**Gender issues in age studies**

**Susan Pickard**

**Synonyms**

Gender regime; age system; intersectionality; life course studies; health inequalities

**Overview**

Turning a conceptual and practical gaze on gender issues in later life life is important for increasing our understanding of how both age and gender operate as hierarchical systems that furthermore work together to naturalise and obscure inequality. This requires understanding of the age system, including the life course framework, age ideology and the age relations that comprise it. Women are disadvantaged in, and through, both the age and gender systems and the effects of such deep-rooted and interlocking disadvantage comprises material and symbolic dimensions, including consequences for health and wellbeing through the life course.

**What is age studies?**

Age studies is the name given to the study of age as a system, which, like gender, is hierarchical and associated with inequality. As a system, it recognises the importance of the part each stage plays in relation to the whole, and the fact that, while specific inequalities are associated with each life stage, this cannot be disconnected from the ways in which each stage works together to shape inequality both synchronically and longitudinally, with material and ideological dimensions (Calasanti and Slevin, 2006; Pickard, 2016). Pioneers in this field include Margaret Morganroth Gullette (1997, 2004, 2011, 2018) and Kathleen Woodward (1998). Gullette points out, ‘age studies handles *age* in the same self-reflexive ways that have slowed down and enriched the analysis of cultural critics who use concepts of *gender* and *race*’ (2018: 255; original emphasis) recognising its multi-stranded dimension. However, when compared to gender and critical race studies, age studies is a fledgling discipline and more work is needed to theorize its relationship to ‘body-mind and narrative’ as well as to neoliberal structures and ideology (Gulllette, 2004)

**KEY RESEARCH FINDINGS**

**The age system**

Throughout western modernity, the age system has both regulated populations in line with the needs of capitalism, disciplining the workforce and latterly shaping consumer identities, and has served to inject meaning into an increasingly disenchanted existence (Cole, 1992). The age system refers to this structure, which consists of a hierarchically constituted mode of governance, operating through the framework of the life course, in which the role of particular ages and their relationship to each other underpins and legitimises an assortment of material and other inequalities (Calasanti and Slevin, 2006; Gullette, 1997; Pickard, 2016). Age relations privilege prime of life adults and the perspective is that of a jointly youthful and male gaze. Certain ideologies are associated with age relations including norms and practices. For example, both the younger and older populations have served as a reserve army of labour; unwillingness to invest in an older labour force either in terms of training or by providing the flexibility that would support (particularly female) workers’ caring obligations in turn justifies poor conditions and underpins claims regarding their ‘natural’ obsolescence.

**The life course framework**

The central vehicle through which the age system works is that of the life course which plays a key role in organising individuals and groups into seemingly natural age-based categories. A historical gaze reveals the degree to which the life course is not ‘natural’ but rather a social construction that, since modernity, has shaped and regulated populations in particular ways. For example, the ‘invention’ of youth as a stage of life defined in relation to education, symbolically constituted in terms of the ‘future of the nation’, only began to take the shape it possesses today in the course of the late nineteenth and early twentieth centuries (Cunningham, 2006). Similarly, within the same period old age as a category was given meaning and substance in relation to the institution of retirement as well as the discourses of geriatric medicine that established a different ontology for older bodies (Katz, 1996). More recently the latter part of the life course has been reconstituted and old age given an entirely different meaning (see next section).

In late modernity, the institutional life course has been replaced by a more fluid concept, and education and retirement as the ‘boxes’ containing youth and old age respectively no longer apply with such determinacy. There are still norms operating which signal the ‘appropriate’ timing for transitions and stages, including retirement (Kohli, 2009). Furthermore, the life course is inherently gendered, with men’s life courses comprising the ‘standard’ (for example, in employment terms) from which women are seen to ‘deviate’. In addition, beneath the apparent fluidity lies a new structure, namely that of neoliberalism, with an emphasis on individual productivity, success and entrepreneurial qualities expected at all ages and stages and in all contexts, including unemployment, ill health and retirement.

**Late modern life course and later life: the third and fourth ages**

The resultant ‘neoliberalisation’ of old age (Macnicol, 2015) has been accompanied in later life by the construction of the ‘third’ and ‘fourth’ age categories, defined according to a distinction between biological (amenable to lifestyle and self-care practices) and chronological dimensions, with successful ageing displaying biological and other characteristics of youthfulness (Rowe and Kahn, 1987). Although in contemporary times these distinct categories have been shaped by medical discourses they can be traced back as far as the nineteenth century where a split between a ‘good’ and ‘bad’ old age associates ‘virtue’ with ageing well (Cole, 1992). In contemporary times such moral underpinnings remain alongside medical approaches and the third age is characterised by levels of autonomy, youthfulness, consumerism/productivity and health. By comparison the fourth age is defined as a loss of all these attributes. In a discourse shaped by age ideology, ‘choice’ and agency determine third age or fourth age classification in which the nature and degree to which one ages become a matter of individual responsibility (Kirkwood, 2008). In turn this justifies the end of mandatory retirement and the associated raising of the pension age together with individual responsibility for savings and pensions. This ideological distinction glosses over the fact that men and women in later life are positioned in very different ways (Lain et al, 2018). Indeed, where older people are increasingly taking low-level, low-paid jobs out of necessity to supplement their inadequate pensions, this situation of ‘precarity’ particularly applies to divorced and single women (Lain et al, 2018).

**Age Ideology**

Age ideology is an intrinsic element of the age system developed in association with the individualising and civilising processes of modernity and the Enlightenment which emphasise autonomy, separation and privatisation and conversely express horror and disgust at their opposite qualities, and is based on a temporal narrative of growth, stability/stasis and decline. This has both an intellectual/philosophical dimension in the Cartesian association of knowledge as ‘objective’ and ‘transcendent’ and a psychological dimension. The former embeds the perspective of normative gender (male) and age (youthful prime-of-life) in the definition of knowledge; the latter associates personhood with clear boundaries, autonomy and transcendence of time, with ageing threatening the loss of these attributes. Moreover, age ideology is fundamentally gendered. The ideology works at all societal levels: so the ‘master narrative of decline’ (Gullette, 1997) which defines the process of moving through the life course, seeing ageing as loss and deficit, is also reflected in the *bildungsroman,* the main form taken by the novel which itself sprung up with modernity. Expressing the symbolic dimension of the capitalist revolution, the *bildungsroman* rejects the old and the past, focusing on the future and featuring a young (male) hero’s social and developmental journey to (self) knowledge, stopping a point just before maturity. Youth becomes a synonym for progress, productivity and value. Conversely, it is the gendered image of the reviled Hag that distils the negative essence of the age system, representing all that is feared and dreaded (Gullette, 2017; Pickard, 2016). This image crystallises the double-standard of ageing, wherein women area considered to age faster than men and with loss of their sexual value and femininity. Indeed, it can be argued that all of western modernity’s conceptual systems, from psychology, medicine, aesthetics and literature, embed and naturalise a problematisation not just of old age but of old women in particular. In its symbolic form of the hag, an image with a long genealogy in literature, art and religious iconography (Creed, 1993), ageing femininity is depicted with an essentially dual nature: good or evil, pitiful or terrifying, as well as woman-as-monster and woman-as-victim (Creed, 1993). This figure also appears as the Phallic Mother in Freudian thought, sometimes represented with both a penis and a vagina, the omnipotent Mother who is the ‘“whole” in relation to which man is lacking’ (Gallop, 1982: 22). In Jungian philosophy of the archetypes, drawn from examples of ancient myth, the Great Mother has two aspects: the good nurturing mother and the Terrible Mother who ‘draws the life of the individual back into herself’ (Neumann, 1963: 71), the opposite of the regenerative principle, leading to sterility and death. This representation underpins ‘age war’ discourses in which, in a wide array of media, older generations (and older women in particular) are represented as obstructing the progress and possibility of younger generations through their politics, their ideas, and their greed (Pickard, 2018). However, the degree to which gender discrimination at this latter stage is fed by such images and tropes in the representational regime is as yet not fully recognised.

**Gender inequalities, age and stage**

Despite multiple social changes giving women political and legal equality, socio-cultural change has been uneven. In global terms the fact that modernisation does not necessarily lead to progress in gender equality is clear in the recent history of China, South Korea and India (Campbell, 2013). For example in China the gender pay gap has widened significantly in the past decade and the double standard of ageing is used in a particularly violent way to underscore inequality, where urban professional women who are unmarried at the age of 27 and above are labelled ‘leftover women’ – a term carrying considerable social stigma (Fincher, 2016). In broader global terms, certain aspects of gender equality are more evident than others. For example, educational attainment is relatively advanced: on average 65% of girls and 66% of boys are in secondary education with 39% and 34% respectively in tertiary education. By contrast, political empowerment, and economic participation and opportunity have the highest gender gaps respectively; 58% of the economic participation and opportunity gap has been closed globally while the figure for educational attainment is 95% (World Economic Forum (WEF), 2018).

Turning to the global north, gains made in recent times co-exist with both old and new inequalities in a confusing mix. For example, girls’ educational advantage does not continue on into the workplace. Whilst the ‘mommy pay gap’ is one of the most significant factors underpinning this (Gardiner, 2017), there are broader cultural norms at work and these are evident from the start. For example, high-achieving female graduates are at a direct disadvantage when it comes to hiring policies and Quadlin found that ‘employers value competence and commitment among men applicants, but instead privilege women applicants who are perceived as likeable’ - a fact which helps ‘moderate’ female achievers over and above their high-earning female peers (Quadlin, 2018). Looking to the very top of the gendered hierarchy, only 1 in 20 1% households are underpinned by women’s earnings and as the authors of this research state: ‘marrying a man with good income prospects is a woman’s main route to the one per cent’ (Yavorsky et al, 2019). Meanwhile, further down in the socio-economic hierarchy, women remain hugely over-represented in lower-paid jobs, including part-time work, with consequences in terms of poverty throughout the life course and women are still predominantly responsible for both childcare and other adult care, as well as domestic work, including in more progressive regimes (Aboim, 2010; Pfau-Effinger, 1998). For women across the socio-economic the gender pay gap widens with each child, indicating how particular practices and norms are entrenched in workplace and policy practices, as well as gendered norms and expectations between couples (Aboim, 2010).

Age itself brings a number of specific inequalities to women. Women are working in greater numbers than ever before and are also now working later in life than in previous decades: for example, involvement in the labour market by UK women aged 50 and over increased by 3.2 percentage points between 1994 and 2014 (ONS, 2015) accounting for 72% of women’s employment growth during that time while the biggest increase in employment rates over the past three decades has been for women aged 60-64 and 55-59 (ONS, 2015; Brewis et al, 2017). This picture applies more generally both to Europe and Australia (Brewis et al, 2017). However, women over 50 are also most disadvantaged in terms of finding, retaining and progressing in work as compared to both men their own age and younger women. Using UK evidence, the gender pay gap is twice as large for women in their 50s as it is for women overall (TUC, 2013). This age group also has the highest proportion of carers with almost 1 in 4 women in this age group caring (Department for Work and Pensions, 2015) and a relatively high proportion of workers in Sweden, Ireland, Germany and the UK, among others, work part-time for this reason (Ní Léime and Loretto, 2017). Gendered norms similarly contribute to this. For example, looking at Universities, far more men than women have chairs by the age of 50 and relatedly women are more likely to gain chairs over the age of 50 than below this age (HESA, 2015). As well as achieving career success later than men, when they do finally achieve this they are likely to find themselves limited by sexist and ageist attitudes: for example, interviews found a general managerial emphasis for women not on developing their own careers, but on being more collegiate and taking on more academic housework, including mentoring more junior female colleagues and generally ‘passing the baton on’ or making things ‘easier for future generations of women’, looking behind themselves, as it were, rather than to the future (MacFarlane and Burg, 2018).

Women are encouraged to blame ‘menopause’ for many of their difficulties at mid-life, including in employment (Gullette, 1997). However, there is evidence that older female workers are often not offered the training and support they need to negotiate technical change (Commission on Older Women, 2013) while, even in public sector organisations more likely to offer training, women are often not in jobs that qualify for such training. Additionally, older women managers are more likely to give older men training opportunities (Lossbroek and Radl, 2018).

However, the ‘life course’ as a framework for analysing gendered experience partly obscures the overarching structures and everyday practices that disadvantage women; I discuss this next.

**The life course framework and gender**

Women bear most of the risk in terms of the late modern ‘flexibility’ of the life course. Widmer and Ritschard (2009) found that it is women who bear the main burden of the destandardization of the life course; in terms of occupational trajectories this relates to a fluctuating back and forth between part-time work and family care, the impact of which is greater later on in the life course. Whilst for men it largely concerns the transition from education to paid work and is complete by around the age of 30, for women it increases after that point: ‘In other words’, they note, ‘uncertainty has become a permanent state in women’s occupational trajectories, while it is only transitional in men’s occupational trajectories’ (2009: 23). Four points can be made in relation to the gendered nature of the contemporary life course. Firstly, change has been mostly in one direction. For women, the changes have brought them closer in line with a ‘male’ pattern, in terms of the centrality of employment, where previously they had defined themselves with regard to the home and care-giving roles and any work was seen as ‘supplementing’ the breadwinner’s main income. Men have not taken on care-giving or domestic roles to any significant extent and, whilst expanding their role in the labour economy, women have retained responsibility for care-giving. Indeed, the male breadwinner model remains embedded in workplace practices, policy norms and cultural expectations around caring (Aboim, 2010; Kruger and Levy, 2003; Moen and Spencer, 2006; Ní Léime et al, 2017). Moreover, both the values enshrined in the third age and the means to achieve it are more associated with male experience (Katz and Calasanti, 2015). As a result of all these factors, the vast majority of part-time workers are female and they are also more likely to leave the work force early, including in countries with gender-progressive norms and values (Aboim, 2010). Secondly, and resultantly, women’s structural disadvantages persist and indeed grow over the life course, regardless of their involvement in the labour economy, culminating in a significant pension gap across Europe and other developed states (Tinios et al, 2015). Thirdly, such gender differences continue to be present in the third age and indeed are increased at this point, where women (and men) moving into the third age ‘bring with them existing disparities and outmoded scripts about age and gender, producing asymmetries in power, resources, needs and preferences’ (Moen and Spencer, 2006: 140). This results in a greater likelihood of women experiencing both structural and ontological precarity in later life (Lain et al, 2018). Moreover, in that a greater proportion of sufferers of both Alzheimer’s Disease (AD) and frailty are women, the fourth age is predominantly a feminine life stage. Yet the ‘life course’ as it is used in both policy and academic discourse is still the ‘male’ life course, from which women are seen to deviate, a perspective that entirely overlooks the fact that the life course as a mechanism embeds these gender-based differences in its very fabric. For example, in employment terms, the narrative of linear progress to a peak followed by a clear-cut retirement process both obscure the temporal quality of the gender disadvantage and encourages further discrimination (for example, underpinning the fact that women are less likely to be offered ongoing training and promotion than men). The assumptions contained in the framework also impacts on the way data itself is captured: for example, the World Economic Forum’s Global Gender Gap Report (2018), a compendious 355-page report nowhere presents statistics that trace equality with age and stage but are rather ‘static’ in their approach (an a-temporal bias that is embedded in social science disciplines more generally: see Pickard (2016).

As noted, the nature of gender inequality is complex and, for multiple reasons, is hard to capture. However, one way through which the complexity of this inequality can be captured is through the lens of health, which offers a unique insight into the consequences and expressions of the gender regime (Annandale, 2009; Pickard, 2019). At the same time research into gendered health inequality often does not take into account temporality, age and stage. In the next section I trace some of the effects on health and wellbeing of gendered inequality, as it unfolds over the life course.

**Gender and health inequalities through the life course**

Recent reports in the UK of a significant increase in anxiety and depression among teenage girls (Nuffield Foundation, 2012) found that rates have doubled in the past thirty years, and more than a third of 14 year old girls are reporting symptoms of distress (Lessof et al, 2016). This ‘slow-growing epidemic’ (Kennedy, 2016) has been linked to the high expectations of girls’ educational success combined with lower instrumental coping skills (West and Sweeting, 2003), pressures in family and personal life, the desire to ‘look good’, peer pressures, sexual harassment at school and the effect of social media, which continue into University (Darlington et al, 2011). Even as many girls excel at examinations, entering higher education at higher rates, and performing better, than men overall there is ethnographic evidence that girls manage their school performance so that their ambition to achieve is tempered by their performance of femininity, such as not raising their hand in class, and ‘looking’ feminine (Renold and Allan, 2006). Eating disorders and self-harm among young women are also on the rise, sometimes requiring hospitalisation (Campbell, 2016). Girls experience mental health problems at double the rate of teenage boys; white girls or mixed-race backgrounds are particularly likely to suffer, and there is evidence that middle-class girls and working-class girls suffer equal, if contrasting, symptoms (Patalay and Fitzsimmons, 2017). Although this is maintained throughout the life course the gender gap in depression and anxiety is at its greatest during the reproductive years (Bird and Rieker, 2009).

Health problems also cluster around mid-life. At this life stage, a wide variety of symptoms are attributed to menopause, from vaso-motor symptoms, mood changes and fatigue, insomnia, anxiety, depression and memory problems (Cheung et al, 2004). There are large individual differences in the nature, extent and duration of such symptoms; many of these differences relate to prior experience of ill health and in addition to socio-economic and other disadvantages, with those suffering worst and longest being having a string of other disadvantages, including low levels of education, previous anxiety and stress, poverty, non-white ethnicity (Avis et al, 2015). Negative effects on mid-life women’s quality of working life and performance at work include: reduced engagement with work; reduced job satisfaction; reduced commitment to the organisation; higher sickness absence; and an increased desire to leave work altogether (Brewis et al, 2017).

Gullette (1997) sees menopause as a ‘cultural consolidation’; namely an ideological framework within which women’s bodies and lives are understood and as a result of which all kinds of (unrelated) symptoms and experiences are explained. These include, she notes, life events that the effect of various discriminatory attitudes and which, culminating in ill health or unemployment at midlife, are explained away by the label of ‘menopause’. Here, not only workplace discrimination but the effect of the unequal division of labour at home will play its part too. For example, studies have found that women experiencing an unequal division of labour in terms of housework had significantly lower well-being and physical/psychosomatic symptoms than women with more equal relationships (Eek and Axmon, 2010). This is the case even for Sweden (positioned at no. 1 in the Global Gender Gap Index, see WECD, 2018) and indeed has been noted as exacerbated in the latter country where the divergence between official rhetoric and reality leads to frustration (Strandh and Nordenmark, 2006).

In the latter part of the life course, the long-term results of inequality result in a significant gendered health gap. Indeed, health and poverty are directly linked in this stage with lower income associated with disability and lower self-assessed health (Arber and Cooper, 1999). Older women have a higher number of limiting and non-limiting long-term conditions than men, spend a greater proportion of their lives in disability as compared to men and are more likely to experience both physical ill health and poor mental health and cognitive decline (Allen and Sesti, 2015). They are further disadvantaged by being more likely to live alone and thus not have a spousal carer on hand to help (Arber and Cooper, 1999). Life expectancy for women is not increasing in the UK and the trend is worse for women than for men. Not only are men closing the gap on women’s life expectancy, they are adding healthy life years, thereby increasing the health gap. Women represent two-thirds of all persons with dementia (PWD) (Allen and Sesti, 2015) and significantly more women than men are frail in all age groups over 65 (Age UK, 2018). Women who have other disadvantages are more likely to suffer worse health, including frailty; they also fluctuate more between varied states of frailty than men (Kojima et al, 2019). Yet despite conditions such as frailty appearing unique to the ‘fourth age’, they can be said to have their origin in structures, practices and dispositions contained in gendered inequality throughout the life course (see Pickard, 2019b for a further discussion of the fundamental linking of frailty and femininity).

**Future Directions of Research**

The above discussion suggests that there are several lacunae in the field regarding gender issues in age studies which will need further exploration. More research globally is required on the uneven nature of progress as women gain equality in some areas but not others, together with the consequences of this in multiple dimensions of life. This includes the way inequality accumulates over time and with specific origins in discrete ages and stages, especially later life, together with the interplay between both. Research on alternative ways of conceptualising the life course will also be very important in capturing inequality, particularly the gendered differences that are currently structured by the life course itself as it has evolved in late modernity. This research will also form the basis of further enquiry as to how gender and age work with other ascribed characteristics, such as race, disability, sexuality and so on, both longitudinally and at specific points in the life course.

**Summary**

Foregrounding gender in age studies is important in order to demonstrate how age and gender work together to naturalise and obscure a range of inequalities. Furthermore, a temporal dimension is crucial to understanding gender as a structure, just as a gendered dimension is crucial to understanding the age system.

**Cross-references**

Decline and progress narrative; gendered ageing and sexuality; employment and retirement; feminist theory and later life; gender equality in later life; gender disparities in later life.

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