

“THE INVISIBLE MAN?” OLDER MEN IN MODERN SOCIETY

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A major criticism of mid- to late-twentieth century research into ageing was that it tended to be gender blind. Just as we are said to be all equal in death, so there has been a tendency to assume that longevity and declining physical function plane away differences between social groups. Perceived differentiation has been by social class lines, and perhaps by culture and ethnicity, rather than by sex. The last two decades have seen substantial advances in our understanding of the lives of older women (Arber & Ginn, 1991; Bernard, Phillips, Machin, & Harding Davies, 2000). Much of this research has taken a political-economical perspective, highlighting the relative disadvantage of women in economic and health status and access to care (Arber & Evandrou, 1993; Estes, 2001). Indeed, given the numerical superiority of women in later life, women's greater likelihood of receiving state benefits, their high chronic morbidity rates, and their preponderance in the care home sector, it is not surprising that from the viewpoint of fiscal policy, older women are highly visible in our ageing populations. In recent years, however, social scientific research on older men has lagged behind.

There is, however, increasing interest from the medical profession in the health of older men. It is well documented that men are more likely than women to suffer from catastrophic illness which precipitates death (Kalache, 2000), whereas women are more likely to suffer from chronic co-morbidities which render them disabled but tend not to be life-threatening (Kalache, 2002; Sidell, 1995)—an observation first made by Sheldon (1948) in his *Social Medicine of Old Age*. Men also are much less likely than women to consult health professionals when they are ill (Davidson & Arber, 2003; White, 1996). There is increasing research interest in ageing male sexuality. Funding from pharmaceutical companies, fueled by mass media coverage, has enabled investigation of taboos such as erectile dysfunction precipitated by illness, drug therapy, and psychogenic causes (Yamey, 2000). But there is comparatively little research on the meaning of sexuality and potency for older men, and to what extent their social worlds and health behaviors influence, and are influ-

enced by, the social context of their lived experience (Fennell, 2002). In the field of sex research, much attention has been focused on the first experience of sexual intercourse; few authors even comment on the last or speculate about its significance (if any). In one study in which the researchers wished to examine the relationship between sex and death, questions about sexual activity leading to orgasm and the prolongation of life in men had to be abandoned after the first phase of the project, even though the authors concluded that "sexual activity seems to have a protective effect on men's health" (Smith, Frankel & Yarnell, 1997, p. 1641).

It is somewhat ironic that the discipline of gerontology derives its roots from the Greek, *geron-ontos* meaning 'old man,' hence gerontocracy: government by old men (SOED, 2002), and yet until comparatively recently, older men largely have been neglected in social research on ageing (Thompson, 1994). Older men also have been sidelined in the burgeoning discourse on masculinity. The focus has been on younger men, particularly relating to education, crime, unemployment, sexuality, and body image (Kimmel & Messner, 2001). This gap in the literature is crucial, since it has been theorized by Schaie & Willis (2002), Henry (1988), and others that age brings about changes in the meanings of masculinity. Indeed, it has been proposed by Gutmann (1987) that age can facilitate a change in masculinity; a reduction in male hormone output could result in an increase in the reserve capacity for positive change toward a less aggressive, more caring style of human functioning. The articles in this special thematic issue of *Ageing International* go some way to address this neglect of older men.

Men in the Demographic Frame

In all world societies where the hazards of childbirth have been eliminated, women outlive men, but there is evidence to suggest that in the developed world, the gap is narrowing (Kinsella, 1997). There is speculation that this may be due not so much to improvements in the life chances of men as to the fact that younger adult women, from World War II onwards particularly, entered the industrial labor force, took up smoking, and began to be exposed to the environmental hazards and risk-taking behaviors that had previously been the preserve of men. The consequences of this sea change in society begin to show in the cancer and respiratory death rates in old age. In the United Kingdom, life expectancy at birth for both men and women is rising, but slightly more so for men: in 1972-1976, the difference was approximately 6 years (69 compared to 75) and almost three decades later, in 1997-1999, this difference has been reduced to 5 years (75 compared to 80). It is notable that over this period, men in 1999 have equaled the life expectancy at birth of women in 1972, at 75. One consequence of this trend is the projection that the differential size and proportion of the male and female populations over the age of 65 are converging, although it is predicted they will not meet (ONS, 2003b).

Partnership status in the ageing population also is projected to undergo considerable change over the next two decades. The 2001 UK Census revealed that over the age of 65, 72 percent of men compared to 46 percent of women live with their spouses (ONS, 2003a).

Demographic trends in the United Kingdom show that an increasing proportion of men over the age of 65 will live alone in their later years: just over 1 in 4 at present, which is projected to rise to 1 in 3 over the next generation (Davies et al., 1998). Among men currently aged 65 and over living in the community, 16 percent are widowed, while only 7 percent never married and 5 percent are divorced or separated (ONS, 2003a). By 2021, however, it is projected that the proportion of divorced men over 65 will increase rapidly to 13 percent, while the proportion who are widowed will fall to 13 percent, mainly because of improvements in mortality, and 8 percent will be never married (GAD, 2001). A combination of these changing trends (longevity and marital status) is likely to render men much more visible in contemporary society. At last, there is growing sociological interest in older men and a recognition that the health and social network strategies of men cannot be separated from their socially constructed roles.

Current Invisibility

In a recent straw poll, a group of final-year sociology students at an English university were asked, "In the over-65 population, how many women do you think there are for every 100 men?" Answers ranged from 350 to 900. In fact, the 2001 UK census reveals that for all over the age of 65, there are 138 women to 100 men, and only in very advanced years, that is, 85+, does this ratio rise to 350 (ONS, 2003c), one of the lower estimates of the students. The students' perception, however, is not without foundation. When we see older people, whether in the community, out shopping, as volunteers in church, charity shops and libraries, in day centers, care homes and also hospital beds, most of them are female.

Organizations which cater specifically to the needs of older people, such as senior centers and other statutory and voluntary associations that provide social facilities for retired people, are geared principally towards the needs of lone older widows, with little social infrastructure in place for lone older men (Davidson, Daly, & Arber, 2003). Solo living in old age is associated with an increased likelihood of experiencing loneliness, social isolation, and depression (Victor et al., 2002; Wenger, Davies, Shahtahmasebi, & Scott, 1996). Older men without partners, for example, are more likely to enter residential care, despite having lower average levels of disability than lone older women (Arber, 2000; Tinker, 1997). It could be argued that organized community support systems may facilitate the maintenance of independence and ameliorate loneliness, particularly for the burgeoning group of older men who live alone in their later years. Yet these establishments tend to be shunned by older

men. Given the demographic profile, it is perhaps unsurprising that married retired men do not feel the need to access such facilities, and thus remain hidden from public gaze. However, men who are widowed, divorced, or never married also remain relatively invisible in organisations such as day centers and luncheon clubs designed for older people (Thewlis, 2001).

In a largely but not exclusively middle-class area of southeast England, Davidson and colleagues (2003) identified the importance to men of organisational memberships that would allow them social interaction as well as the opportunity to carry out useful or “welfare” work both within and outside the membership. Senior centers were viewed as a “ghetto of bossy old women” and only “as a last resort” would older men attend—perhaps, if they were severely incapacitated and had no one to look after them. The retired men saw themselves as active rather than passive members of the community—“doing for,” not being “done to.” As long as these men had good or reasonably good health, independence, and mobility, they continued to be active in the community. Ill health often meant the cessation of organizational activities; more important, cessation of driving rendered them invisible once more as they retreated to the domestic sphere.

Being useful conflates with the masculine imperative of work, routine, and profitable use of time (Mac an Ghaill, 1996), particularly for the generations born during the first four decades of the twentieth century (Savishinsky, 2000). The concepts of self-esteem, usefulness, and time management weave through the papers in this special issue, and have implications for the maintenance of masculinity in an increasingly feminized world. This collection of articles brings together contributors from Australia, Canada, the Netherlands, and the UK, and includes psychologists and social policy analysts as well as sociologists. The writers examine aspects of continuity and change in the notions of masculinity for older men in a variety of contexts, including exit from the labor force, retirement, social exclusion, involvement in community, spouse care, and finally widowhood.

The first paper, by Susan McDaniel from Canada, examines the complex intersection of ageing and gender identities in a post-industrial world characterized by the globalization of economies and politics. This contemporary “risk society” (Beck, 1992) has brought insecurities which have overturned the certainty of adult men (and increasingly women), in the long post-war economic boom, to be in full employment in their mid-life years until “on-time” retirement. Gradman points out that historically, “adult men were expected to be invested in their work as a source of status, stability, and identity. Retired men, unemployed men, and other men who departed from the normative standard were stereotyped adversely and thought to suffer psychologically” (1994, p. 105). McDaniel argues that men who are forced to retire earlier than anticipated suffer an assault on their gendered identity as useful members of society and providers for the household. She examines notions of masculinity following the transition from the public sphere of work to the

private sphere of home. Relocation initiates a profound shift in self-identity, with men in particular perceiving themselves as invisible. It is paradoxical, then, that although many of these men “hide away” in the household, that is also where they consider themselves to be imprisoned.

The second paper, from Theo van Tilburg of the Netherlands, uses 1992-2002 data from the Longitudinal Aging Study Amsterdam to investigate the effects of retirement on social networking with former workforce colleagues. There is abundant evidence that retirement results in reduced contact with co-workers, but comparatively little investigation has been carried out as to what strategies are employed to replenish or refine social networks. Two models are compared: social convoy (Antonucci & Akiyama, 1987) and socio-emotional selectivity (Carstensen, 1992) theories. The social convoy model takes a life-span approach to personal networks, and is based on role and attachment theories. Each person travelling through life can be regarded as part of a convoy comprising a set of people, family and friends, who provide important sources of affection and support. The composition and density of the social convoy alters as we grow up and grow old: people leave and also join the convoy as life changes. The socio-emotional selectivity model recognizes that as we grow older, we disengage from peripheral, non-emotional relationships, as we are less likely to need them for information and economic motivation. The emotional ties remain and are fortified, as they are the most useful relationships in later life.

Van Tilburg found that, on average, retired men had large networks, although contacts with work colleagues were reduced considerably. The analysis revealed that retired men had similar-sized networks as when they were in employment. He found there was an element of replacement through participation in post-retirement social, leisure, community, and organizational activities. He therefore concludes that the convoy model fits better with the longitudinal data than does socio-emotional theory. It can also be concluded that contraction of social networks is more likely to be triggered by the onset of ill health or bereavement in very late life than from retirement. However, it must not be forgotten that a few men who have never established close relationships, or those who have spent their adult lives in severe social deprivation or with little housing stability, will have very limited social networks in later life (Crane, 1999).

Cherry Russell and Maree Porter [Paper 3] report an Australian study of extremely disadvantaged men aged 50+ living in inner-city Sydney. They used in-depth interview data from the Ageing Men's Health Project, which examined men who were single non-homeowners in receipt of state benefits. Many of these men had histories of long-term unemployment, physical and mental illness, substance and alcohol abuse, and homelessness. The men were encouraged to talk about everyday time management and engagement in the wider community. As in Susan McDaniel's paper, time appears to hang heavily and activities are principally limited by lack of money, and eventually by lack

of motivation and the onset of indolence. The construct of an average day for the men in both of these studies differs hugely from the lifestyles of the stereotypical male whose sense of masculinity is germane to his role as breadwinner/provider or to reaping the rewards after a lifetime of hard work.

An interesting feature of the study is the paradoxical effect of alcohol consumption, which plays an important part in the lives of many of the men interviewed. On the one hand, it acts as a fixative for social activity and a bond which unites a group of otherwise socially excluded men. On the other hand, it can have destructive consequences. Violent drinkers may be expelled from bars, shunned by other members of their community, and also may have a history of exclusion from the marital home. One effect of alcohol reported by the men is that for the short time they can afford to drink, it permits them to escape from their situations and forget their often miserable existences. Russell and Porter argue that there are implications for policymakers and social gerontology alike: social inclusion of an underclass in society, and empowerment of a small, deviant sector in the community. It is paradoxical, therefore, that improvements in the standard of facilities has meant a reduction in the accommodations available in inner-city Sydney. These changes in public policy have served further to curtail the social worlds and involvement in their community.

Civic involvement is also discussed in Paper 4 by Judith Sixsmith and Margaret Boneham, who investigated a subgroup of older men from a larger Health Development (HDA) research project conducted on a public housing estate in the north of England. The overall aim was to examine the potential links between health, gender, and community. However, as they point out, "Such relationships are extremely difficult to research since community, masculinities, and health are all contested, elusive, and value-laden notions." Underpinning these concepts is that of social capital, the possession of or access to social networks that assist in the maintenance of mutual benefit and ultimately the welfare of the community. This interpretation is based on the work of Putman, who states, "The social capital embodied in norms and networks of civic engagement seems to be a precondition for economic development, as well as for effective government" (1993, p. 37). Sixsmith and Boneham sought to relate this understanding of social capital to a predominantly white, working-class, largely socially deprived community, by examining the meanings and lived experiences of family and community life. For this paper, they focused on health experiences of older men and their relationship to community structures. The majority of the men interviewed suffered from acute health problems but tended to shun disclosing these problems to family and friends. Most of the older men had lived on the estate for most of their adult lives, but few took part in community activities, or ever had; their social circles comprised home and close neighbors. Sixsmith and Boneham argue that despite illness and minimal social involvement, the men maintained their sense of masculinity in terms of stoicism in the face of debilitating health and the re-

fusal to engage in the “feminized community.” As in the Australian study, issues of participation and empowerment relate to social inclusion and health status and as such, limited their possession of, and access to social capital.

Although mediated by gender, ethnicity, class, and geographical location, failing health is a virtual certainty in old age. The majority of older men are married, and if they need looking after when ill, their spouses usually carries out this care. As a result of their higher chronic, disabling morbidity patterns, women also are highly likely to require care in later life. A substantial proportion of these women will be widowed, but the increasing longevity of men means that they too will be carers of their ailing, often younger, spouses. In our fifth paper, Alisoun Milne and Eleni Hatzidimitriadou explore the contribution and conceptualization of older husbands as carers. The authors review the evidence from quantitative and qualitative research, and conclude that there are some interesting and important contradictions in the findings. The 1999 General Household Survey data reveal that although women are most likely to be responsible for inter-generational and extra-resident caring, proportionately, men in later life are almost as likely to be co-residential spouse carers as women. They also deliver similar types of care, and to the same extent as women. Despite this apparent evenhandedness, these older men tended to be held in greater esteem than older women carers, which emanated from several sources: pride in their own achievements, admiration of professionals and kin, and gratitude of their spouses. These men were more visible, certainly to professional agencies who are more likely to give assistance, than they were to women. But the physical, emotional, and organisational responsibility of caring was firmly placed in the less visible domestic context. The maintenance of masculinity in the feminized world of caring is complex; the key factor is organisational responsibility. The qualitative research reviewed by Milne and Hatzidimitriadou reveals that many of these older men took on the responsibility of caring in systematic, routinized, time-and-task management, which equates closely to the work or career ethic they experienced in paid employment. Another factor in the maintenance of masculinity is that the men see themselves, and are seen as, “doing something useful.”

One important outcome for older men who provide intensive care in later life is that, perhaps for the first time, they have had to learn the domestic ropes. It is not unusual for an ailing wife to tutor her husband from her bed or wheelchair (Davidson, 1999). In the last quarter century, there has been a considerable literature on the differing coping strategies of widows and widowers (Campbell & Silverman, 1987; Davidson, 2000; Lopata, 1982; Moore & Stratton, 2002; Rubinstein, 1986; Stroebe & Stroebe, 1983, for example), and one aspect revolves around domestic competence. Kate Bennett, Georgina Hughes and Philip Smith [Paper 6] investigate the lived experience of older widowers and report their views on gender differences in surviving survival. The perceived wisdom is that women are better equipped than men to deal with widowhood: they are better able to look after themselves in the home;

they have a larger network of similarly widowed women to call on for social and emotional support; and most significantly, there is an expectation that they will be widowed at some stage in their later life which means they are more "prepared" for the event. As discussed earlier, in policy terms, pension and welfare benefits, as well as statutory and voluntary provision of community facilities, are presently geared towards the needs of older widowed women. Carr and Utz (2002) point out that a widowed father is more likely than a widowed mother to receive instrumental help from his family, which reflects both his need for greater support and the general perception that it is necessary.

Bennett and colleagues examine the concept of the traditional masculine role in older widowed men's coping strategies. Although the majority of the men they interviewed thought that men did not cope as well as women, their findings reveal that their perceptions were not always borne out in practice: the majority dealt with their unexpected life change more successfully than they perceived. Bennett and colleagues argue that men cope principally by calling on their notions of masculinity as capable, in control, and strong, in taking on new challenges and responsibilities after the loss of a spouse.

We believe this special issue is timely, and hope it will stimulate further social scientific research into ageing men. A majority of the papers in this volume report small-scale qualitative studies, excellent for improving our understanding and offering insight into men's current lived experiences. But we also need large-scale statistical studies for scientific confirmation of the insights gained. There are many types and conditions of men, and more work is needed to capture this diversity and avoid the perpetuation of old or creation of new stereotypes.

Researchers almost inevitably focus on negative and problematic features in social life. But ageing is likely also to have positive features for men. Talcott Parsons, many years ago, wrote of later life as a "consumption phase" when men might enjoy some of the benefits of their long years of paid employment—years which may have precluded them from the enjoyment of their young children and inhibited their social and leisure activities. If work is perceived as alienating, and "performing masculinity" a struggle in which many men are likely to feel doomed to fail (following the analysis of Bennett and her colleagues), then retirement may bring a new security. We have begun to see the emergence of a new leisure class of fit, affluent pensioners. Demographic trends reveal changing patterns in the older population: more men will live to a greater age, and declining marriage and remarriage rates mean an increase in lone men in the community. The gender disparity in mortality rates is narrowing, especially for those under the age of 80. The most important message from the papers is that older men are no more or less homogeneous than younger men. Their self-identity continues to be shaped by their male biological and socio-cultural constructs. We need to paint these invisible men into the picture in order to gain a better understanding of their worlds and

differential experiences, from both younger men and older women, in later life.

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