” (June 4, 2010). Although the individual in the article has accepted various “bandaids” or assistive devices, a consequence of perceived stereotypes remains, as she still does not disclose the use of her “bandaids” and rather conceals the use of the various devices that are helping her to maintain her independence.

Context 2: Employment

Several articles included a discourse on the benefits and disadvantages of keeping older adults in the workforce. Within these articles, the discourses frequently mentioned the changing demographic and how encouraging older workers to remain in the workforce may be beneficial for both employers and older individuals who wish to participate in the workforce. These discourses contended that in order to embrace the benefits posed by older workers “accommodations” would be required and governments and employers would need “attitude adjustments” (June 12, 2013). “An aging population will require employers, schools and governments to ramp up their efforts to recruit and retain people for the work force, which may mean fresh thinking on how to structure jobs, train people, and design the workplace” (March 25, 2013). Within these articles, older adults, potential health changes, and assistive devices are presented in conflicted terms. Despite the interest in encouraging older workers, older adults were repeatedly portrayed as incompetent and as a potential burden on employers due to their age-related health conditions and need for assistive devices: “But employing older people raises a myriad of concerns, from determining whether they can competently do the work and re-engineering workplaces to accommodate physical limitations they may have… Companies, meanwhile, must meet the special needs of older staff, with flexible scheduling, ergonomic workstations and aids for those with agility, mobility, sight and hearing problems…” (June 12, 2013).

One article entitled “Don’t sweep older workers under the rug” openly advocated for keeping employees 50 years and older in the workforce. However, despite stating “older workers rock” at the beginning of the article, toward the end of the article, the stereotype that all older adults face inevitable decline emerged: “With more boomers staying longer in the work force, employers need to be ready to support them as they develop age-related health issues…As we get older, more of us will be disabled, so employers will need to be able to accommodate employees, whether that means providing ergonomic workstations or assistive devices” (June 28, 2012).

Context 3: Asking for Help

Articles were coded into asking for help if they included a discourse on stereotyping in the context of seeking assistance or treatment. Two articles in this category captured the importance of stereotyping and stigma with respect to older individuals with health conditions asking for help: “There is also a powerful stigma that prevents people, particularly older people – from talking openly about their illnesses” (October 3, 2009) and “I think that a lot of people, when they hit their 70s, 80s, and 90s, feel like they are too old to undergo surgery” (August 10, 2012). Three stereotypes frequently associated with this context were inevitable decline, vulnerable, and all the same. In one article, a woman who had a hearing loss described the challenges she faced when traveling and the sometimes discriminatory responses of service staff when she asked for help. While the woman was comfortable asking for help, she often found she was judged as “incapacitated” in all areas (all the same), despite her robust health: “I almost always warn the airline I’m traveling with that I am deaf and do not hear overhead announcements . . . . Sometimes, that means I’ll be met at my destination by a smiling woman holding a sign with my name on it – and a wheelchair. I’ve yet to figure out how my deafness renders me unable to walk.” (July 12, 2012).

The stereotype most often coded in this context was lost cause. This stereotype was representative of the perception that individuals with “age-related health conditions” cannot benefit from interventions or rehabilitation, they are helpless, and there is nothing to be done. For example, in a recent discourse in the letters to the editor section, readers comment on dying with dignity and convey the stereotype of lost cause: “As you grow older and your body continues to deteriorate, there comes a time when you may no longer wish to continue living” (April 27, 2013). Similarly, in a report on seniors “with long-standing mental illnesses,” the stereotype lost cause emerges: “. . . far too many people, including health professionals and policy-makers, believe that older people are hopeless and burdensome, so they make little effort” (October 3, 2009).

In an article that advocates against the lost cause stereotype, the author states “There is a common perception out there that – stated crudely – goes something like this: ‘Of course seniors are depressed, they’re sick, their friends are dying and so on.’ Is it true that all seniors are depressed or doomed to depression? Unfortunately that is a widespread belief. From my perspective, that’s our biggest challenge. We
need to get the message out that depression is not a typical consequence of aging . . . . People should not assume that if a person is depressed in late life that there is no hope.....It’s not true at all. Treatment success for depression, for example, is very high in seniors. However this requires that a person seeks help and that health care providers recognize their symptoms.” (October 2, 2009).

**Context 4: Policy**

Twenty-five articles presented issues of government and policy making. The two stereotypes associated with this context were (a) burden-economy and (2) vulnerable. A common misperception often perpetuated by the media is that the extended longevity of older adults will devastate the health care system and ultimately the economy: “There is much angst these days about the impact of the aging population on health care utilization and spending” (January 28, 2011). This stereotype was also found in a Life main column on “Families taking care of their own”. Initially, the report talks about the “issues” that negatively affect treatment of culturally diverse seniors with dementia and as the article progresses the report presents one program in one city in Canada that has been successful in overcoming these issues and providing high quality care: “But in a system already struggling to deal with an aging population, it remains even harder for immigrant Canadians to find places that care for seniors with dementia by serving cultural appropriate food, accommodating religious beliefs, and most importantly, where staff know their language . . . . You can’t have one-size-fits-all programs. In a multicultural society, you have to adapt to culturally diverse groups . . . . People with Alzheimer’s face a social stigma across Canada, but this in exacerbated in communities with little exposure to the disease though firsthand experience or media campaigns” (September 22, 2010). This excerpt not only presents older adults as a burden on the economy but also illustrates that within a multicultural society stigma layering can occur where a group is stigmatized not only on ageist stereotypes but also based on cultural differences. The “one-size-fits-all programs” that does not fit with culturally diverse older adults demonstrates how stereotypes can lead to important consequences for the marginalized group, such as reduced quality of service and help seeking.

In several articles, older adults were portrayed as vulnerable. Legislation for vulnerable groups to “keep the suffering safe and sound” can lead to discrimination when applied to all older adults. While there is a portion of older adults with dementia, and family members want to keep them safe and avoid them “wandering off”, often the media message delivered is that all older adults are vulnerable and need to be taken care of. In one article on older individuals with dementia, the proposition is that older adults (in general) could benefit from wearing a tracker: “I know it’s a terrible thing and people don’t want to lose their independence and be tagged, but if anybody’s got a family member that’s pretty senior, you’ve got to do something” (January 18, 2011). A clear consequence of this proposal to “tag” all older adults to keep them safe is age discrimination.

**Discussion**

The aim of this study was to critically examine articles from The Globe Mail that included a discourse on the stereotypes associated with age-related health conditions and assistive devices. A total of 65 articles published within a 4-year time frame were retained and examined. In comparison with previous discourse analysis research examining aging issues (Lagacé et al., 2012), this topic was found to be relatively under-represented in the Canadian media; however, what appears in print largely reflects a stereotypical view of older adults, their health, and capacity to use assistive devices. The situational data, which contribute to the local and global contexts (van Dijk, 2008), revealed that most articles relevant to our research topic were published on a day that typically has the highest readership (Saturday) and in the News and Life sections of the newspaper which position the topic as important. One can question if the importance given to the topic is actually meant to reinforce stereotypes or to fight them. Our results tend to support the first possibility. In the paragraphs that follow, the findings are further discussed in relation to the four contexts that emerged in the data set, with respect to the stigma dimensions/process, and in relation to the framework for modeling the selection of ATDs (Jones et al., 1984; Levy et al., 2009; Link & Phelan, 2001; Scherer et al., 2007).

**Maintaining Autonomy: Challenging in a Stereotypical World**

Within the context of Independence, a dichotomy emerged in which insiders acknowledge the usefulness of ATDs, yet attempt to conceal any device use. Articles presented from an older adults’ point-of-view demonstrate that they recognize the importance of ATDs in the maintenance of autonomy, but if possible, they will conceal device use. It is not surprising that we find a discourse on concealing ATDs, as the use of ATDs makes age-related health changes visible (Jones et al., 1984; Parette & Scherer, 2004). Similar to other contexts, this context also presents the “course” of age-related health changes as one that directly leads to dependence. It is ironic that requesting help and using an ATD can provide independence yet lead to discrimination. This finding in the media is in line with the research literature on stigma and assistive device use, which suggests that stigma is a powerful barrier to rehabilitation and assistive device acceptance and use (Brennan & Bally, 2007; Scherer et al., 2007; Southall & Wittich, 2012).

**Stereotypes: Obstacles in the Workplace**

An interesting dichotomy surfaced in the discourses that emerged in the Employment context. Several articles began
with the notion of promoting older workers and stating that they were an asset to companies and their increased participation should be encouraged. By making adaptations to the workplace, these individuals could continue to work and be productive contributors to society (Lagacé et al., 2012; Rudman & Molke, 2009). However, as these articles progressed, most presented all older adults as individuals who would be faced with various health declines and that the companies would need to accommodate these declines with ATDs. Thus despite encouraging older workers, the articles are pointing out that declining health “problems” are an issue or potential burden and that “special needs” would have to be accommodated with ATDs. This type of discourse labels older adults as different than other workers and creates the potential for discrimination. One of the messages of this discourse is not only will companies have to accommodate age-related health changes but also think about altering the work environment and accept ATDs if they hire an older adult. In this context, both concealability and peril emerge as important stigma dimensions. An older adult who wishes to remain in the workforce may be discriminated against for their age and the outsiders’ fear of progressive health declines and the cost of accommodations to the work environment. Further, an older adult who is aware of this potential discrimination may conceal any changes in health or the use of an ATD. It is clear from some of the discourses that outsiders do not understand the heterogeneity of age-related health conditions (e.g., differing degrees of hearing loss) and that not all older adults who remain in the workforce will necessitate large accommodations or will have serious health concerns. While some outsiders may accept accommodations in the workplace and older workers, others may label older individuals as incompetent and a potential burden.

Barriers to Help Seeking and Treatment for Age-related Health Conditions

The media portrayed stereotypes associated with age-related health conditions in such a way that both insiders and outsiders are led to believe that at a certain age it is “normal” to have declines in health (inevitable decline) and that treatments are not worthwhile (lost cause). These findings align well with stigma dimensions (Jones et al., 1984; Parette & Scherer, 2004) in particular the perceived course of an older adult toward dependence and vulnerability. Although age-related changes in health do occur, it is counterproductive or misleading to report that these changes are not worth treating. Discourses of this nature affect both those seeking help as well as potentially biasing health professionals to limit services provided to older adults. Some articles in this context also demonstrated that in certain circumstances, outsiders do not understand when insiders do ask for help. A woman with hearing loss asking for help may be misperceived as physically disabled. An employee with hearing loss that asks for a quieter office may be misperceived as being unsociable. These misperceptions demonstrate that age-related changes in health and assistive device use are poorly understood by the public, and additional education is needed.

People in Power Setting the Stage for Discrimination

The context containing the most stereotypes was Policy. Within this context, older adults with age-related health conditions were portrayed as an important problem that needed to be resolved in the health care system. Several articles identified older adults as the cause of economic “angst” to be incurred by society. These findings are in line with previous discourse work on older adults (Fealy et al., 2012; Lagacé et al., 2012) and demonstrate the role of the media in shaping the insiders’ and the outsiders’ (Rozanova, 2010) negative view of aging and health. These findings and those related to legislation for bad drivers are consistent with the stigma dimension of peril (Jones et al., 1984). If portrayals of older adults are to be believed, older adults with health conditions represent a serious danger to our society, and Canadians should fear the systemic and economic impacts that older adults will have on the health system.

A second prominent Policy stereotype is vulnerability. In several articles, individuals with a health condition (young and old alike) are depicted as in need of help. The outsider argument is that these “vulnerable” individuals need protection, and legislative changes are required to keep these individuals safe. For a dementia patient who is unable to make decisions, legislation to protect his/her interests is essential. But the same legislation applied to all older adults compromises their autonomy. “One size fits all programs” for “vulnerable” older adults is consistent with the stigma dimension “course of the mark.” Media depictions of age-related health changes are like a one-way path toward dependence. This finding aligns well with other discourse work on older adults and health (Fealy et al., 2012; Rozanova, 2010). Paradoxically, older adults that embody ageist stereotypes risk being adversely influenced in everyday functioning, making this stigmatization process a self-fulfilling prophecy (Levy et al., 2009; Link & Phelan, 2001).

Triple Whammy? Stereotypes Associated With Age, Health, and ATD Use

Across all four contexts, we found stereotyping of older adults with health conditions (and ATD use) as vulnerable and incompetent. Older adults perceived as vulnerable and incompetent are at an enhanced risk, both at a micro- and macrolevel of (discriminatory) overprotection. Older adults who endorse stereotypes might refrain from seeking help for health conditions (Brennan & Bally, 2007; Levy et al., 2009; Scherer et al., 2007; Southall & Wittich, 2012) and never learn how ATDs might be helpful in daily activities. Media depictions of aging, health conditions, and assistive devices were extreme (all or nothing) in nature: you are old, you
must have health issues, and assistive devices are evidence of this. Our analysis suggests an interaction between aging and health, such that multiple stereotypes might be applied when age-related changes in health are discussed. When adopting an ATD in older age, the use of ATDs can be an indication to others that one’s health status has changed, the stereotypical discourses on age-related health set the stage for further stigmatization when ATDs are involved.

The Impact of the Media on Assistive Technology Device Use

When we consider our findings are in relation to the framework for modeling the selection of ATDs (Scherer et al., 2007), it becomes apparent how media depictions of older adults and stereotyping can impact on ATD outcomes. The unfair attribution of someone with a health condition adopting an ATD being “different” may lead some older adults to refuse ATDs because they represent this “difference” and they do not want to be categorized and marginalized. Knowledge of stereotypes about age-related health conditions and ATDs may lead some older adult technology users to be reluctant to adopt and utilize new products. If an older adult assimilates these stereotypic views (Levy et al., 2009), they may decide that the adoption and use of products are unlikely to result in quality-of-life improvements. More research in this area is needed to ascertain the direct and indirect consequences of stereotypes on ATD uptake and use.

Limitations

These findings should be considered acknowledging one limitation. We chose to explore one media type (print), one newspaper (The Globe Mail), and one of the two official Canadian languages (English). Therefore, it is possible that age-related health conditions and ATD are portrayed differently in other Canadian newspapers, countries, or other media forms. Plans are in place to analyze these discourses in a French newspaper (La Presse) for the same time frame.

How to Change Public Sentiment and Diminish Stigmatization

The goal of the research was to identify stereotypes associated with age-related health conditions and ATDs. Although many of the discourses and stereotypes that emerged tended to portray older adults negatively, there were articles within our data set that presented a more nuanced portrait of aging with health conditions. These articles typically cited age-related stereotypes early on in the article, then, as the article progressed contested and proved these stereotypes erroneous. Other articles tended toward health advocacy, whereby people with health conditions argue for the same rights and accommodations as people who are able-bodied. Importantly, some of the articles with a mixed/neutral tone initially used positive language when describing older adults (i.e., thriving, older adults’ rock) but continued on to express the burden of health conditions and/or not using an ATD as a sign of strength. When stereotypical representations are portrayed (in positive or negative language), it is important, as a society, to protest these representations (Corrigan, 2000). This can be as simple as writing a letter to the editor. Making newspaper editors accountable may limit the publication of stereotypic discourses and may reduce the propagation of inaccurate information. While the media has been found to present stereotypes about aging, health conditions, and assistive devices, it can also be a forum to educate its readership with a more balanced discourse on aging and the heterogeneity of an aging population.

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