

# Newspaper portrayals of health and illness among Canadian seniors:

## Who ages healthily and at what cost?

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### Abstract

While media representations of health and illness receive growing attention from researchers, few studies have considered the newspaper portrayals of health and illness among the elderly. Yet, print media are one vehicle through which governments, in a climate of concern about population aging and the sustainability of the social safety net, emphasize individual responsibility for health and well-being in later life. By praising healthy aging, the media may, perhaps inadvertently, perpetuate new ageist stereotypes that marginalize vulnerable adults who fail to age healthily, and downplay the role of social institutions and structural inequalities (particularly gender and socio-economic status) in influencing individuals' personal resources and lifestyle choices. This paper explores whether, and if so, how the media represent interrelations between health and aging, through thematic analysis of a pool of articles about seniors published in *The Globe and Mail* in 2005.

**Keywords:** Newspaper portrayals, Health, Illness, Older adults, Canada.

## Portrayals of health, illness, and aging in the media

### *The media outlook on health and illness*

The mass media constitute a significant component of the social context in which aging and diseases are experienced and understood (Clarke 2005). As Featherstone and Wernick (1995) argue, to make meaning of aging and its various experiences and to transmit them from one generation to the next, a society draws heavily on various cultural and media products such as novels, films, paintings, and media texts and images. Independently of individual experiences of illness, disease is brought into social conscience by the media who report on various medical surveys or the implications of medical research (Radley 1994).

Media texts simultaneously shape and are shaped by the social, economic, cultural and political environments, and “observing and interpreting media content provides a reflexive window into fundamental values and meanings regarding health, illness, and medicine” (Clarke 2005:593). The extant literature on media portrayals of illness points out that illness is by and large presented as a deviation from the norm. People who are ill are portrayed, whether it is in a negative or a positive light, as abnormal and as the “other” (Stuart 2006). This is particularly true regarding mental illness, as the media reproduce the fears and stereotypes concerning mentally ill people (Stuart 2006, Harper 2005; Anderson 2003; Paterson & Stark 2001; Cutcliffe & Hannigan 2001), as well as acute or chronic illnesses such as cancer (Clarke *ibid*) or diabetes (Rock 2005). Sontag (1991) argues that the media (as well as literature and other cultural forms) proliferate myths and metaphors around certain diseases such as cancer and AIDS, attaching negative stigma to the disease and increasing the patients’ suffering and inability to seek and to receive support.

### *Directions of research into the media portrayals of illness*

Research into the media portrayals of illness has pursued two interconnected directions. One direction concerns ways in which the media portrays illness and its meaning. In analyses of media representation of dis-

ease it is important to consider not only the accuracy of media portrayals of diseases (as they compare to scientific findings), but also to focus on the meaning of media portrayals, and to explore why some health issues receive attention while others do not (Rock 2005).

Researchers have long since agreed that while cataloguing media portrayals of disease is important, it is not enough to simply enumerate the issues that have received media attention, and the surfaces of media texts need to be mined to extract the sometimes hidden meaning underlying them (Rock 2005). The media texts, argues Clarke, (2005) are social constructions of health and illness shaped through the interplay of various discourses and frames. Discourses are social constructions of reality imbued with power to select and give meaning to what is and what is not news and information, and frames are “communication devices that focus and delimit what will be discussed, how it will be discussed, and what will not be discussed” (Clarke 2005:594). According to Clarke (2005), three frames may be distinguished in the media discussions of health and disease. The medical frame presents health and illness as morally neutral biological phenomena that concern the development, functioning, failure, and treatment of human bodies. The political economy/social structure frame portrays illness and health as socially determined outcomes of inequalities embedded in social structures and institutions. Thus, individual differences in terms of health or illness stem from being differentially exposed or protected from the various societal risk factors (such as degradations of poverty or contaminated environments). Within the lifestyle frame, an individual’s health or illness is portrayed as her responsibility and as result of wise or poor lifestyle choices, including, but not limited to, eating, drinking, smoking, or exercise habits.

These frames may be simultaneously present in the media portrayals of health and illness, and behind the seemingly neutral media representation of the biological dimensions of diseases such as cancer or diabetes, may be the assumed or presumed culturally and socially embedded norms and values of what is to be considered as normal and healthy and as pathological and unhealthy. For example, underlying the media portrayals of symptoms of cancer and of individuals fighting them as heroic, resilient, and distinguished, are normative definitions of an ‘average’ person and her behavior as benchmarks against which individuals fight-

ing cancer are implicitly compared (Clarke 2005; Seale, 2002). In an earlier study of print media portrayals of tranquilizer dependency Gabe et al. (1991) found that unlike celebrities 'average' people were presented as innocent victims of powerful drugs, and their battle against dependency as courageous acts of empowerment. For another example, in her study of the portrayals of diabetes in North American print media, Rock (2005) examined with what social groups the portrayal of diabetes was associated, and whether the articles presented the lifestyle choices of these groups as responsible for the disease, or whether they also discussed the social foundations of illness and its connections to social inequalities.

Because the meaning is constructed not only by what the media texts say about health and illness, but also by what they are silent about, Lyons (2000) states that critical approaches to examining media portrayals of illness and health are particularly relevant. In line with Kincheloe and McLaren (2000), Lyons (2000) argues that underlying media portrayals of health and illness are the relations of power and control that determine what is and what is not newsworthy, and thus exploration of the media texts' meaning needs to pay attention to the social, political and cultural contexts in which health and illness occur and in which they are depicted.

The second direction of research into the media portrayals of health and illness concerns the effects of the media portrayals on the audience or readership. The media perform an agenda-setting function, selecting which issues are worthy of public attention, and the general public relies greatly on mass media for information concerning health issues and disease (Frost et al. 1997). Research indicates that media portrayals of disease influence ways in which people construct their views about health and illness (Hodgetts & Chamberlain 2002). While the media act as the public forum about matters of general significance such as health and disease, they may mislead and misinform the public about health issues and their causes and consequences (Giles 2003). Stuart (2006), for example, points out that overwhelmingly dramatic and distorted media images of mental illness may impair self-esteem, help-seeking behavior, and overall recovery in patients, as well as promote stigma and discrimination against people with mental illness. Hodgetts and Chamberlain (2002) and Harper (2005) point out in their analyses of the stigmatization of mental

illness in the media that individuals of lower socio-economic status may be particularly prone to media influences, partly because they had less exposure to post-secondary education and consequently fewer opportunities to develop their critical thinking skills. Media portrayals of illness (in particular mental illness) that distort its consequences for the ill person herself and for her social environment may lead to increasing stigma, ostracism, and victimization of ill individuals by the public (Cutcliffe & Hannigan 2001). Ibid (2001) point out that the media portrayals tend to openly or tacitly blame the victim for their condition, and Hannigan (1999) states the need to resist stigmatizing and discriminatory attitudes of the media portrayals of [mentally] ill individuals.

### *Why study intersections of aging, health and illness in The Globe and Mail*

Yet despite the growing body of scholarship, some gaps remain that require further research. Since the studies of the ways in which the media portray seniors repeatedly pointed out illness as one of the principal characteristics in which older characters were presented (Robinson et al. 2004; Cohen 2002; O'Reilly 1997; Gerbner et al. 1980), one might have expected both sociologists of aging and sociologists of health and illness to have paid close attention to the media and the ideas about inter-relationships between aging, health and illness that they convey. Yet while some studies have focused on media portrayals of illness (cancer) in children (Clarke 2005) and on how portrayals of illness can be generated (Seale 2002), little is known about how the media portray issues of health and illness among older adults. This may be considered as a missed opportunity and in this paper I attempt to explore how the media may portray illness and health among older adults using the example of a national Canadian daily newspaper *The Globe and Mail*.

The choice of the newspaper for this study is not accidental. Studies have found that both on television (Donlon, Ashman, & Levy 2005; Gerbner, et al. 1980; Northcott 1975) and in print media (Harwood & Roy 1999; Whitfield 2001) seniors are under-represented, and frequently portrayed in a generally negative light that compounds being poor, unattractive, socially isolated, and unhealthy (Bell 1992; Kessler et al. 2004;

Robinson et al. 2004). Yet some scholars argued that in the press, older adults and their issues may receive a more adequate and less skewed coverage than on television, partly because aging as a lengthy process in and of itself hardly involves an immediacy of sensation that is particularly crucial for television programs, but issues around aging may fit better with the newspaper genres such as commentaries about social trends and reflexive essays on lifestyles (Robinson et al. 2004). In the Canadian context *The Globe and Mail* is also popularly regarded as a template for issues that are worthy of media and public consideration: once an issue or a topic has been covered in *The Globe and Mail*, it is likely to trickle down to the other print and electronic media who will start reporting on it as well (personal communication with the Murphy Family Institute, Edmonton). Since I am interested in investigating whether and how the media portray health and illness among older adults, for this exploratory study I selected *The Globe and Mail* that, in the opinion of the general public and the experts, may to some extent provide a nation-wide template for portraying aging, health, and illness.

Since healthy lifestyles are connected to positive body images, beauty, and general success in all life endeavors in media portrayals of the general adult population (Madden & Chamberlain 2004), I was interested in the relationship between health and ageing in the portrayals of older adults in *The Globe and Mail*. A useful point of departure for this study is provided by research on ageism. Bytheway (2005) and Nelson (2005) argue that ageism has been recognized in references to seniors in general as inferior to non-seniors simply because seniors have been alive longer. But a more subtle although not any less harmful form of ageism is contrasting some groups of seniors with other groups, for example emphasizing the perceived inferiority of 'the really old people' in comparison to the still youthful, active and productive young retirees. Following Cole (1992: 230), McHugh (2003) points out that marketing campaigns of retirement lifestyles in the magazines for mature adults can split societal stereotypes of aging and old age into positive and negative extremes: a good old age characterized by health, independence, and economic and social vitality, and a bad old age, characterized by illness, physical and social decline, and dependency.

The insights from the research literature on ageism suggest that both negative and positive media portrayals of older adults and their health and illness need to be critically examined and not taken at face value (McHugh 2003; Giles & Reid 2005), as positive portrayals could be overt or tacit antitheses to their negative portrayals (McHugh 2003), and by reinforcing the distance between different kinds of seniors or between illness and health they may further de-value and segregate more vulnerable older adults (Hagestad & Uhlenberg 2005).

## Methodology

In this study I sought to explore how health and illness among older adults are portrayed in the articles about seniors published in *The Globe and Mail* in 2005. *The Globe and Mail* has a circulation of two million, and was chosen for this study as Canada's largest national 'broadsheet' daily newspaper that self-reputedly provides "the most authoritative news in Canada, breaking coverage on national and international news" ([www.globeandmail.com](http://www.globeandmail.com)). Each daily edition of the newspaper includes sections such as National and World News, Business, Social Studies, Facts & Arguments, Science, Technology, Sports, and Arts. The data analyzed in this paper are hard copy articles featuring individual seniors and older adults in general and explicitly referring to their health and illness published in any of the sections of the print editions of *The Globe and Mail* in 2005. *The Globe and Mail* includes pictures, but they were not part of the current exploratory analysis that concentrated solely on the textual material, among other reasons because the articles chosen for analysis rarely included photographs. Analysis of the visual data is important in social sciences and media studies (Pink 2001), and including them into future analyses of the print media portrayals of older adults would be an important way to advance the current study and to add another layer of complexity to the understanding of ways in which the print media portray older adults and their health and illness.

The articles were included into the data set through purposeful sampling, using the intensity strategy to choose information-rich cases exemplifying the researched issues (Patton 2002). As the first step of the sampling, a key word search of the online 2005 archives of *The Globe and*

*Mail* was conducted, using the key words determined through reviewing the literature on social gerontology and sociology of aging, including 'seniors', 'older adults', 'older people', 'older persons', 'senior citizens', 'elderly', 'older men', 'older women', 'aging', 'growing old', 'retirees', 'health', 'healthy', 'disease', 'illness', 'risk', and 'body'. 275 articles were identified through the key word search (when the same article came out several times in response to different searches because it contained more than one keyword, it was counted only once). As the second step, the 275 retrieved articles were read to determine whether they indeed dealt with seniors and their health and illness in various contexts, including, but not limited to, family, work (broadly defined), social and health care policy, and leisure. 60 articles were finally selected for analysis (for example, articles that spoke about health and illness but only among children, younger women, or younger men, or that used the word 'seniors' in reference to the last-year high-school students were not included into the final sample). The printed editions of *The Globe and Mail* from which the 60 selected articles originated were also screened, but no additional articles were found in these issues. The selected articles ranged in size from 120 to 2800 words, the majority being around 1000 words. 23 of them came from the National News section of the newspaper, 13 from the Facts & Arguments section, 7 from the Social Studies section, 5 from the Lives Lived and the Focus/Columnists' sections each, 4 from the Science section, and 3 from the Style section.

The method of thematic analysis I used to analyze the articles had similarities with the methods reported in previous research of the newspaper portrayals of health-related issues (Bradby et al. 1995; Gabe et al. 1991). I focused on the thematic structures of the texts, but by relating the themes that I uncovered to the broader socio-historical context in which the articles were written, I also attempted to generate insights into why the journalists talk about older people and their health and illness in certain ways, and how this may be interpreted by the readership. Sixty newspaper articles seemed sufficient to provide saturation (*i.e.*, what I read became no longer new as I approached a sample size of sixty), and a sample of a similar number of articles was reported as a benchmark for saturation in previous research into the media portrayals of health-related issues (Bradby et al. 1995).



I analyzed the thematic construction of the articles inductively (Patton, 2002:453) and mined the articles to discern the themes they contained but not to test a preconceived hypothesis. I acknowledged the fact that my familiarity with the research literature on ageism and on the general media portrayals of older adults could heighten certain expectations regarding possible portrayals of health and illness among older adults in *The Globe and Mail*. While this background knowledge provided me with a useful point of departure, I made every possible effort to consider the articles with a freshness and openness of understanding and experience, and to question whether the themes that I seemed to uncover could have additional aspects, or be interpreted from different perspectives. To identify the categories and themes in the articles pertaining to health and illness among seniors, I deeply immersed myself into the texts of the articles and analyzed them through a continuous, iterative process (Denzin & Lincoln 2000; Silverman 2000). I critically reflected on what I saw in each article, and engaged in constant comparison across the articles. In course of my analyses I identified three broad themes that are discussed in detail below. While the texts of individual articles could simultaneously weave in several themes, 26 articles contained an explicit or implicit mention of associations between aging and disease, 29 articles referred in various ways to individual responsibility for healthy aging, and 11 articles revolved around the societal costs of aging and maintaining health in later life. Like most research methodologies, the conclusions about ways in which the newspaper texts may portray older adults and their health and illness have validity only in terms of the selected universe (*i.e.* *The Globe and Mail* and the articles therein selected for analysis), but these conclusions may help to develop more general hypotheses and questions to be tested through subsequent studies.

## Findings

### *Associations between aging and disease*

In reading the articles for themes, the first issue that came to attention was that the texts very proximately linked aging and disease. Sometimes it was done explicitly, sometimes implicitly, but in reading across the articles, one starts getting a picture of older age as related to, associated

with, or manifesting in different kinds of diseases, bodily decline, and general worsening of one's health. Dementias, osteoporosis, shingles, eating disorders, cancers, heart disease and diabetes – this is by far an incomplete list of illnesses that older adults are portrayed as being particularly susceptible to. While the storylines of articles usually focus on treatment and sometimes on prevention, it is always assumed, tacitly or explicitly, that the cause of disease is age-related and that disease and growing older are inseparable:

Once a woman reaches menopause [i.e. reaches what Featherstone & Wernick (1995) referred to as 'a certain age' between mid-life and senior years], bone mass can decrease substantially. ("Calcium not shown to help seniors ward off broken bones", April 28, 2005).

The shingles shot would keep a long-ago acquired infection in check as a person ages and his or her immune system weakens. ("Experimental vaccine promises relief from shingles", June 2, 2005).

Although at first glance these quotes refer to a medically neutral picture of the disease and its treatment as biological phenomena, they implicitly link aging and weakening of a person's immune system, and point out a close association between them. Moreover, illnesses are portrayed as having a stronger and deadlier grasp on aging bodies than they have on younger people who are more vigorous and resilient to disease. The same disease could manifest itself more severely in older adults than in younger ones, and produce greater harm:

It's a trend [increasing incidence of eating disorders in older women] that's alarming for a number of reasons. As dangerous as all eating disorders are, they pose much larger threat to an older woman's health than to a younger one's. ("Eating disorders have no age limit", November 26, 2005).

The fragility of health is pointed out even when older persons are explicitly portrayed as relatively healthy (for example, older men who are healthy enough to take an interest in dating women). The precariousness of older adults' health looms under the surface of the texts and diseases are pictured as inevitable, as waiting [for them] just round the corner. Disease is portrayed as one of the key defining features of aging, and a

successfully overcome disease gives aging and older adults a certain charm and sophistication, is a sign of their wisdom and experience, and makes older people attractive:

Older men are preferable, in my view, not for their successes but for their failures. Prior to their first major disappointment, most talented young men are insufferable. It takes a divorce, bankruptcy or health scare to shake a guy out of that smug, Teflon ego-bubble he was born into. ("Older men: no six-packs, but a lot of class", March 26, 2005).

Health concerns are thus portrayed as immanent characteristics of aging persons, and generally older people have more limitations to their bodies than younger ones. An older person is thus portrayed as an individual who has faced an experience of a health scare [implicitly associated with the aging process], someone who has been exposed to the limitations of one's physical body, and who has embraced the fact of fragility of human beings. That I found disease portrayed in *The Globe and Mail* as one of the key features associated with aging is in line with the previous research literature on media representation of aging and the aged (Robinson et al. 2004). Yet another, more optimistic way to interpret the presence of this theme in *The Globe and Mail* is to note that the articles are discriminating between aging and disease, and although people may acquire diseases over the course of their aging, aging in itself is not portrayed as an ultimate form of disease. On the positive side, the discussion of diseases among seniors may signify the societal concerns about their health, and the fact that the medical system has advanced to the point of treating various diseases in older adults (osteoporosis, shingles, and eating disorders).

Thus a question for future research could be whether the susceptibility to and the experiences of various diseases may be portrayed differently among people of different ages, and whether the absence rather than presence of older adults in the print media portrayals of some medical conditions could potentially constitute a form of ageism, by implicitly indicating that these conditions cannot be distinguished from the 'natural' process of decline of the aging body.

### *Individual responsibility for healthy aging*

Alongside the theme that depicted the process of aging as making human bodies increasingly frail and as a consequence vulnerable to diseases, another theme in the articles portrayed older adults as soliciting the destructive influences of diseases, through making inappropriate lifestyle choices, including lack of physical exercise, poor diets, inappropriate psychological attitudes, and generally unhealthy behaviors:

By the age of 50, she [Kathryn Zerbe] writes, there is no escaping some sort of regret or loss, as in "I wish I had been kinder to my mother", or "It's too late to get my medical degree". An eating disorder is one way to avoid dealing with those very real issues. Add in age-specific transitions, such as empty-nest syndrome or the death of a parent, hormonal shifts, a decrease in metabolism and natural menopausal weight gain and you have a scenario ripe for some sort of unhealthy behavior ... And of course, there's no escaping our culture, she notes. We live in an image-oriented society that idealizes youthfulness and doesn't value experience and getting older". ("Eating disorders have no age limit", November 26, 2005).

The quote suggests that an older adult typically gives in to her life circumstances, hence her unhealthy behavior and the development of an eating disorder. Interestingly, the text also points out societal influences of unhealthy behaviors. In doing so, it juxtaposes the positives of accepting one's aging with the negatives of denying it in response to societal pressure, the latter being associated with an unwise, dangerous and unhealthy lifestyle. Ultimately, although the risk factors causing unhealthy behavior are pointed out, the locus of responsibility for one's health remains with the aging person herself.

The theme of healthy / unhealthy aging emphasizes older individuals' responsibility for their health status. Deteriorating health among older adults, it is suggested, may have a close association with older adults ignoring the rules of a healthy lifestyle, with the lack of proper attention and care for the needs of their body – until it becomes [almost] too late:

Kidney damage develops over time when people are overweight, are not physically active and have untreated high blood pressure

and high cholesterol...Mr. Munro, for example, suffered from high blood pressure for almost 30 years before he started getting proper treatment and by then his kidneys were shot. ("Number of dialysis patients over 75 soars, data show", June 30, 2005).

This quote exemplifies how a newspaper text places responsibility for their health problems on the older person herself, firstly by linking health problems with one's lifestyle, and secondly by suggesting (although indirectly) that a person is responsible for when to start treatment and what lifestyle choices to make once she becomes unwell. Lifestyle choices portrayed as pre-conditions of health and illness may refer to very practical behaviors like eating or smoking, but they also may concern more complex social behaviors such as sustaining friendship, reaching out to others, building social networks and getting socially engaged. For example, the newspaper texts assumed that to stay healthy, older adults should reconsider their behavior regarding emotional isolation and loneliness:

Medical research has shown that emotional isolation is, indeed, powerfully linked to illness and death...There are some questions we may each ask ourselves at the end of each day. Have I reached out to anyone in an emotionally vulnerable way? Have I shared myself? Have I made it possible for others to share themselves with me? ...If I feel lonely, how have I created a life in which I am lacking intimate contact with others? Building genuine connections with other humans does more than make us feel good psychologically. It is an essential requirement for physical health. ("Reach out and heal someone: loneliness is bad for your health", June 11, 2005).

The antithesis of pointing out that older persons dig their own graves by choosing unhealthy behaviors is to suggest that the reverse is also true. Thus the articles affirm that by making clever and appropriate lifestyle choices throughout one's life, or even at a later stage of one's life, an older adult may have control over her health as she ages. At first glance this may seem to contradict the previous theme discerned in the texts of the articles, namely that declining health is portrayed as an inevitable companion of aging. If aging is strongly linked to decline, how can the individuals be assigned full agency for maintaining their health over the life course?

The two themes are reconciled through the idea that healthy aging leads to longevity, and that those who are aging healthily are not yet the 'really old people', that is those demented individuals, those who suffer from cancer, diabetes, heart disease, high blood pressure, who have high levels of cholesterol and whose bones are crippled by osteoporosis. The framework of consumerism within which the journalists operate ascribes to individuals the ability to make informed choices about the products they consume and the lifestyles they choose (Gabe et al. 1991). Consumer culture of which the print media including *The Globe and Mail* are the vehicles, offers "a wide range of images of positive aging reparative measures and strategies, ranging from fitness routines to cosmetic surgery in order to reinscribe the body in a more youthful manner" (Featherstone & Wernick 1995:11). Although these measures may not offer a recipe for immortality or resolve the problem of deep old age with its infirmities, they claim to postpone crippling old age and ultimately death almost indefinitely (Featherstone & Wernick 1995; McHugh 2003; Vincent 2006). By making wise lifestyle choices, the articles say, older adults may be able to maintain better health longer. One suggested way of doing this is by eating smarter:

If you're like many adults over age 65, you're probably concerned about staying healthy and active as you age. Most people recognize that a healthy diet can make a big difference...Obstacles to healthy eating crop up as we age. Older individuals who live alone may not know how to cook, or find cooking for one a meaningless task...Chewing difficulties, constipation and heartburn may interfere with good nutrition by prompting the 65-plus to overly restrict healthy foods. Aging also affects the ability to taste and smell, which can influence what types of foods will be eaten. Medications can also affect the nutritional status of older individuals. Some medications cause gastrointestinal side effects that can depress appetite. Others affect the absorption or metabolism of nutrients. ("Getting older means eating smarter", April 20, 2005).

Interestingly, the limitations to healthy nutrition choices are portrayed in one article as stemming from the very process of aging and thus located within the [biological] experiences of the individual. Although mentioned at the beginning, by the end of the text the inability of some older

adults to choose the healthy foods due to their various bodily constraints and limitations was somewhat forgotten, and prescriptive style dominated the remainder of this article, appealing to older adults' reason to stay healthy by making smart choices:

To keep the digestive system running efficiently and prevent constipation, older adults should [emphasis added] emphasize whole grains, whole fruits and vegetables instead of juices and cooked legumes at meals. ("Getting older means eating smarter", April 20, 2005)

A very similar message, that by making healthy nutrition and diet choices, an older adult can extend better health was advanced in another article that emphasized the benefits of one particular nutrient such as fiber:

Doctors have known for centuries that a diet high in fibre helps promote bowel regularity. For many of us, that's reason enough to start the day with a bowl of bran. ("Bottoms up: three cheers for fiber", March 9, 2005).

A healthy diet is portrayed as one example of an older adult being attentive to the well being of her body. Another example was initiating regular medical examinations that help to uncover health problems early enough to enable their treatment, as suggested in an article focusing on older men ("Study findings show 43% cut in the number of fatal ruptured aortas in those given ultrasounds", Aneurysm test recommended for men over 65, February 1, 2005). Regarding older women it was pointed out that having regular breast cancer screening is highly important ("Women beware: can you trust your mammogram?", April 30, 2005). It was also pointed out that older adults can increase their chances to preserve better mental health by not drinking too much alcohol:

Middle-aged adults who binge drink may face a heightened risk of dementia later in life, a Finnish study shows. Over all, people who binged at least once a month - drinking, for instance, five bottles of beer or a bottle of wine in one sitting - had a three times greater risk of developing dementia, including Alzheimer's disease. The study included 554 adults who provided information of their health and lifestyle, including drinking habits, in 1975, when they

were 40 years of age or older. ("Social studies: Booze and dementia", May 12, 2005).

The individual responsibility for healthy aging theme contains a significant moral component. As Katz (2000) points out, 'the busy' ethics of Protestant Capitalism becomes the moral philosophy of aging well in modern Western societies. Pursuing a busy lifestyle becomes synonymous with a right and holy life, and health in later life, similarly to wealth in Max Weber's "Protestant Ethics" becoming a symbol of moral virtue. The metaphor of a 'health sin' that will catch up with an individual as she ages is used in the title of an article portraying an individual's responsibility for their health. While middle-aged persons who commit 'health sins' - as manifest in their bodies - may not be facing the consequences of their behavior just yet, they surely will pay the full price for their overindulgence when they grow older:

Middle-aged Canadians who ignore the fact that their belly is blocking a clear view of their toes and who combat stress with a pack of smokes may not feel any less healthy than they did when they were teenagers. ("It's true: Your health sins will catch up with you". May 10, 2005).

The interrelations between individuals' lifestyles and their health later in life highlighted in the articles may be linked to the fact that journalists work within the 'health as a virtue' versus 'health sins' framework grounded in the values of consumerist culture, when the consumption of various services and goods is believed to have a positive connection to maintaining good health. It seems important that although the articles usually portrayed a particular older adult as the main character of a story, the implications of the story were assumed to be generally true for all seniors. Perhaps it stems from the fact that in the articles, older adults were implicitly assumed to be homogenous, or at any rate share major common characteristics such as declining health and vulnerability to disease. According to the earlier studies on media representation of illness, media portrayals tend to personify the stories and simultaneously to draw general conclusions from the vignettes about particular individuals (Gabe et al. 1991). In the articles I analyzed, all older adults were assumed to be in need of emotional connectedness, pursuing a healthy diet, being



physically active, and maintaining a healthy weight. The theme of individual responsibility for healthy aging had a certain moral dimension, whereby unhealthy lifestyles that led to unhealthy aging were sinful, and the healthy ones that took good care of their body and their health were virtuous.

### *Apocalyptic demography and the costs of [un]healthy aging*

Alongside emphasizing individual agency in choosing a lifestyle that may lead to healthy or unhealthy aging outcomes, another significant theme in the newspaper portrayals of seniors and their health concerned who bears the costs associated with the healthy or unhealthy lifestyles of older adults. When healthy aging was discussed it was explicitly suggested that it is an older adult herself who needs to pay for the lifestyle she pursues and for the services she uses:

Tight food budgets can lead them to scrimp on fresh fruit, vegetables and meat because of these items' higher costs. ("Getting older means eating smarter", April 20, 2005).

Although individual contexts that may attenuate the costs of healthy lifestyle, such as insufficient financial resources that led to inability to purchase healthy foods, were explicitly stated in the text, the focus of the articles on individuals left little room for exploring the broader socio-economic dimensions of intra-generational and inter-generational inequality that may explain why some seniors have insufficient financial and other personal resources in comparison to their peers or younger persons (Chappell et al. 2003; McDonald 2004).

When unhealthy aging was discussed, the newspaper texts suggested that older and unhealthy adults became a burden on society, taxpayers, and governments, by placing expensive claims on the health care system. This issue has long since been observed (and critiqued) by social gerontologists, who have coined a term "apocalyptic demography" to refer to the gloomy forecasts of the collapse of the social security system as the result of the growing proportion of seniors in society (Adams and Dominick 1995; Gee & Gutman 2000; Lascelles 2004). Forecasts about population aging give birth to concerns about the sustainability of public pensions, social security, and health care systems due to the escalating

costs of supporting an increasing number of seniors (Chappell et al. 2003). Consequent media portrayals of seniors as 'the grey peril' have been recognized and critiqued (Robinson et al. 2004). Yet the theme of older adults' health as a problem that may disrupt society and its healthcare system was present in the newspaper articles. The articles explicitly portrayed seniors and their health problems as an inevitable 'doom' factor:

In a decade, Canada will have more seniors than children...This aging is inevitable...These worsening ratios [of people working to those out of workforce] will be especially bad for the Atlantic region. It already has more seniors to young people than other provinces. That pattern will intensify, unless something dramatic changes. Demography will be one more reason why that region (minus, perhaps, energy-rich Newfoundland) will lag behind the fast-growing westernmost provinces...What are they [older adults] going to demand from the health-care system, since the largest single cost of the system is caring for people in their last 18 months of life? It's estimated that the aging population will add about 1 per cent to the country's public health care system, whose costs grew last year by 7.7 per cent, according to a recent report from the Canadian Institute for Health Information. How will governments - that is, taxpayers - cope with this new world of older Canada? ("The new world of older Canada is just about here", December 21, 2005).

The article implicitly links aging with disease and decline. The argument that larger numbers of older people in the population structure will inevitably increase healthcare needs (and costs) rests on an assumption that older adults' health is poor or will deteriorate. Rhetorical questions without answers about the public consequence of this are used to dramatize the story. Population aging is portrayed as a problem to the regions where it occurs because of direct costs to sustain the health care system in the face of seniors' increasing demand for services, and because of indirect economic outcomes of aging such as the decreasing proportion of productive adults in the population structure. Older adults seem to be regarded as a relatively homogenous group in terms of amounts of care and health services they do and will need. One may argue that such an outlook misses the diversity of older adults' life circumstances and abili-

ties, for example the continued involvement of some seniors in paid and unpaid work.

Yet while the continued emphasis in *The Globe and Mail* on the costs of unhealthy aging of older adults as a whole (born by the productive population) may be interpreted as a manifestation of inter-generational media ageism (Bytheway 2005), insights from critical gerontology suggest that emphasizing productivity and contributions of some seniors would not necessarily be a solution. Discriminating between seniors who are and are not productive (*i.e.* engaged in paid or unpaid work) may result in intra-generational ageism whereby the emphasis shifts to some (rather than all) seniors as over-using the health care system, and questions are raised about the differential deservingness and moral entitlement for health care among different kinds of seniors. These are complex issues tied into the criteria of individual's worth and moral entitlement for full citizenship rights in modern society, and how these criteria may change historically and over the life course (Hareven 1995).

Another article dealt with the costs of a specialized medical treatment – for a condition which need not be associated only with old age, but which is portrayed in the example of a person of an older age:

Newly released data show [that] the number of seniors treated for kidney failure has more than tripled in the past decade...Kidney failure, and the dialysis required to treat the condition, has a number of underlying causes, notably cardiovascular disease and diabetes... At the end of 2003, there were 18, 153 Canadians receiving dialysis, according to data published by the Canadian Institute for Health Research. One in four of those patients – 4, 889 – were over the age of 75...The procedure is expensive: it costs more than \$50, 000 a year. Dialysis is also physically punishing, and can be socially devastating. ("Number of dialysis patients over 75 soars, data show", June 30, 2005).

While the text does not directly state that the yearly costs of dialysis are born by society on behalf of the seniors who require it, it emphasizes that the treatment is expensive and that every fourth person who receives it is a senior. Yet another way to interpret this text could be that the very fact that older persons receive dialysis is a testament to progress in the medical system. What the article does not say is whether some seniors may not

be able to receive dialysis because they cannot afford its costs, and what societal factors may determine inequality of access to medical treatment among seniors and between seniors and younger persons. Another question that intrigues me (but that did not come up in the analyses of the sampled articles) is whether the costs of medical care provided to older adults could be seen as the other side of revenues of the [private] medical care facilities, since population aging is 'reinvented' as a growing and profitable market (Featherstone & Wernick 1995; McHugh 2003), where different kinds of seniors may have very different degrees of purchasing power, and some have no purchasing power at all.

The costs of medical treatment were put into the spotlight in the portrayal of an older adult receiving critical care at a hospital. The article focused on the doctor's moral dilemma regarding how to justify the costs of an expensive medical procedure needed by a patient who was old and unlikely to survive:

Tom Stewart, the director of critical care at Mount Sinai [Toronto's hospital] and the University Health Network, is trying to decide whether to prescribe an anti-sepsis drug called Xigris that costs nearly \$11, 000 for one 96-hour course of treatment - even though the patient, an old man, is likely to die anyway. What should he do? As an administrator, under constant pressure to cut costs and maintain patient flow and free up beds, he should not prescribe the drug. As a humane doctor who has confidence in science, he will. And as a born-again Christian, who believes in God's will and the power of faith? ("Mount Hope: life and death at the hospital. Salvation's army", November 19, 2005).

This quote illustrates the highly controversial topic of whether and from whose perspective the costs of treating a disease in patients are justifiable if the healing outcome is uncertain or unlikely, and whether age may (or should) be one of the deciding factors. It also taps into the extremely complex moral questions about older adults' value and social worth, and ultimately, the relative worth and value of a human life. The portrayal of the doctor's inner struggle over the decision about whether to treat or not to treat an older patient given the high costs of treatment and the unlikelihood of survival exemplifies the darkest side of the theme of the costs of healthy and unhealthy aging. Not only the costs of treating disease

among the elderly are high, there is also a moral dilemma for society as to whether bearing these costs is acceptable given other pressing needs (of different age groups). Looming under the surface of this quote is the recognition that the drug, as well as the hospital bed, may be needed by a younger person, who may be of greater social worth, and thus a doctor may be pressured not to treat disease in an older patient and allow them to die, to save the scarce resources for those considered by the society as more productive and ultimately more deserving to live.

## Discussion

Having explored the articles, I uncovered three major themes in which older adults and their health and illness were portrayed in *The Globe and Mail* in 2005: aging as disease, individual responsibility for healthy aging, and apocalyptic demography / costs of [un]healthy aging. The articles portrayed disease as an inevitable companion of aging, and openly or tacitly linked older age with various forms of physical and cognitive deterioration and decline. The articles had a moral dimension in suggesting that older adults as persons, and not just their biological bodies, may be responsible for declining health, due to their poor diets, bad habits, or unwise lifestyle choices that could include lack of exercise, social isolation, and smoking. In contrast to 'health sins', the articles idealized healthy aging and pointed out preservation of fair health in later life as a moral virtue. Although disease is inevitable with aging, the consumerist philosophy offered a variety of reparative measures through which seniors may be able to control their health. By eating healthy foods, quitting smoking, going for regular medical examinations, keeping busy and socially active, and accepting their aging as an achievement instead of denying it, older men and women may maintain their good health longer. While the articles made a reference to the fact that the lifestyles associated with healthy aging could be costly, they had little room to discuss why some individuals may have fewer financial resources to afford healthy aging. The structural causes of inequalities in older age and the societal responsibility for their consequences were outside the articles' focus.

Societal responsibilities came into focus within the theme of apocalyptic demography / costs of unhealthy aging. Seniors in general were depicted as a population with a high incidence of disease and a great need for healthcare. The portrayals included little discussion of seniors' contributions in terms of paid or unpaid work, and their social value and worth was implicitly questioned. Older adults who failed to age healthily because of poor individual choices were presented as a burden on society. Although seniors in general were portrayed as the least healthy, the least productive, and the most demanding population stratum, exemplar seniors making smart lifestyle choices and aging healthily were juxtaposed to them as an antithesis.

However, the newspaper portrayals of aging and health and illness have multiple dimensions, and building on an argument by Bury (2001) one can posit that the very fact that *The Globe and Mail* discusses health among older adults may be a testament to the democratization of the medical discourse. The presence in *The Globe and Mail* of articles about health and aging may be considered a way of expanding information about illness and disease, and involving the public into reflection on these issues.

Comparing my findings with the frames uncovered by Clarke (2005) in her study of the media portrayals of childhood cancer we can see a lot of parallels. Clarke's lifestyle frame resembles the theme of individual responsibility for healthy aging. Importantly however in contrast to Clarke's (2005) findings, the issues of the influence of social inequalities embedded in social structures and institutions on health and illness were only marginally present in the portrayals of health and illness among older adults in *The Globe and Mail*. One possible explanation, coherent with assumption that people becoming more equal as they age (Chappell et al. 2003) could be that journalists consider aging as a democratic process that affects all individuals and thus makes them more similar to one another over time. Because everybody, regardless of whether they are rich or poor, becomes older, one may be tempted to assume that aging is a universal, defining feature that overrides individual differences. However, the portrayal of unifying effects of old age ignores differences in resources available to individuals in order to make and to sustain healthy lifestyle choices. That one of the articles pointed out that healthy food

may be unaffordable for some or many seniors may be an indication that *The Globe and Mail* is starting to be more sensitive to the political economy of health and aging.

It is of great significance that in the articles I analyzed the themes were often intertwined in the same text. On cursory glance many of the articles in my sample spoke about health and illness as morally neutral biological phenomena. However, a question that warrants further reflection is whether the emphasis on precariousness of health and proneness to disease among older adults may be a manifestation of ageism, that is presenting older adults in general, and some older individuals in particular as less vigorous, less healthy, less able-bodied and able-minded than their peers and than younger people simply by virtue of them having lived more years (Bytheway 2005).

Thus the internal thematic structure of the articles sampled from *The Globe and Mail* that I uncovered raises questions of why the journalists may use these themes to portray interconnections between health and aging, and what meaning these themes may have for older adults as well as younger persons (Gabe et al. 1991). While addressing these questions in detail would be a task for further research, some initial responses may be provided for discussion.

The themes present in *The Globe and Mail's* portrayals of aging and health may be explained by the techniques used by journalists to make their stories newsworthy as well as by the concepts and values in terms of which aging and health are discussed in society. Dramatization, simplification, and personalization are popular methods that the journalists who write about population health and illness use to make the stories newsworthy (Gabe et al. 1991). Dramatization is achieved through the use of the narrative form that presents a story about a health issue as a process of travel from a starting point to a certain destination (*e.g.*, a person who is now a senior started to have high blood pressure 30 years ago, left it untreated, and as a result his kidneys were damaged). The use of vignettes about individual older adults in the articles personifies the stories, assumingly making them more immediate and identifiable for a reader. That out of 60 articles I analyzed 47 used the vignettes portraying individual older adults as part of their narrative is not incidental.

Moreover, the values of consumerism and individualism that underlie the cultural representation of aging (Sawchuk 1995; Denzin 1995) fit well with the stories' focus on individual seniors, hence a smart consumer throughout her life course is 'empowered' to choose the goods, services, and lifestyle that benefit healthy aging. Last but not least, the storylines of the articles are simplified through focusing on stark contrasts between black and white while eliminating the shades of grey, for example by juxtaposing 'health sins' of persons who overindulge in food, alcohol, and tobacco smoking with the virtuous lifestyles of exercise, moderation, and social engagement of the 'healthily aging' persons. Storylines built around dramatic contrasts between individual sin versus individual virtue may leave little space within the articles to consider complex social factors such as systemic poverty or discrimination that may influence inequalities of lifestyles and of health statuses among different groups of people.

In what way could the readership, including older and younger persons, react to the articles that portray health and aging? One may speculate that given the diversity of ways in which *The Globe and Mail* has portrayed health and illness among older adults and in relation to the process of aging, younger persons would be exposed to a varied picture of the experiences of health and illness over the life course. Moreover, the message about the importance of actively maintaining good health throughout one's life is culturally relevant for all ages in Western societies (Sontag 1991) and may help younger persons relate to the portrayals of health trajectories in later life and the stories about older persons' experiences of health and illness. Yet while younger persons may pity older individuals with crumbling health when reading about them in the articles, it is possible that they will react in a "Thank God it's them and not me" way (Gabe et al. 1991). A similar reaction may also be possible among older readers, and previous research has demonstrated that older adults of any age tend to disassociate themselves from their peer group if the latter is portrayed as ill and 'the really old folks' (Robinson et al. 2004). Also, the problematization of unhealthy behaviors such as smoking or a lack of exercise as connected to poor health outcomes in later life may encourage younger persons to consider amending their life style, and be a source of positive affirmation and satisfaction for older persons who have lead



healthy lifestyles. But it may also offend those seniors who would identify with the 'unhealthy' lifestyles portrayed in the articles, and increase their sense of moral guilt and failure.

This exploratory study outlined three themes of portraying health and illness among older adults through analyzing a pool of articles from one Canadian newspaper. To test whether these themes are present in larger samples of texts and in the other print media such as newspapers and magazines, further research would be welcome. One way to extend this research could thus be to compare how the issues of health and illness among older adults are presented across different news media, and how they may change over time. It would also be valuable to compare the media portrayals of health and illness of seniors and non-seniors across different cultures. Also, it would be interesting to consider the portrayals of health and illness in the media when age is confounded with ethnicity, gender, and social class, as well as with differences in sexual orientation. Including visual elements of the media portrayals of aging, health and illness into analysis would be another exciting possibility to extend this exploratory study, and to consider whether and how the themes that I uncovered in the texts of the articles may also be portrayed in pictures. Last but not least, it would be exciting to compare the media texts about health and illness among older adults with the texts of policy documents in the public health area, searching for commonalities and differences of language, concepts, logic, and rhetoric. By investigating the media portrayals of health and illness among older adults we can further our understanding of the societal values around human life and its worthiness across the life course.

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