

Growing Old in the Patriarchy: A Feminist Analysis of Gender, Age, and Care

by

Caitlyn Swail

A thesis submitted in partial fulfillment of the  
Requirements for the degree of

Master of Counselling (MC)

City University of Seattle  
Vancouver BC, Canada site

October, 2020

APPROVED BY

Bruce Hardy, M.A., M.Ed., Ph.D., R.C.C., Thesis Supervisor, Masters of Counselling Faculty

Christopher Kinman, M.Sc., M.Div., Ph.D., R.C.C., Faculty Reader, Masters of Counselling  
Faculty

### **Abstract**

The intention of this thesis is to open up a space to explore the long-term impacts of exposure to the patriarchy; taking a life course perspective to understand how women navigate the aging process while living in a patriarchal culture. To narrow the scope of research and situate this work in the real lived experiences of older women, the focus of this project is the connection between the care labour enacted by women (caring, emotional labour, and emotion work) and women's ability to access mental wellness later in life. Central to the theoretical framework of this thesis is the concept that the personal is political, and that the relationships we cultivate are very much influenced by the dominant culture. Moreover, this project serves as an acknowledgement of the love labour that has been gifted upon so many of us by generations of women that have come before us.

### **Acknowledgements**

I would like to thank my family and friends for their support during this long and occasionally stressful journey – especially my parents, my partner, Lawrence, and fellow City U student Steph Blandino. Thank you to my advisor Bruce Hardy for his guidance and reflections throughout the process. Special thanks to Jordyn Zirk and Barbara Swail for their interest, encouragement, and editing!

## Table of Contents

Chapter One: Growing Old in the Patriarchy.....	7
Research Questions.....	9
Key Terms and Concepts.....	9
Personal Interest.....	12
Conceptual Framework.....	14
Seminal Texts Informing this Work.....	14
Social Constructivism.....	15
Feminist Gerontology.....	16
Conclusion.....	17
Chapter Two: The Politics of Care.....	18
A Review of the Literature.....	19
Domestic Labour.....	22

GENDER, AGE, AND CARE	5
Emotional Labour and Emotion Work.....	23
Relationships and Health .....	27
Caregiving.....	30
Conclusion .....	33
Chapter Three: Ageism & Sexism .....	34
Ageism, Sexism, Gender, and their Intersections .....	34
A Review of Relevant Literature .....	36
Aging and Gender as Generational Social Constructs .....	38
Aging, Sexism, and Care .....	41
Women’s Mental Health and Aging .....	43
Conclusion .....	45
Chapter Four: Moving Toward Healing - Intersectionality, Intergenerational Perspectives, and More .....	47
Redefining the Image of the Older Woman.....	49
Intergenerational Relations .....	50
The Media .....	53
Implications for Helping Professions.....	55
Redefining Care .....	57
Intersectionality.....	59
Empowerment .....	62
Conclusion .....	62
Chapter Five: Reflecting Back and Looking Forward .....	64

Revisiting .....	64
Limitations and Reflections .....	68
Possibilities for Future Research .....	69
Conclusion .....	71
References.....	73

## Chapter One: Growing Old in the Patriarchy

“So I began to think maybe it was true that when you married and had children it was like being brainwashed, and afterward you went about as numb as a slave in a totalitarian state.”

(Plath, 1962, p. 105)

The cultural groundwater of Western society is steeped with unspoken assumptions about gender, sexuality, love, and care. These assumptions shape the way we engage in relationships with others, and with ourselves. The values of patriarchal society inform these deeply embedded messages, ideas, and structures and manipulate our understanding and expectations of relationships, in ways that we are not always aware of. The gender-based expectations we hold and fulfill influence the ways we enter into, and participate in romantic partnerships. Relationship dynamics are informed by gendered cultural expectations, often simmering beneath the surface in the form of unconscious beliefs systems. Personal understanding of how relationships ought to function may show up in many ways, influencing things such as whose work is supported, who takes on domestic tasks, child care duties, social event planning, emotional support to extended family, and more.

There is an abundance of feminist scholarship on the relationship between mental wellness and existing as female identifying in a patriarchal culture (Butler, 2004; Cotter, Hermsen & Vanneman, 2011; McGibbon & McPherson, 2011). Feminist discourse over the past fifty years has provided a platform on which women’s lived experiences could be politicized, validated, and collectively challenged (Carney, 2018; Noddings, 1984; Perez, 2019). These texts draw attention to the social and cultural factors which influence how women experience and conceptualize their own mental health and wellness, and points to the personal impacts of gender discrimination and the intersections of mental health, oppression, and marginalization. Gendered

expectations are reinforced through repetitive messages that persist within a patriarchal framework and these messages interact with the emotional lives of women as they develop and age - infiltrating and regulating interpersonal relations, how women are related to, how they relate to others, and how they relate to themselves (Butler, 2004).

The following four chapters will explore the experience of Canadian women of the baby boomer generation, aging in a patriarchal system that undervalues women's labour. It will seek to understand the connections between the unreciprocated or unmatched performance of emotional labour, emotion work, and caregiving and women's health and mental wellbeing. The impact of the performance of this labour will be discussed as it interacts with the gender binary, normative expectations, and the political nature of how we engage with one another and with ourselves. Particularly, this thesis will inquire into the long-term, perpetual exposure to patriarchal ideals of love, devotion, care, and relationality and their impact on the inner worlds of women as they grow older.

By examining this topic through both a scrutiny of contributing culture, and an exploration of individual factors, this thesis will incorporate phenomenological inquiry and quantitative data, allowing the reader to consider the nuance of lived experience and access the scope of research in this field. The following four chapters will seek to deepen the reader's understanding of the social and cultural performance of care work and emotional labour, and utilize a life course perspective to investigate how relational factors impact mental wellness on an individual level. The act of care work, emotion work, and emotional labour will be framed with a political lens, dismantling cultural narratives that inform gendered expectations. Further, the intersections between ageism and sexism will be examined, calling for a gender based understanding of aging. Finally, the experience of growing old as a woman in Canadian culture

will be explored, unpacking the problematic narratives around aging in the media, and offering considerations for therapists working with older women.

The dynamics within relationships function as an interplay between interpersonal interactions and patterns, and the influence of societal expectations, messaging, and interpretation. Together, these factors create shared knowledge and weave an elaborate tapestry of understanding and boundaries for how we care for one another or how we think we *should* care for one another. The following research will focus on the prolonged performance of unpaid emotional labour, emotion work, and caregiving and consider the impacts on the identities, self-perceptions, and mental wellbeing of Canadian women as they age.

### **Research Questions**

What constitutes emotional labour and emotion work and how are they gendered? What are the implicit and explicit gendered expectations around care and love, and how are they both internalized and challenged? Using a feminist theoretical lens, how are care, domestic labour, and love politicized? In the long term, what impacts does unmatched and unreciprocated care labour have on older women's abilities to access dignity and wellness? What is the relationship between sexism and ageism, and how do they interact? How does the holding of intersectional identities impact a woman's experience of aging? As the population of Canada becomes older and more female (Davidson, DiGiacomo, & McGrath, 2011), what are ways we can reimagine the image and experience of older women in our society? How can counsellors consider and centre the experience of older women in the therapeutic relationship?

### **Key Terms and Concepts**

In this work, I will use the terms “woman”, “women”, and “female” to refer to the subjects of this research. When utilizing these terms, I mean them to include any person who personally identifies as a woman, trans women included, living within a patriarchal social structure. I would like to acknowledge that this may be exclusionary to non-binary or gender non-conforming folks. Given the limitations of the current scope of research, the impacts of a patriarchal system that upholds the gender binary on the non-binary community will not be discussed, but would be interesting to explore in future work.

In recent times, “emotional labour” has become a buzz-word in some realms of popular culture, in large part due to a viral online article from Harper’s Bazaar titled, “Women Aren’t Nags - We’re Just Fed Up: Emotional Labour is the Unpaid Job Men Still Don’t Understand” (Hartley, 2017). The article details Hartley’s frustration and exhaustion at the unequal performance of emotional labour in her household, and the apparent inability of her husband to grasp her feelings of resentment and dissatisfaction. She describes how having discussions around emotional labour are received as personal attacks by her husband, and that “even having a conversation about the imbalance of emotional labour becomes emotional labour” (Hartley, 2007).

The term emotional labour was coined by Arlie Hochschild in her 1985 book, *The Managed Heart: Commercialization of Human Feeling*, and largely focused on the workplace and how employees were required to manage and “fake” their emotions with customers and coworkers. According to a follow up by Hochschild in 2012, emotional labour is “the habit of suppressing their own feelings [when doing so] affirms, enhances, and celebrates the well-being and status of others” (p. 165). The *emotional labour* will be used in this thesis to refer to the management of one’s own emotions to benefit another. *Emotion work* and *care work* will be used

to describe the labour performed to care for one another physically and emotionally, anywhere from providing care to an elderly relative, to helping children with homework, to listening to a spouse vent about the day at work. Now that the concept of emotional labour has been drawn into mainstream consciousness, this thesis will consider the political elements of this labour, the commodification of care, and how these concepts can be examined through feminist discourse around domestic labour in general.

As the baby boomer generation grows older, and people continue to live longer, society will be made up with an unprecedentedly large population of elderly (Schonfeld et al., 2015). The baby boomers are a unique and large population. The generational gap between the baby boomers and their parents' generation is formidable, and is characterized by the sweeping wave of social change enacted by many baby boomers in their youth. This generation came of age during the 1960s and 1970s, "a period of changing attitudes" (Kuerbis, Saccor, Blazer, & Moore, 2014, p. 1) toward many things such as gender roles, sex, drugs and alcohol, and race relations. Baby boomers have seen the world change dramatically in their lifetime, and some will enter old age in a world they may no longer recognize or feel at home in. Kuerbis, Saccor, Blazer, & Moore (2014) state that, "evidence indicates that baby boomers will have higher levels of depressive and anxiety disorders than previous generations" (p.12).

This thesis will take a life course perspective to investigate the ways older women navigate the aging process under patriarchal culture. The baby boomers, the current generation entering into the period of life in which they will become older adults, will be the focus demographic of this work. Women of this generation exist in a vast and variable historical context, living through massive social change and shifting perceptions of gender, marriage, and domestic labour. The following four chapters will consider the dynamic experience of aging

baby boomer women, a generation both encouraged to join the workforce while simultaneously haunted by the spectre of the housewives of the previous generation. This project will attempt to understand the lived experience of those who encompass so many diverse identities and values, tracing the journey of aging from a social perspective.

### **Personal Interest**

My interest in how patriarchal structures inform the way women perform care and emotional labour within romantic partnerships and how these dynamics impact women's mental health as they age stems from my own experiences in relationships and my observations of others in my life. More specifically, I am interested in how gender roles are inherited and internalized as interplay between familial knowledge, social messaging, and self-concept. As I exited 20s this past year I found myself reflecting on a decade of growth, particularly in how I conceptualized and navigated the interpersonal relationships in my life. I considered the ways I had enacted potentially problematic ways of caring or being cared for and the connection between these patterns and the satisfaction, support, and meaning I derived from my relationships. I traced how interacting with feminism and reading feminist theory transformed my own self-narrative, my position within discursive social structures, and my ability to challenge aloud the scripts I had enacted within my relationships.

I found that an egalitarian understanding of caring in romantic partnerships, informed by feminism, led to happier, healthier, and more fulfilling partnerships that nourish the inner and outer lives of all parties and contribute to general wellbeing. In coming to this personal realization, I became interested in these dynamics on a larger scale. Particularly, I began to consider my own beliefs, behaviors, and values in the context of the important figures in my life through which I had learned and internalized many of these patterns. I feel it is important to

situate my own identity, experience, and possible bias within this work. As an educated, white, cis woman, I acknowledge that I come from a place of structural privilege and that my perspective may, at times, be limited by this.

In the early morning of Boxing Day 2016, a dear family friend slid her winter jacket over her pyjamas. She crept downstairs while her husband and grown children were still sleeping, left a note on the kitchen table, and walked into the frigid December air. It would be two weeks of searching before they found her body in the River Tyne, a few miles from her home in North Eastern England. Her family was left devastated, and confused, with nothing but a note apologizing to her loved ones for her inability to carry on.

It became clear to Sally's family that she had been struggling immensely in the months, even years before taking her own life. Described as a selfless woman who took care of everyone around her without a complaint, she always seemed happy to offer her assistance to those she knew and provided extensive emotional support to her children and husband. To me, Sally was a woman who was deeply devoted to her family, often at the expense of her own comfort and wellbeing. She also existed within a patriarchal framework that instilled in her many expectations and beliefs about her duty as a mother and wife. The social messaging for women is clear - to be nurturing, self-sacrificing, and soft, often at the expense of self-interest, self-care, and personal wellness.

According to Butler (2004) a critique of gender norms "must be situated within the context of lives as they are lived and must be guided by the question of what maximizes the possibilities for a livable life, what minimizes the possibility of an unbearable life, or indeed, social or literal death." (p.8). For this reason, I felt it was important to situate this research in the real world, in the lived experiences of women who exist in the real world, struggling to hold

themselves to unattainable standards. The messages women receive from a patriarchal system that centres a gender binary not only impact the self-value, identity, and expectations women feel, but they cause real pain, real suffering, and real distress. I dedicate this paper to the women who have felt, and continue to feel stifled, held down, and constrained by the weight of these expectations, and I thank those who fought for the right to open up this discussion in the first place.

### **Conceptual Framework**

The intention of this thesis project is to critically examine the patriarchal social structures that influence how women experience the aging process, how the performance of care work is gendered, and the long term effects of unmatched emotional labour. Feminist theory, which calls for an intentionally political approach to understanding how gender operates as an axis of oppression, is central to the theoretical foundation of this work. Feminist theory gives us tools, language, and theoretical frameworks to interrogate and dismantle oppressive forces, and can be leveraged as a mechanism to reimagine more equitable ways of being (Huston, 2000; Eagly & Riger, 2014). As outlined by Umberson, Thomeer, & Lodge (2015), a gender-as-relational perspective will be used as a method of inquiry, emphasizing a gendered experience of intimacy in heterosexual relationships influenced by social interactions within relational contexts.

### **Seminal Texts Informing this Work**

The text and concepts of bell hook's *All About Love: New Visions* (2000) are woven through this research. Her words reveal a thoughtful and equitable understanding of connection and relationships that centre the deep, human need to care and be cared for. hooks (2002) calls for love that is grateful, just, and centred in a mutual spiritual fulfillment that holds the benefit of each party at its core. For hooks, love can prevail in society and become a force for social and

personal change, when it is free from abuse and neglect; “care and affirmation, the opposite of abuse and humiliation, are the foundation of love.” (p. 12). This belief informs this work insofar that without a critical examination of the ways care and emotional labour are enacted within a patriarchal understanding of interpersonal relationships, the protective and enriching qualities of love and relationships are negated.

Betty Friedan’s seminal book *The Feminine Mystique* (1963) is often cited as the catalyst for the second wave of feminism, or the women’s movement. This book holds within it many of the concepts and ideas central to this research. However, this work has been widely criticized as being exclusionary of marginalized groups of women, focusing on the experience of the white, middle class population. Friedan’s 1994 book, *The Fountain of Age*, details her own journey into “old age” and brings forth many of the intersections between ageism and sexism. Friedan points to the devaluation of women’s bodies and experiences as they age out of being deemed sexually or aesthetically valuable to the mainstream. She makes the important connection between women’s value in society and the provision of unpaid domestic labour, appearance, and ability to bear and raise children, leading to the consequential invisibility of older women who no longer hold these forms of social capital. It’s important to note that Friedan’s 1994 work remains centred in a white, middle class, heteronormative perspective, and does not consider, to the extent that I deem to be sufficient in a modern understanding, issues of intersectionality, and the way feminism has often been exclusionary.

### **Social Constructivism**

A general understanding of social constructivism implies that what is real is not objective fact; rather, what is real evolves through interpersonal interaction and agreement as to what is and what ought to be. A social constructivist view of gender divorces physical sex and gender

identity, distancing gender from the physical body and instead centring the way gender is expressed or performed based on socially prescribed understandings of roles and expectations (Butler, 1988). Social constructivist theory calls for the need for a more feminist and relational understanding of aging. These theories are useful in a critical analysis of care so as to explore the nuances of intimate relationships as they exist between people, within family structures, and within society as a whole. Further, a social constructivist lens moves us away from a one dimensional understanding of aging that projects an image of a monoculture of older adults aging at the same pace, in the same way with the same experiences. These theories encourage us to view aging through an intersectional framework, examining the ways that oppression and discrimination interacts with the aging process and how relational dynamics inform the aging process.

### **Feminist Gerontology**

The field of gerontology, the study of aging, the process of aging, and the experience of aging is growing steadily with the aging population. A study of old age that seeks to validate and elevate the voices and experiences of older adults in our society must take into account the social factors that impact how we age. Ageism is inherently intersectional, as it encompasses the additional marginalization felt by older adults with a wide array of identities and degrees of value within the dominant structures in society. Carney (2018) endeavours us to “engage with classic feminist writings but with a gerontological gaze.” (p. 251) so we may “conceive old age as a similarly socially constructed institution, it helps us to understand cultural norms that deny aging; we are not willing to begin to bear that weight—the weight of centuries of senescence—where our status and value will be cumulatively devalued, year on year” (p. 252)

Carney (2018) postulates that “[aging] is experienced differently by men and women; it is intricately related to the politics of reproduction, to our relation with the economic system, and to the extent to which patriarchy dominates public and family life.” (p.252). The gap in both feminist theory, which often fails to acknowledge the experience of older women and gerontological research, which often neglects an intersectional understanding of aging, points to a need for the integration of feminist theory and gerontology. An expansion and coalition of these fields could provide both a generational lens to women’s mental health and a social understanding of the life course.

### **Conclusion**

I agree with Carney (2018), who states that “women’s decline is not a personal but a political issue, an institutionalized form of bigotry that shapes how money is made (and lost), who is in power (or not), and who is valued by culture (or not)” (Carney, 2018, p. 249). I chose to centre the experience of aging women in this paper to elevate the voices I do not hear enough and to illuminate the figures that have been made invisible by so many forces. I stand with old women, many of whom have diligently cared for others their whole lives, often at the detriment of their own mental health and wellbeing. As women of the baby boomer generation moves toward a stage in life in which they may require additional forms of care, they deserve the dignity, compassion, understanding, and closeness they have so often provided to others over their lives.

## Chapter Two: The Politics of Care

“She sent him scented letters, and he received them with a strange delight, just like his wife, but how she was before the tears, but how she was before the years flew by, just like his wife when she was beautiful”

(Bush, 1980, *Never for Ever*, track 1)

Every day, individuals spend time tending to the needs and wants of others. As humans, we care for one another by performing domestic duties such as cleaning, cooking, and assisting with personal tasks, caring for children, sick family members, or the elderly. We dedicate our time to planning, organizing, thinking, and creating to enhance the lives of others. We provide love, support, and connection to others through talking, listening, spending time, and giving advice. The domestic and caring labour we all perform on a daily basis, within the contexts of our intimate lives, exist within the social and cultural structures that teach us how we ought to enact this labour, and who we expect to perform it and how often. These expectations are formed both within the established boundaries and roles taken on by individuals in their households, and in the social messaging that operates within the larger structural landscape. To borrow the well-known feminist slogan, when it comes to care work and emotional labour, the personal is political.

One of the ways domestic care labour has been divided in Western society is by gender. Throughout modern history, there has been an unequal distribution of emotional labour and care work, with women performing two to ten times more than men (Ferrant, Pesando & Nowacka, 2014). This has shifted slightly in recent years, but gendered social norms persist, portraying caring labour as a women’s prerogative. The increase in women’s participation in the workforce has not been matched by a more equal distribution of labour, leading to what feminist scholars

have termed “the double burden”: the phenomenon of women spending time fulfilling domestic expectations on top of performing paid labour in the public sphere (Ferrant, Pesando & Nowacka, 2014). Parks & Barta (2018) postulate in “Are You my Mother? Perpetuating Gender Inequality Through Listening Expectations and Relational Roles”, that the undervaluation and dismissal of care work in Western society is a result of its connection to the female, “when gender becomes an axis of oppression, as in our current cultural climate, a binary understanding of gender reinforces this inequality” (p.41). The binary understanding of gender upheld in a patriarchal culture first separates labour, and then diminishes the value and validity of labour associated with women.

The following will explore the relationship between gender roles and the performance of emotional labour within the context of domestic labour. Also examined is the impact of an unequal distribution of this labour, and ultimately, the mental wellness of women who perform a disproportionate portion of this labour in their relationships over their life course. After a review of relevant literature, emotion work and emotional labour will be situated in the broader discussion of the gendered division of domestic labour, a well-researched topic. Emotion work and emotional labour are considered through a historical, cultural, and relational lens. The long term impacts of perpetual, largely unreciprocated, emotional labour and emotion work are discussed within the context of relationships in a discussion of relationships and health.

### **A Review of the Literature**

In *Caring: A Feminine Approach to Ethics and Moral Education* (1984), Noddings argues that the desire and need to enact care for others and be cared for in return is a universal phenomenon. She establishes caring as the cornerstone sentiment that drives us to build and maintain relationship and connection. Further, she calls for an understanding of morality based

on the idea of caring for one another so as to allow others to pursue personal fulfilment. What is most valuable and pertinent to the topic at hand in Noddings' work is the idea that while the drive to care and be cared for is universal, the manner of care is subject to lived experience, individual beliefs and needs, social networks, and cultural perspectives. Noddings provides a lens through which to understand the gendered nature of care as it pertains to a greater personal or cultural value system shaped by social discourse. This work provides a way to articulate the links between social construction of care, the universality of relational care, and a moral understanding of both.

Fullagar explores how gendered social discourses and narratives are reinforced within interpersonal relationships and familial units in "Leisure Practices as Counter-Depressants: Emotion-Work and Emotion-Play within Women's Recovery from Depression" (2008). One of these discursive narratives or expectations discussed by Fullagar (2008) is the figure of the superwoman, "a normative iteration of the good woman ideal" (p. 16), which purports that women have "an endless capacity to 'do' for others." (Fullagar, 2008, p. 16). It is suggested that these gender specific discourses leave women feeling underappreciated, overloaded, guilty, and unable to centre their own pleasure, often feeling that the emotion work provided within families is both expected and invisible. Fullagar (2008) connects the expectations of emotional labour with how women conceptualize their own leisure and rest. Normative gender roles in caring and emotion work, according to Fullagar (2008), are "central to the regulation of self and emotions", and women's experiences of leisure and self-care. Fullagar (2008), referencing Butler (2004), suggests that recovery from these limiting narratives can come from the explicit renegotiation of "heteronormative discourses of womanhood related to age, mothering, marital status, sexual

orientation, and balancing work and home life” (p. 19) within oneself with within interpersonal relationships.

Parks & Barta (2018) explore the political dimension and social construction of emotion work through an analysis of listening as care. They establish that those who perform listening as a form of care for significant others in their lives, “invest energy and resources that might have been used otherwise” (Parks & Barta, 2018, p. 41). It is noted that, while the conceptualization of gender is expanding to recognize its social construction, listening care remains an expectation of those fulfilling feminine familial roles. Parks & Barta (2018) argue that the emotion work of listening is relegated to the feminine domain in society, placing the burden of listening work, a form of labour they claim is undervalued, on particular societal roles typically held by women. Thus, listening as care appears to have been structured as “a specific moral ideal that society is constructing for women” (Parks & Barta, 2018, p. 40), creating somewhat of an obligation for women to perform this form of unpaid labour.

Not all emotion work and caring is listening, but it can be argued that listening to the needs, experiences, and concerns of others is an integral part of most emotional labour. I find the Parks & Barta (2018) discussion of listening to be a useful way to understand the connection between an everyday, often disregarded task, such as listening, and wider social constructions. Further, it works to ground this research in the real lived experience of women performing such emotional labour as listening. Parks & Barta (2018) go on to point to the consequences of associating femininity with care, resulting in “unequal divisions of household labor, the devaluing of care professions, and in other ways render[ing] invisible the work done by carers and the importance of care more generally” (p. 45). When considering the impact of these consequences on an individual over the life course, an analysis of the compounded nature of the

burden of care is necessary to understand the health outcomes on women as they age. Parks & Barta (2018) call for a critical dismantling of what it means to care, while centring and emphasizing the need for “all humans to be encouraged to perform their ethical responsibility and courage to care through listening to each other” (p. 40). By expanding the societal expectations of duty of care, we can support and value women as they continue to listen to and support their loved ones, and lighten the burden of labour upon them.

### **Domestic Labour**

A discussion about emotional labour must be situated in the larger dialogue about domestic labour, an umbrella term for unpaid labour typically performed within the home. Unlike the more specific element of emotional labour, data on domestic labour is widely available and can be more easily quantified. There is a vast catalogue of feminist research regarding the gendered division of the performance of unpaid domestic labour, going back to the 1960s and expanded upon in the 1980s and beyond (e.g. Blau, 1960; Blood and Wolfe, 1960; England and Farkas, 1986, Hochschild, 1986; Noonan, 2001).

One of the aims of the Women’s Movement in Canada was normalizing and increasing the participation of women in the workforce, moving women’s labour out of the domestic sphere and allowing women to earn capital and entertain a wider array of career opportunities. According to Luxton (2001), by 1981, more than 50% of Canadian women were in the labour force, and this number has steadily increased. Initially, it was predicted that women’s greater participation in the labour force would enable them to negotiate more equal sharing of domestic labour, but gender inequalities in domestic labour remain persistent (Aguiar & Hurst, 2007).

The broadening of women’s opportunities outside the home is certainly a triumph of feminism, women’s participation in the labour force increased steadily from 1953 to 1990,

seeing a rise from 24% to 76% (Government of Canada, 2015). By 2014, women made up nearly half of the Canadian labour force at 47%, with 82% of women participating in paid labour (Government of Canada, 2015). Despite the dramatic change in women's levels of education and paid employment, women have to "juggle the often conflicting demands of both their paid employment and domestic, family, and community responsibilities, especially child care" (Luxton, 2001, p.65). This phenomenon was coined the "second shift" or a "double burden" by Arlie Hochschild in her 1989 book, *The Second Shift: Working Parents and the Revolution at Home*. The book was updated in 2012 with new statistics and figures that confirmed women still perform a disproportionate amount of domestic work many decades later. To fully investigate how the performance of domestic labour places an additional burden on the time, energy, and psyches of women, we must explore the more abstract forms of domestic labour, emotional labour, emotion work, and caregiving.

### **Emotional Labour and Emotion Work**

The performance and consumption of emotional labour is a complex and rather abstract concept. Emotion work involves providing family members, loved ones, and significant others with time, attention, and care. Emotional labour is the management and expression of one's own emotional world, and often its suppression. The term emotional labour was coined by Arlie Hochschild in her 1985 book, *The Managed Heart: Commercialization of Human Feeling*, and largely focused on the workplace and how employees were required to manage and "fake" their emotions with customers and coworkers. According to a follow up by Hochschild in 2012, emotional labour is "the habit of suppressing their own feelings [when doing so] affirms, enhances, and celebrates the well-being and status of others" (p. 165). This is often done at the

detriment to our own self-care and self-perception, and can promote feelings of resentment and burden.

As a largely invisible and therefore unquantifiable form of labour, emotion work often goes without notice or acclaim. Like the more traditionally recognized forms of domestic labour, such as housework and childcare, the distribution of emotional work is gendered (Strazdins & Broom, 2004). Women are socially expected to take on the roles of caregiving and emotion work, reflecting gendered norms and stereotypes that perpetuate the harmful gendered expectations ingrained in a patriarchal society. Strazdins and Broom (2004) state that in heteronormative relationships and marriages “an unequal access to emotional resources in marriage is created when women do more emotional work, and this will have consequences for women’s well-being” (p. 361). To understand how the long-term and perpetual performance of caring work and emotional labour impacts a woman over the life course, we must first contextualize emotional labour in the politics of care.

A large part of the performance of emotion work is the emotional labour of managing one’s own emotions around the labour being produced. Some examples of this are feeling resentful and stressed about having to manage the family schedule or feeling alienated from labour that ought to be a labour of love, i.e. writing Christmas cards to your family, spending time with your children. The management of one’s own inner world in order to adapt to, keep up with, and deal with emotions such as frustration and resentment that develop out of domestic labour is taxing in itself. Caring for one another, while seeming natural or fundamental to the human experience, is steeped in gendered norms and expectations. In exploring the ways caring work and emotional labour impact women’s mental health, an analysis must be grounded in the social construction of gender roles and the ways that this labour reflects gendered binaries.

Though emotion work is a more intangible form of domestic labour, it is both integral to the creation of meaningful and fulfilling relationships, and detrimental to the mental wellness of the women who disproportionately perform this labour.

In bell hook's seminal novel *All About Love* (2002), she postulates that, "despite its centrality to human existence, there is great ambivalence about caring and loving in most societies" (p. 3). Under Western patriarchy, social understanding and models of care are rooted in inequity and dominance rather than reciprocity and mutuality. Though we require love, attention, and reciprocity from our social connections, not only thrive, but to survive, the importance of caring is relegated to the less appreciated, undervalued domestic and *female* domain. - by association, caring is inherently devalued due to its location in a female sphere under patriarchy.

Like domestic labour, the more intangible yet vital work that constitutes emotional labour, emotion work, and caregiving, is disproportionately performed by women in heteronormative relationships (Strazdins & Broom, 2004; Lynch & Lyons, 2008). The consumption of another's emotional labour and care without reciprocation, often with expectation but without consideration is supported within an overarching patriarchal structure. Moreover, while the concept of household domestic labour is more easily translated into a monetary understanding, "to attempt to pay someone to do a love labour task... is to undermine the premise of care and mutuality that is at the heart of intimacy and friendship" (Strazdins & Broom, 2004, p. 360).

Lynch (2007) provides a template to understand how interdependent relationships are "undertaken through affection, commitment, attentiveness and the material investment of time, energy and resources" (p. 16). The degree to which we provide this labour differs between

relationships, particularly if a relationship is unbalanced in some way. Though this is not to say this labour is entirely without reward or altruistic, it requires a degree of energy and intentionality while not always being reciprocated or acknowledged. Emotion work is necessary work, and it can be difficult, as well as emotionally, mentally, and physically taxing. It can also be deeply rewarding and fulfilling. However, for most women, it is non-negotiable, it is not only expected by others, but it is an act that feels inevitable, and unquestionable for many, if not for most.

Certainly, women are not the only members of family units performing emotional labour or emotion work, but the imbalance that exists has been and continues to be significant. Women are often the first to be called upon by loved ones to provide emotional, mental, and spiritual support and are frequently looked to keep the cogs moving in the ways in which everyone is accustomed to. Beyond the performance of this emotional labour, there is the additional burden of it not being necessarily understood or appreciated, and making loved ones aware of the extent of this burden is an act of labour in itself. Even having a conversation about the imbalance of emotional labor becomes emotional labor.

So, what does the long term performance of emotional labour cost women when it comes to their mental health later in life? Emotional labouring can be very rewarding, yes, but it can also be tiresome, draining, frustrating, and take a physical and emotional toll on those who perform it. Taking care of others, especially in ways that do not necessarily get acknowledged, requires time and energy. Further, the consequences for not performing emotion work and emotional labour are felt by women in many arenas; such as failed relationships, unfulfilled expectations of others, and judgement from peers. The performance of this labour often comes at the cost of taking care of oneself, reducing time for different forms of fulfilment and stress

management. Additionally, unreciprocated emotion work can build up resentment to loved ones and instill shame for not fulfilling expectations from outside sources. Over time, the culmination of these adverse effects will likely produce a deterioration of mental and physical well-being on the labour performer.

Emotion work is an act of deep care for those who matter in our lives, and deserves the respect and admiration awarded to forms of monetarily measured forms of labour. Acknowledgment, mutuality, and a more balanced distribution of domestic labour can alleviate the potential detrimental effects. More than two decades ago, Huber and Spitze (1980) found that employed wives' thoughts of divorce decrease with husbands' increasing housework contribution. More recent evidence reveals that husbands' greater domestic contribution increases the likelihood of second births in Germany (Cooke, 2004) and Hungary and Sweden (Oláh, 2003). The emotional labour enacted by many women is as much a labour of love and care as it is a performance of an expected social role. By expanding the social consciousness and conceptualization of emotional work and emotional labour; individuals, relationships, and society benefit from a more balanced notion of care.

### **Relationships and Health**

Relationships have been identified by many scholars as a basic human need, and the quality of personal relationships has been linked to overall health and wellbeing (Nussbaum, 1995, 2000; Wharton, 1999; Hochschild, 1983). When relationships are unbalanced, there are costs to our mental health, such as emotional exhaustion, depersonalization, and emotional dissonance, and these stressors can be transmitted through relational interactions (Erikson, 2005). It's important to state that current knowledge about how gender shows up in the context of intimacy is dominated by heteronormative understandings of relationships. Although the

discussion of non-conventional relationships is important to this topic, the focus of this research will largely be on women in heterosexual partnerships.

In “Why emotion work matters: sex, gender, and the division of household labor” (2005), Erickson surveys 335 research subjects, consisting of employed, married couples with children. Erickson (2005) examines the relative influence of gender ideology, sex, gender performance, time constraints, and economic resources on the performance of domestic labour and emotion work in an attempt to explain why biological sex continues to be a predictor of household labour allocation. Of particular relevance to the current topic, Erickson includes the performance of emotion work as a way culturally scripted gender roles play out in family roles. Erickson (2005) operates with a definition of emotion work which includes offering encouragement, showing your appreciation, listening closely to another, and expressing empathy. His work establishes that “emotion work and its performance reflect a key difference in men’s and women’s gendered constructions of self” (Erickson, 2005, p.337). It is noted that there is a “continued neglect of emotion work within family work literature, perpetuating the view that being an emotional caretaker is something women are rather than something women do” (Erickson, 2005, p. 349). Erikson concludes that the assumption of women’s caretaking roles can be detrimental to both the quality of relationships and women’s self-concept, causing a breakdown in health and wellbeing.

A 2004 study by Strazdins and Broom, “Acts of love (and work) gender imbalance in emotional work and women’s psychological distress”, used quantitative and qualitative data from a sample of 102 couples with young children. The results show that a gender imbalance in the performance of emotion work, in which women perform more labour than men, affected women’s, but not men’s, experience of love and conflict in their marriage. Similarly, the research

demonstrated that the imbalance eroded women's experience of feeling cared for and/or about. These hypotheses are founded on the previously established health protective effects of marriage established in Brown & Harris (1978). Through this erosion of marriage quality, the gender imbalance posed a health risk to women and helped explain gender differences in psychological distress (Strazdins & Broom, 2004). Further, the health protective effect of marriage is diminished for women when they experience receiving less care than male partners, putting women at a likely increased risk for depression (Strazdins & Broom, 2004, p. 360).

Brown & Gilligan's "Meeting at the crossroads: Women's psychology and girls' development" (1993) emphasizes women's relational style in regards to a sense of self and increased rates of depression connected to a loss of sense of self. According to Brown & Gilligan (1993), women's drive for interpersonal intimacy paired with cultural prescriptions of how a "good woman" ought to behave, results in "women developing habits of censoring their own expression and restricting their own experience" (p. 574). Habitual self-censorship, denial of personal expression, and outward compliance, according to Brown & Giligan (1993) can foster feelings of frustration, disconnection from the self, and ultimately, depression.

The lack of research on emotion work and emotional labour in general demonstrates the negative impact of the patriarchy on the understanding of women's lived experiences. Further, the dominance of heteronormative research within this field of study points to the influence of patriarchal culture on our understanding of care in relationships. Given evidence that gender structures intimacy and relationship dynamics in social interactions, these dynamics may unfold in different ways for couples with two men compared with couples with two women, or couples with one woman and one man. Within the sparse research on emotion work within non-heterosexual partnerships there is research that shows that domestic labour is more evenly

distributed in lesbian than heterosexual relationships (Umberson, Thomeer, & Lodge, 2015). However, there is a pattern in which one partner inhabits the more domesticized role in the partnership, taking on more of the emotional and caregiving labour (Umberson, Thomeer, & Lodge, 2015). This is outside the scope of the current research, but is worth a more in-depth analysis of the pervasive ways patriarchal norms impact interpersonal relationships, benefitting the masculine or masculine adjacent partner.

It's important to note that gender structures intimacy in relationships. Emotional work can be burdensome and taxing on the psyche of the labourer, requiring the constant management of one's own emotions in relation to the closely monitored emotional state of partner's and loved ones. For example, the performance of women's emotion work in the labor market and in the caring relations of families and heterosexual couple relationships is often invisible, unrecognized, and yet expected as a "natural" aspect of femininity (Hochschild, 1990; Strazdins & Broom, 2004). This extends to more tangible forms of care, such as caring for aging or ailing family members who cannot provide basic care for themselves.

### **Caregiving**

When family members age or require assistance with domestic tasks or are unable to continue living independently, other family members often step in and provide informal care. This informal care is often a labour of love, duty, and responsibility, but can bear significant physical, emotional, and economic costs (Ward-Griffin, 2016, p.64). Even today, there is a considerable gender disparity between informal caregivers, with the majority being female (Canadian Caregiver Coalition, 2015). According to Ward-Griffin (2016) a feminist perspective asserts that informal care work "cannot be understood in isolation from the social political and

economic conditions from which it takes place” (p.66) and that women’s informal care work is structured by gendered economic and social structures, and in turn, reproduces these structures.

To demonstrate how a gendered conceptualization of care work is ingrained within North American society, one can refer to a 1968 decision upheld by the US Tax Court, holding that a male taxpayer was not entitled to tax deductions provided to those caring for a dependent, elderly parent. This decision was upheld on the notion that because the taxpayer was a single man, this deduction was not available to him. Only women, divorced men, or widowers were deemed to be able to claim such a deduction (*Moritz v. Commissioner of Internal Revenue*, 1972). Even in a seemingly objective government institution such as a taxation branch, there is a historic precedent of recognition of the gendered division of care work.

Hodgkins (2014), found that there is a lack of support and recognition for informal care at the family level, and that it is often regarded as “natural” by other family members for women to assume these caregiving roles. This is problematic for women in a few ways. Firstly, there is powerlessness in the fact that informal care work is often unpaid and not publicly visible, leading to the work being devalued (Ward-Griffin, 2016). This can leave informal caregivers feeling underappreciated, alone, and potentially resentful of the elderly relative they care for. Secondly, Hodgkins (2014) puts forth that many middle-aged women are overwhelmed by the competing demands of their own children, their own employment, and aging parents who need increasing amounts of support and assistance.

A 2012 study of Canadian caregiver demographics found that women provide more care than men, and those over 65 provide more hours of care than other age groups (Sinha, 2012). This study also found that 51% of family caregivers reported spending less time on social activities; 46% spent less time with friends; 54% spent less time relaxing and caring for

themselves (Sinha, 2012). A later study on Canadian caregivers explored the impact of caregiving work on health, family, social life, employment, and financial security, concluded that informal caregivers experience numerous negative impacts in these areas (Canadian Caregiver Coalition, 2015). Many caregivers provide care to spouses as they both age. The role of caregiving in old age is predominantly occupied by women, given that women typically have longer life spans than men, with women outliving men by an average of four years (Government of Canada, 2015). Older caregivers spend more hours providing care for family members in need, and data indicates that detriments to physical and emotional health were magnified with the intensity of care and the number of hours per week (Sinha, 2012). Given that the majority of caregivers are women; this has considerable repercussions, especially for older women.

The loss of a partner or spouse becomes more likely as we age and eventually inevitable, and will relieve women of some of the burden of caregiving, emotion work, and emotional labour within the context of their romantic partnership. The grief associated with losing a partner may also come with accompanying feelings of uselessness, being lost, or unfulfilled. The deficit in the need for the performance of emotional labour by the female partner, in contrast, may also give way to feelings of freedom or release. Further, the emotional labour once directed toward an intimate partner relationship, may be directed elsewhere, to other friends or family. Because the loss of a spouse to either death or divorce may relieve women of their socially conscripted duties of emotional labour, it may allow them to focus their energy inward or toward other places in their lives. This may create an upswing in mental wellness. Therefore, both the prolonged performance of emotional labour by women in interpersonal relationships and the ceasing of this labour have the potential to impact the mental health of women in a variety of ways, especially as they age.

### **Conclusion**

The connections between gender, care, and politics are complex and intertwined. Gender politics impact expectations and executions of emotion work, care, and emotional labour on social, cultural, and relational scales. The way we learn to care for one another and how we manage our emotions toward enacting this care is steeped in deeply ingrained gender roles, and binaries that serve to prop up patriarchal norms. Situating a discussion of the gendered nature of care, emotion work, and emotional labour within the larger feminist critique of domestic labour gives us language and concepts with which to dismantle patriarchal ideals associated with care and love. Understanding how the care and love we show one another within the contexts of our interpersonal relationships is a basis for which we can understand the trajectory of women's wellbeing and mental health over the life course.

### **Chapter Three: Ageism & Sexism**

“Aging and its evidence remain life’s most predictable events, yet they also remain matters we prefer to leave unmentioned, unexplored” (Didion, 2011, p. 84).

In order to understand how emotional labour, emotion work, and caregiving operate within patriarchal norms to shape the experiences, self-perceptions, and mental well-being of women as they age, we must consider the intersection of sexism and ageism. These two marginalizing forces, though different, interact with each other to create a nexus of oppression that impacts the experience of aging. Gerontological scholarship includes an exploration of aging as a social construct, but is limited in its discussion of how the aging process interacts with gender and politics. Growing old is a multifaceted and individualized experience that is best understood within a sociopolitical lens and with a life course perspective. The following will examine how women experience aging by considering the intersection of ageism and gender, the political aspects of caring and being cared for as an older woman, and how mental health is impacted by these factors.

#### **Ageism, Sexism, Gender, and their Intersections**

Why do we fear aging? The aging process may bring us many gifts. It can bring us the wisdom of a lifetime of experience, clarity and humility, years of memories, and a relinquishing of previous responsibility and time constraint. However, in our youth obsessed culture, the aging process, although universal and inevitable, is both dreaded and struggled against with a frantic enthusiasm. Perhaps it is natural to fear aging as it signals the diminution of our time on earth, and it often comes with declining health, the loss of friends and family, and the diminishing of mental and physical capacities. However, it would seem there is something else at play that causes some to desperately avoid the final chapter of life.

Ageism is the devaluing of older adults in society. It is a force that silences and marginalizes, producing a literal and figurative erasure of the perspectives, experiences, and voices of older adults. Ageism is reflected in how our society operates, and many older adults find themselves in a world no longer set up to serve them. The results of ageism are pervasive and corrosive to the self-identity and self-perception of older adults. Berger (2017) states that “with a growing sense of individualism and an increasing concern with staying young, older people have had to face an escalating level of disregard, disrespect, and marginalization” (p. 184). It is thoroughly documented that the “health impacts of exposure to discrimination are far reaching” (Brotman, Ryan, & Cormier, 2003). Ageism affects the daily lives, wellbeing and mental health of the elderly as their lived experiences are rarely shared, and opinions seldom heard. The elderly have become an invisible minority, even as the global population grows older and healthier by the year (Edstrom, 2018). Under capitalism, the elderly hold little structural power, and are often viewed as unproductive drains on the system, which leads to harmful and degrading stereotypes that can prevent the elderly from being treated with dignity and respect. These stereotypes are often internalized by the elderly and accepted by the general population.

Though “ageism is the one form of social prejudice that people from all social background have to deal with” (Berger, 2017, p.183), ageism is not experienced in a vacuum. Garner (1999) explains the connection between gender, sexism, and ageism, “much of western society’s view of women’s worth is associated with a socially defined physical attractiveness which clearly equates youth with beauty and values youthful beauty and the ability to attract men, therefore, women lost their social value simply by growing old” (p. 4). In a society that values women based on appearance, fertility, and their sexuality, ageism and sexism become intrinsically linked and operationally intertwined. The Council of Europe defines sexism as “a

manifestation of historically unequal power relations between men and women - which leads to discrimination and prevents the full advancement of women in society”, a phenomenon that is “widespread... and rooted in reinforced gender stereotypes” (Calderwood & Sanchez, 2019).

Women of advancing age will have been exposed to the sexism embedded in society for all of their lives. Aging is not a great equalizer, it is not apolitical, and it deserves attention from feminist academia. We can borrow from feminist texts and reconsider an analysis of aging through a intersectional, structural, and cultural lens. If we consider aging as a process that occurs within a complex web of social, cultural, psychological, physical, and relational factors, this will allow us to dignify the experiences of aging women, and better understand an important and universal life transition.

### **A Review of Relevant Literature**

There is limited scholarship available that considers the experiences of aging women, specifically acknowledging the unique intersection of gender and age. This points to both a lack of understanding of how interlocking oppressions impact the aging process and reflects the societal invisibility of older women.

By bridging feminist gerontology with political demography, Carney (2018) in “Toward a gender politics of aging”, recognizes the sexist discourse embedded in ageism. This article acts as a proposal for a gendered politics of aging. Carney (2018) endeavours us to rethink the aging process as a political issue and to “engage with classic feminist writings but with a gerentological gaze” (p. 251). When considering the academic feminist cannon, it is not often that older women nor the intersection of age and gender are brought forth, demonstrating the “relative neglect of aging women in both gerontology and feminism” (Carney, 2018, p. 254). A comprehensive discussion of aging must consider social factors, this includes an acknowledgment that aging is

experienced differently depending on gender identity. Carney (2018) attributes this experiential disparity by demonstrating how aging is “intricately related to the politics of reproduction, to our relation with the economic system, and to the extent to which patriarchy dominates public and family life” (p. 252).

In an earlier work, “Unmasking the elderly mystique: why it is time to make the personal political in aging research”, Carney and Gray (2015) remind us that old age is a socially constructed institution, one that sees women’s decline in social, political, and cultural value on a larger scale than that of men. It must be said that Carney’s critical analysis of how old age is conceived by feminist and gerontological academia acknowledges the intersection of gender and aging, but does not consider many other intersectional identities that may lead to further discrimination and structural challenges with aging. Throughout her work on aging and gender, Carney reminds us that an appropriate response to the aging population must be mindful of the intersection of politics and gender.

In “Objectification theory: Toward understanding women’s lived experiences and mental health risks” Fredrickson & Roberts (1997) utilize objectification theory to trace women’s mental health outcomes across the life course. Objectification theory is offered as a possible lens for further empirical work. The framework of objectification theory connects experiences of sexual objectification with the socialization of women to view themselves as objects to be looked upon and evaluated by others, particularly the male gaze (Fredrickson & Roberts, 1997). A discussion of how objectification theory can be applied to understanding women’s experiences at midlife is particularly relevant to this research. Objectification theory “predicts that precisely how aging influences a women’s mental health risks depends on the extent to which she continues to a) internalize the feminine ideals prescribed by a culture that objectify the female

body, and b) encounter contexts that objectify her body” (Fredrickson & Roberts, 1997, p. 194). Further, the objectification and glorification of beauty and youth paired with simultaneous devaluation and invisibility of older bodies by the media sells older women the notion that looking young is important and failing to do so may be a source of shame. This process instructs that in order for women to maintain social standing and value, they must remain under the gaze of objectification and that attempts to maintain youth may lead to detachment from one’s own body and sense of self (Fredrickson & Roberts, 1997).

Continued internalized objectification as women age leads to lower social regard, invisibility, shame, and detachment from self. However, Fredrickson and Roberts (1997) point to a counter phenomenon that accompanies the aging process, leading to better mental health outcomes for women in mid-life. Fredrickson and Roberts suggest that, “to the extent that a middle-aged woman can relinquish the internalized observer's perspective as her primary view of physical self... she may in fact escape from the culture of objectification along with its negative consequences” (p. 195). Their research points to studies that show some women over the age of 50 reporting higher quality of life and an improvement in psychological health as evidence of this occurrence. Fredrickson and Roberts (1997) attribute this shift to a middle aged woman's ability to break from a culture of objectification that stifles creativity, allowing women’s achievement and character to gain visibility. Though aging out of social value based on appearance and beauty standards can be detrimental to women’s mental health, not all women experience this shift negatively.

### **Aging and Gender as Generational Social Constructs**

Our population is aging, and the baby boomer generational cohort is entering its advancing years. Increasingly, women will make up a large portion of the population, “not only

is the population of senior women overall projected to increase, but so is the share of women aged 80 and over” (Hudon & Milan, 2016). Differences in life expectancies between men and women become increasingly apparent across the senior years, “at ages 65 to 74, women slightly outnumber men, with the gap widening at ages 75 and over. More than 6 in 10 seniors aged 85 to 89 were women as of 2015, as were nearly 9 in 10 centenarians, that is, people aged 100 and over” (Hudon & Milan, 2016). An aging population has many implications, including health care, caregiving, housing, transit, and financial circumstances (Hudon & Milan, 2016). These implications do get some attention when it comes to politics and policy, but the way women may experience age differently and have different needs is largely ignored.

Aging is an inherently intersectional issue, and “gender is a powerful social structure operating at three levels: individual, interactional, and institutional” (Loscocco & Walzer, 2013, p. 2). An exploration of aging women of the baby boomer generation requires an analysis of the legacy of gender roles over the past two generations. Carney (2018) calls for a gender-sensitive analysis of the impact of the feminization of old age, and a more political understanding of what it means to grow old in the patriarchy. The baby boomer generation is used as an example of a life course understanding of how gender roles shape our experience. Carney (2018), writes of the baby boomer generation of women, “these women were not a political priority, from their education as little girls, through the free labor they provided as mothers, through the years they spent working for lesser pay, and now as widowed old ladies who need care” (p. 248). The neglect of this generation’s interest demonstrates how the impacts of the patriarchy can be felt at any age, and by the time baby boomers enter their advancing years they have been exposed to long-term discrimination.

Many women of the baby boomer generation, according to Garner (1999) were “socialized from an early age to defer decision making to men, especially in the area of finances, to keep their opinions silent, and to place the needs of husbands and children above their own.” (p. 6). These women, now reaching old age, perhaps finding themselves without a male partner for the first time in their adult lives, may be lacking a sense of agency, empowerment and confidence in their own abilities. While not all women have deferred their power to male partners, those women whose lives have included freedom, active decision making, and the ability to meet their own needs as well as the needs of others, “are nonetheless plagued by societies which view them as less valuable and less capable than men” (Garner, 1999, p. 7). Despite the ability to break free from gender roles and norms on a personal level for some women, these deeply ingrained social messages about gender are ultimately unavoidable.

Women of the baby boomer generation have experienced many social changes over their life course. Common experiences that have shaped boomers include being the first generation to grow up with television, the prevalence of the Pill during the sexual revolution, the civil rights movement, and the women’s liberation movement (Mehling, 2009). Despite becoming fainter on the political landscape as they age, women of this generation participated in or experienced pivotal social change. Why has a generation that holds valuable knowledge and insight into our current cultural landscape been silenced and forgotten? Garner (1999) poses a hypothesis, that, “we have made old women invisible so that we do not have to confront our patriarchal myths about what makes life valuable” (p. 3). To avoid a meaningful evaluation of how patriarchy structures our lives, a cohort who have often acted as vessels of change have been relegated to stereotypes of frail and powerless old ladies.

### **Aging, Sexism, and Care**

The invisibility of baby boomer women in the political landscape does not accurately reflect the impact their labour has on the wellbeing of others and of society. Women's ability to provide free domestic labour, care work, and emotional labour varies as they age, and it could be argued that the devaluation of aging women in society is connected to a diminished ability to perform this labour. However, statistics show that older women provide a large portion of unpaid care work to family members and aging spouses (Zajicek, Calasanti, Ginther, & Summers, 2006). Largely, the performance of care work by older women is left out of the broader discussion of domestic labour and care work. When considered at all, old age is inserted into the dialogue only in the form of an older person who receives care work from, and therefore burdens, younger women (Zajicek, Calasanti, Ginther, & Summers, 2006; Calasanti & Slevin, 2013). The exclusion of older carers in the discussion renders invisible a large population of older female carers, and detracts from the experience of older women who require care from others.

While feminism has put emphasis on the valuation of younger women's domestic care work, older women who care for older spouses, grandchildren, and others, are not provided the same attention. Despite the growth of feminist scholarship on unpaid care work (Calasanti and Slevin 2013: 104) researchers using the intersectionality approach have given little attention to the effect of age relations. The rich literature on unpaid care work offers few insights into the impacts of such work for and by older women. According to Zajicek, Calasanti, Ginther, & Summers (2006) "by overlooking age relations as articulated in unpaid care work, these scholars miss an opportunity to develop a more dynamic view of crosscutting inequalities" (p. 248). An

exploration of the relational dynamics and politics of care cannot be comprehensive without an inclusion of aging and age relations as an imperative consideration.

Women provide the vast majority of care work and are its most frequent recipients (Calasanti & Slevin, 2013). As women age, the expectations of them change, and their ability to meet and/or challenge these expectations is variable across the life course. The costs of performing unpaid care work also fluctuate as one ages due to accumulating impact. The ability to meet and/or challenge gendered expectations is related to many factors, such as intersectional location, familial patterns, adherence to social norms and roles, and cultural understandings of care. The costs are varied and far-reaching, such as caregiver stress, guilt at receiving such care in return, managing one's emotions about providing free care (such as resentment and frustration), and many other physical, emotional, and psychological tolls.

Society doesn't value this labor enough to contribute back to these caregivers or even acknowledge their labor enough to provide support later in life. However when they are not able to continue that labor, they are devalued. Clearly that labor is important enough to be held up as a necessary societal role, but not important enough to be recognized monetarily.

Fiscal sustainability is never measured in terms of the free care provided by women. The opportunity cost of caring for children or relatives is not taken into account when assessing whether someone qualifies for a "contributory pension." By the time women reach the stage where they need eldercare, their accumulated disadvantage is seen as a problem of old age—it is rarely linked to the gendered institutions that have shaped their life trajectories. (Carney, 2018, p. 248)

This quote exemplifies how older women become stuck in a bind wherein they are encouraged to engage in unpaid domestic care work to maintain their value in society, or else be perceived as burdensome, especially if they require care from others. The psychological costs of devalued work can leave older women vulnerable to even greater stress, guilt, and isolation than younger women (Calasanti & Slevin, 2013). Further, women who no longer have the ability to provide

care work are typically care recipients in some capacity. This paradigm acknowledges the “burden” of care work, as it reinforces the notion that dependence is unfortunate and shameful (Zajicek, Calasanti, Ginther, & Summers, 2006).

### **Women’s Mental Health and Aging**

Dozens of studies have pointed to the connection between strong social support, and long term mental and physical health and wellness outcomes (Holt-Lunstad, Birmingham, & Jones, 2008; Williams & Umberson, 2004; Uchino, Bowen, Carlisle, & Birmingham, 2012). One of the ways we build closeness, intimacy, and security in relationships is by caring for one another and being cared for in return. “In communal relationships, people feel mutual responsibility for each other’s welfare, help each other, and give benefits as a response to the other person’s needs” (Strazdins & Broom, 2004, p. 360), this includes sharing emotions, responding to each other’s emotions, and at times, managing our own emotional responses.

In their 1993 study, Miller and Stiver saw “people become more energized, empowered, feel greater self-worth and greater understanding of their own feeling-thoughts” (p. 427) as the result of psychological development and relationship building based on mutuality. The performance of caring for another in the context of an intimate relationship, when not reciprocated equally or mutually, does not reap the same benefits, and can have negative consequences for the party putting forth more effort. An individual’s attributes, behaviours, and developmental trajectory will inevitably shape and be shaped by their relational environments over the life course. It is therefore necessary to consider the interplay between an individual’s identity and the context of their interpersonal relationships to gain a comprehensive understanding of their wellbeing (Lerner, Johnson, & Buckingham, 2015).

When considered in the context of overall health and wellbeing, the quality of relationships is impactful. When relationships require women to perform continuous labor and negate their own wellbeing to provide support and care, where does that leave them? In *The Year of Magical Thinking*, Joan Didion reflects on her experience at the hospital after the unexpected death of her husband, noting a social worker describing her to the doctor as a “pretty cool customer”. She then wonders to herself, “what an uncool customer would be allowed to do. Break down? Require sedation? Scream?” (Didion, 2007, p.16). Didion exists in a lineage of women who have had to swallow their grief, a history of women who have had to keep calm and carry on, putting aside their own experience to keep it all together for others. Many older women have been programmed over their life course to downplay their emotions and care for others, often at the neglect of their own wellbeing. Despite being stereotyped as overly emotional, women are expected to do so much of the emotional labour, so much of the “keeping things together” when others fall apart. Often, their grief is postponed to make way for the grief of others, and they don’t receive the support they need.

So how does caring for others, managing their own emotions, and performing emotional labour impact women’s wellness and mental health as they age? Does the feeling of necessity cause women to neglect, ignore, or cast aside their own feelings of emotional distress such as depression, anxiety, and stress? And how do women tend to mitigate these feelings as they age? The prolonged effect of putting one’s own needs aside to take care of others, the support other women provide each other. Are women more likely to downplay their own mental health condition to themselves and others as they age so as to not be a burden on others?

These are the questions we must consider when considering mental outcomes for older women. Women are caregivers their entire lives. Once they reach old age, often their emotional

lives are disregarded, as though meeting physical needs is sufficient care and attention. While mental health programming for seniors exists, there are many barriers to access these programs such as mobility, geographic location, economic issues, and disinterest (Kuerbis, Sacco, Blazer, & Moore, 2014). Additionally, many elderly feel a growing sense of disconnection from a world that is not designed to cater to them, fostering feelings of depression and dislocation. Kuerbis, Sacco, Blazer, & Moore (2014) also point out that, “baby boomers will have higher levels of depressive and anxiety disorders than previous generations because they will be the first generation to experience eldercare, en masse, as their parents are living longer and with the complication of having chronic health-related issues” (p. 630). To address the gap we must shift the paradigm of what mental health care looks like within an aging population, rather than treating the effects of social isolation, social exclusion, lack of fulfillment, care, and grief, we must look at the social expectations that create these conditions.

### **Conclusion**

The intersection of age, gender, and discrimination, and the impact of these factors upon the mental, spiritual, and physical wellbeing of aging women is sorely under researched. The lack of available research points to the broader devaluation of aging female bodies in society. The effects of this marginalization can be felt in the cultural image of the aging woman, the expectations put upon those women, and in the overall health outcomes of women over their life course. Feminist scholars offer us language and critical analyses of gender dynamics and intersectionality that can be a useful lens through which to view the aging process. We must reconsider a discussion of aging through an intersectional, structural, and cultural lens. Understanding aging as a process that occurs within a complex web of social, cultural,

psychological, physical, and relational factors that interact with unique personal circumstances can allow us to centre the experiences of aging women in a meaningful way.

## **Chapter Four: Moving Toward Healing - Intersectionality, Intergenerational Perspectives, and More**

“Stories that rise from deep suffering can provide the most potent remedies for past, present, and even future ills.” (Estes, 2008, p. 42)

Between now and the year 2030, the population of persons aged 65 and older will nearly double as the Baby Boomer generation enters the stages of later life (Duncan, Nicholson, White, & Bradley, p. 237). A generational population shift of this magnitude is unprecedented and the impacts it will have on society remain unknown. The World Health Organization considers the large aging population to be one of the greatest global challenges of the next decade (Edstrom, 2018). The current social resources available to older adults will not meet the needs of this growing population, and innovation and restructuring is paramount. A happy and healthy aging population must be a priority to those in helping professions as we begin to experience this shift in Canadian demographics.

Of particular interest to this research is the phenomenon known as the feminization of old age, which sees the proportion of the population made up of older women grow every year as women, on average, continue to live longer than men (Davidson, DiGiacomo, & McGrath, 2011). Not only are women generally more represented in older populations, but are more likely to experience poverty and inferior health outcomes than older men (Davidson, DiGiacomo, & McGrath, 2011). On a global scale, policy has yet to reflect the needs of this growing population (Perez, 2019). Herron and Ronsenberg’s 2016 study “Aging, Gender, and ‘Triple Jeopardy’ Through the Life Course”, further illustrates this imbalance, “although women tend to provide more hours of intimate care over their lives than men, they are more likely than their male

counterparts to experience declining social and material resources which can affect their health and access to care in later life” (p. 202). Care work, especially when unreciprocated, has cumulative impacts on those who perpetually engage in it over a life course.

According to Armstrong et al. (2008) women provide approximately 80% of formal and informal care globally, a fact that has far reaching consequences as women age. Enacting care work during the working years causes women to experience more work interruption, collect less pay overall, and take on more flexible employment (Herron and Rosenberg, 2016). This leaves many women of older age with less financial resources to put toward their own health and personal wellness than male counterparts. 3 in 10 Canadian senior (65+) women have done volunteer work (Government of Canada, 2015). 36% of Canadian parents use relatives for child care, many of which are grandmothers. Older women are valuable to Canadian society in many ways, yet they are cast aside, underappreciated, underrepresented, and at times simply ignored.

The impact of long-term, perpetual exposure to, and discrimination by patriarchal society can be seen in older women’s self-perception, relationships to younger generations, and in their help-seeking behavior (Davidson, DiGiacomo, & McGrath, 2011). As the population becomes older and more female, a re-examination of how we perceive, care for, and value older women in society is long overdue. Women of the baby-boomer generation are in a unique social position, wherein many have inherited or experienced a strict adherence to gender roles from their own mothers, and simultaneously witnessed or participated in the transformation of societal perceptions toward gender and sexuality.

This paper will explore the ways in which older women are perceived, represented, and valued in society. By examining how Canadian society, in lieu of policy changes and shifts in the political landscape, can alter the image of the older woman to represent and value their rich,

nuanced, and valuable life experiences and contributions. First, the perpetuation of patriarchal values through the intergenerational inheritance of knowledge is investigated with a compassionate lens. Next, the impact of the media is unpacked to better understand the role and influence of visual representation of older women. Through a re-imagining of how we care for one another, the empowerment of older women and the potential of older women to empower future generations is put forth. Finally, healing and social transformation is considered through the elevation of older women's voices in the helping professions to facilitate collective healing and finding a new, intersectional way to approach working with older women.

### **Redefining the Image of the Older Woman**

When does a woman become *old*? When she leaves her child-bearing years? When signs of age are visible on her face? When she exits the workforce? Becomes a Grandmother? In a youth-obsessed culture, aging women are left to grapple with their own growing invisibility, their own slow fade into the homogenous group of other "old women", a group that remains largely unrepresented and undervalued. As Betty Friedan eloquently puts in in her 1993 novel, *The Fountain of Age*, "just as darkness is sometimes defined as the absence of light, so age is defined as the absence of youth" (Friedan, 1993, p. 4). The message to older women from society is loud and clear - they are not socially important, their value has diminished, and their contributions are not expected nor taken into account. Society's positioning and exclusion of older women does not reflect the dynamic, diverse, and unique lives of older women and the important contributions they have made and will continue to make to the lives of others and society as a whole.

Social messaging and expectations deeply rooted in Western culture, have both explicitly and subliminally taught women that remaining young, thin, beautiful, and desirable to men is of

utmost importance (Horton, Baker, Cote, & Deakin, 2008; Mock & Eibach, 2011; StarkWroblewski, Edelbaum, & Bello, 2008, Wolf, 1991). This messaging, from the media and elsewhere, has vast implications on those who consume these messages, particularly in terms of self-perception and self-esteem. Self-perception - how one views oneself and perceives others to view them, has been shown to be a contributor to overall feelings of self-esteem and general wellness (Mock & Eibach, 2011). Literature over the past two decades has shown that older women may be at a higher risk for developing negative self-perception (Gupta & Schork, 1993; Pinquart & Sörensen, 2000; Ferraro et al., 2008; Altschuler & Katz, 2010). However, meaningful and supportive relationships with family and friends have been found to positively influence one's self-perception and psychological well-being (Huebner & Fredrickson, 1999; Loscocco, & Walzer, 2013). Thus, building relationships that positively influence a woman's self-perception and life outlook as she ages may combat the negative impacts of a sexist and ageist media.

The following will examine how the cultural image of the older woman may be reimagined to promote better relationships, particularly through an intergenerational, maternal lens. Further, it will investigate how the media portrays (or fails to portray) older women. The interlocking impacts that relationships and widespread cultural messaging have on aging women's mental, psychological, and spiritual well-being is important as we seek to promote the wellness and health of this growing population.

### **Intergenerational Relations**

Women are often born with wounds, wounds inherited from our ancestors and from the patriarchal institutions our mothers navigated their whole lives and continued to navigate with their daughters in their wombs. Learning what it means to live as a woman, embody femininity, and carry the expectations connected to womanhood is taught to us through several channels,

often from a very early age. One of the ways we receive these messages is through intergenerational knowledge transmission from our own female caregivers. These messages are conveyed passively, through the observation of behavior, and directly, through explicit lessons. Carney (2018), speaks of the ways that a patriarchal conception of womanhood infiltrates our understanding of maternity, “once a woman becomes pregnant the weight of centuries of social conditioning, norms and expectations, societal pressures, and demands within personal relationships fall on her like a weight, making it very difficult for her to do or say anything other than what has been done before” (Carney, 2018, p. 252). Reimagining motherhood requires a break from deeply ingrained patterns, deliberate unlearning and internal work. Engaging in new ways of conceptualizing motherhood requires women to break from social norms, garnering judgement from others and possible alienation from female caregivers.

Versions of motherhood that work to benefit the structures that hold up patriarchal society are often held up as ideal or normative. However, the image of the ideal mother is, in reality, unattainable and detrimental to those who chase it. Our own expectations of mothers are often guided by societies’ need for women to be perfect (D’amour, 2020). Fullagar (2008) unpacks this image of the perfect woman/mother, “the discursive figure of superwoman is another normative iteration of the good woman ideal with which women grapple” (p. 16) and the notion that “women have an endless capacity to ‘do’ for others.” (p. 16). The reality for many women is that motherhood creates a space burdened with great responsibility without corresponding agency over their own bodies, decisions, and lifestyle. The pressure that patriarchal values place on women are recreated and reflected in motherhood, which has “imprisoned motherhood, alienated women from their bodies and each other, and ensures these

limiting and controlling beliefs about women are passed down from mother to daughter” (D’amour, 2020).

The vast expectations and responsibilities inherited in motherhood are connected to a long history of “mother blaming” in many facets of Western society, including academia and the helping professions. Mother blaming occurs when mothers are held accountable for a child’s perceived problematic or atypical behavior (Somerfield, 1989). Mother blaming is a harmful phenomenon that complicates the already overwhelming responsibilities placed on motherhood (Jackson & Mannix, 2004) and injects shame into the mother-child bond. Expectations on mothers are countless and unreachable, and we are conditioned to celebrate fatherhood while neglecting to acknowledge the mothers who work tirelessly to hold everything together while navigating expectations of both womanhood and motherhood (D’amour, 2002). Under patriarchy, women who have children are reduced to the role of mother, ignoring the complexity that makes us human. Instead of blaming mothers, we ought to extend empathy to the women who are doing their best to meet expectations while traversing a society that diminishes their achievements (D’amour, 2002).

Expectations of motherhood have impacts that continue into older age. As women age out of providing full-time care for dependent children, there are implications for women’s identities, self-perceptions, and self-worth. Motherhood and care work often requires women to neglect their own well-being and make sacrifices that leave them disadvantaged in old age. Attaching such profound cultural value on motherhood has the effect of leaving many women feeling diminished or unimportant in old age, and can prevent feelings of freedom and empowerment that could come with this shift in identity. As a society, we must begin to acknowledge women’s value beyond the child-bearing years, and make space for voices of older women. For instance,

we may rethink care work to extend into the transmission of culture and wisdom from one generation to the next. (Zajicek, Calasanti, Ginther, & Summers, 2006) propose that transmitting stories of resistance and cultural wisdom have benefits for both the elder speakers and young listeners. As such, older maternal figures serve important roles in conveying cultural norms and family stories and wisdom. The transmission of wisdom from one generation to the next opens up the possibility to both reproduce and challenge ingrained systems of inequality (Zajicek, Calasanti, Ginther, & Summers, 2006), but nonetheless, empowers older women and creates a space of value for older women in society.

### **The Media**

The power and influence of the media is well documented, particularly, feminist scholarship has focused on the media as a socializing force through which “people learn to define themselves and others and develop their own subjectivities” (Lemish & Mulhauer, 2012, p. 165). The consumption of media can play a role in how we conceptualize our own lives, our self-perception, and the expectations we have of ourselves and others. Further, the far-reaching force of the media can be wielded in ways that influence cultural ideals, norms, and attitudes. How we see (or do not see) our own experiences and identities reflected in the media contributes to the creation of the self and has profound implications in the consumer’s thoughts, feelings, and behaviors (Lemish & Mulhauer, 2012).

Media representations are grounded in contemporary cultural assumptions and discourses about gender. Television and film consumption is a powerful vehicle for shaping attitudes about gender, age, and ethnicity (Cohen, 2002). The representation of older women and the aging process in these media forms is, at best, lacking and more often problematic and harmful. With few exceptions, scholars of media and popular culture study find that representations of older

women in mainstream media to be scarce, one dimensional, and stereotypical (Cohen, 2002; Lemish & Muhlbauer, 2012; Dolan & Ticknell, 2020; Hilt & Lipschultz, 2016). Older women of diverse identities and backgrounds are even more scarcely represented, if at all. The Western division between the young and the old is perpetuated by limited and stereotypical images of older women, which both influences younger generations' perceptions and negatively impacts the self-perception of older women (Cohen, 2002).

According to an analysis of representation of older women in media by Lemish and Mulhauer (2012) the representation of older women is characterized by double marginalization - discrimination by age as well as gender. The research by Lemish and Mulhauer (2012) showed several trends, primarily that older women were underrepresented as a whole. However, one of the more interesting findings found that characters of older women were more negatively stereotyped than characters of older men. Further, older women were found to be “less likely than older men to be presented as authority figures who are influential in the workplace, their sexuality was largely muted, and their bodies were displayed as objects of ridicule rather than objects of desire.” (Lemish & Muhlauer, 2012, p. 40). The lack of available roles portraying older women in turn disadvantages female actors as they age. Lincoln & Allen (2004) found that there are “significant negative effects of being female and being older on the number of film roles received by actors and their average star presence” (p. 611). There are examples of positive portrayals of women over 40, such as *The Golden Girls*, *Grace and Frankie*, and *Cagney & Lacey*, albeit these are all representing white, middle class women.

Beyond television and movies, older adults rarely make up content directed to the general population or younger audiences, more likely to be found in advertisements targeted at older audiences or feature material (Edstrom, 2018). Older adults also experience exclusion in online

spaces, partly due to “ageist conceptions of elders and their alleged inability to learn and use technologies” (Droucher & Gauthier, 2018, p. 76). This becomes especially problematic for older women looking to advocate for themselves as online spaces become increasingly important in activism and organization. Often, older women find themselves “unable to participate in and/or create content for social movements that hold importance for them” (Durocher & Gauthier, 2018, p. 80). The absence of significant screen time, lack of diverse and nuanced roles, and general exclusionary practices of mainstream media can be seen as a form of the symbolic annihilation of older women (Edstrom, 2018). The power of media messaging, when wielded without attention to diversity, representation, and respect, signals to older women themselves, as well as to the general population, that older people, particularly women, are not noteworthy, interesting, or desirable.

### **Implications for Helping Professions**

The marginalization and devaluation of elderly voices in contemporary society has led to a deficit in mental health care for the older adults (Searby, Maduel, & McGrath, 2016). Searby, Maduel, & McGrath (2016) also identify how the mental health of the elderly is affected and compounded by many variables, including social isolation, stigma, socioeconomic disadvantage, and grief and loss of family and friends and previous life roles, to name a few. This puts older adults at risk of mental health concerns including depression and anxiety. Kuerbis, Sacco, Blazer, & Moore (2014) also point out that, “baby boomers will have higher levels of depressive and anxiety disorders than previous generations because they will be the first generation to experience eldercare, en masse, as their parents are living longer and with the complication of having chronic health-related issues” (p. 630).

The principle that the personal is political is central to understanding how feminist counsellors connect the personal difficulties and problematic behaviors that clients bring to counselling with the social and political contexts of the individual's lived experience (Corey, 2013). Feminist therapy addresses therapeutic issues embedded in the real world (Bankart, 1997), and deconstructs the client's struggles through an analysis of how societal power structures have instilled problematic ways of being and perceiving. Feminist therapy rejects the traditional model of health and pathology (Murdock, 2016), and operates fundamentally on an empowerment model (Bankart, 1997). The goal of the therapy is to move toward replacing "the patriarchal 'objective truth' with feminist consciousness, which acknowledges diverse ways of knowing" (Corey, 2013, p. 372). The individual's symptoms of distress can be understood as responses to harmful life experiences derived from systematic oppression and the psychological coping mechanisms employed to survive this oppression (Brown, 2010).

A feminist model of therapy is based in the "recognition that madness could have its roots in the world beyond the individual patient" (Bankart, 1997, p. 353), and views mental health as intrinsically connected to social, personal, and political empowerment. Based in an understanding of how unpaid, and often underappreciated, domestic and emotional labour has fallen to females in family systems, feminist family therapists can support informal family caregivers as they navigate the emotional and physical demands of caring for older relatives. The way care is produced and distributed in many intimate partnerships, for women, makes it difficult for them to feel validated, heard, and seen by their partners. How we care for one another does not exist in a vacuum of personal relationship, and the dynamics of care and support are influenced by many extra-relationship factors.

Helping professionals ought to work from a feminist lens when supporting older women, allowing for socialization, marginalization, and oppression to be named and acknowledged as potential sources of distress. Working from a feminist, intersectional lens with older women will allow space to center intergenerational trauma, the existence of feminine knowledge, feelings of guilt associated with motherhood, and the unlearning of socially prescribed roles. Helping professionals can play a role in redefining the ways we understand care and root practice in intersectionality, giving space to clients to explore all facets of their existence within a patriarchal society.

### **Redefining Care**

Expectations on women to perform care work, domestic labour, and emotional labour have profound impacts on their mental wellness. The perpetual performance of this labour, over a life course, may leave older women struggling with mental health concerns. Counsellors and other helping professionals can work with older women to allow for awareness building around the impact of this labour, help unpack the emotions that come up around it, and move toward a new understanding of their identities and roles as women, partners, and carers. In *Fountain of Age*, Betty Friedan (1993) wonders if “in age, could a woman, released from her previously feminine role, find strengths in herself she had previously sought from men; could a man discover and/or develop sensitivities in himself that he had once sought only in women?” (p. 19). Counsellors working with older women, and men, have a role to play in facilitating and nurturing this type of transformation.

When considering counselling work with women of the baby boomer generation, counsellors must consider generational and cultural contexts. While many cultural ideas around gender norms have been challenged over the life course of the baby boomer generation, “cultural

ideas about women (as more emotional, supportive, and reactive) and men (as less emotional and more independent, and proactive) shape behavioral norms, reproducing beliefs about purportedly ‘natural’ gendered behavior” (Umberson, Thomeer, & Lodge, 2015, p. 544) are generally persistent. Particularly, women of the baby boomer generation who were raised in households that upheld these ideals and gendered expectations were more rigid, may experience the impact of the performance of emotional labour in a magnified way. Losocco & Walzer (2013) argue that we cannot understand challenges to the institution of heterosexual marriage without recognizing how deeply segregated by gender it is, suggesting that “gendered processes are woven into the fabric of heterosexual marriage and the cultural context in which the institution is constructed” (p. 10). Many older women could benefit from the help of a counsellor, if expressing a desire to participate in work to deliberately unlearn gendered expectations of this nature.

For women in heterosexual partnerships, the burden of unreciprocated care work and the emotional labour required to process it is not made visible to others. Many women in this position experience feelings of overwhelm, overload, guilt, and feel torn between providing care or catering their own enjoyment, self-care, and leisure (Fullagar, 2008). The expectations on women to perform this labour are often overlooked by other or women themselves, due to patriarchal practices of caring being “already encoded in the norms of femininity, masculinity and domesticity.” (Lynch & Lyons, 2008, p.17). This is not to say that men do not provide care within family units or appreciate the labour that women provide in heterosexual partnerships, but the problem lies within the social circumstance that “men are neither reared nor educated to define themselves as carers” (Lynch & Lyons, 2008, p.18).

Fullagar (2008) established that women found healing and empowerment through “the renegotiation of gender expectations held by oneself, significant others (i.e., particularly

husbands) or more broadly around the heteronormative discourses of womanhood related to age, mothering, marital status, sexual orientation, and balancing work and home life” (p. 19).

Counsellors have an important role to play in assisting older women to reshape their ideas about care and emotion work, centering their own leisure and pleasure, and becoming more self-fulfilled.

### **Intersectionality**

The dynamics of care and emotion work that play out within the microcosms of interpersonal relationships have profound health impacts for women. However, it is paramount that a discussion of how a patriarchal society shapes women’s experiences of wellbeing and mental health as they age includes a discussion of intersectionality. Many factors, including ethnicity, sexuality, and class interact with gender and age to influence the way women enact and receive care and the expectations of society at large. In *Slouching Toward Bethlehem*, Joan Didion (1968) writes that “water is important to people who do not have it, and the same is true of control” (p.48). Living with a marginalized identity within structures of oppression can limit the control women have over their own lives and decisions about health and wellbeing (George et al., 2015).

Fullagar speaks to the lack of control women, particularly women with intersecting marginalized identities, are able to assert over their own lives and the roles they inhabit, “I think a lot of being a woman is that you often have a lot of responsibility and no control. I think that’s what I learnt at my mother’s knee.” (Fullagar, 2008, p. 16). Fullagar points to the difficulty of this hypocritical structure, which burdens women with the duty of care and responsibility while limiting women’s agency and access to resources. The interaction of gender roles with other social structures creates additional complications for those who hold multiple marginalized

identities. Often, intersecting identities each come with their own set of socially prescribed ways of being, leading to a complex interplay of perceived obligations. For instance, “analysis suggests that African heritage and American slavery and racism create unique challenges for fulfilling dominant expectations of husband and wife roles. The successful women studied want to buffer and support their mates in a racist social system that constrains Black men’s abilities to fulfill the good provider role” (Loscocco & Walzer, 2013, p. 4).

In the 2011 article, *Applying intersectionality & complexity theory to address the social determinants of women’s health*, McGibbons & McPherson (2011) discuss social health determinants and outcomes in Canada as they relate to women’s wellbeing. They point to the continuously sustained higher poverty rate for women, especially women of colour and older women, and its impact on physical and psychological wellbeing. This phenomenon is explained by McGibbons & McPherson (2011), by pointing to the “inadequate and precarious employment” (p. 67) available to these populations and the prevalence of single mother households. McGibbons & McPherson discuss the toll that chronic poverty takes on women’s mental health, stating “when individuals, families, and communities experience chronic poverty, the cumulative stress of worrying about food, shelter, and a myriad of other deprivations leads to chronic anxiety and sometimes depression” (p. 68).

The emotion work required of women to manage the impact of “everyday racism, sexism, misogyny, homophobia, and the impacts of colonialism, have a profound impact on the body’s stress managing system, the adrenal system” (McGibbons & McPherson, 2011, p. 69). Further, women “subsist by combining paid employment and unpaid domestic work to maintain themselves and their household” (McGibbons & McPherson, 2011, p. 67), a fact that is further compromised by women’s occasionally precarious position in the labour market. Balancing

unpaid domestic work, necessary paid labour, the stresses of discrimination, the care of loved ones, and the emotional labour required to manage anxiety and resentment can lead to an unbalanced and overwhelmed system, mentally, emotionally, and physiologically.

The baby boomer generation saw a rise in single mother households, largely due to the normalization of divorce, the empowerment of women in the workforce, and changing attitudes toward women-run households (McGibbons & McPherson, 2011). Canadian women are less likely to be employed than men and they earn an average of 62% less. The income of women aged 55-64 is barely over half that of men in their pre-retirement years (Statistics Canada, 2005). These statistics give us a glimpse into the economic challenges faced by many Canadian women of the baby-boomer generation who are now entering retirement years. Stress related to precarious living and economic situations, particularly chronic poverty, has profound, cumulative psychological impacts, including chronic anxiety and depression (McGibbons & McPherson, 2011). Worries about providing care to others, earning a paid wage and finding transportation, interact with the detrimental effects of marginalization, leading to poor health and wellness outcomes.

In order to responsibly serve the growing population of aging women, intersectionality must be held central when practicing in the helping professions. Though we have been socially trained to conceive of older women as one, homogenous group, we must take steps to understand the nuanced experiences, multi-faceted challenges, and different expectations put upon older women who hold a variety of identities. Lynch & Lyons (2008) remind us that although in all social classes and groups, women are generally more responsible for providing and organizing care, the expectations of and quantity of care work vary depending on many different factors.

Going forward, understanding the well-being and mental health of older women must be rooted in an intersectional perspective.

### **Empowerment**

Taking a feminist approach to working with older women can provide many tools for counsellors to empower their clients. Garner (1999) wrote of how empowerment is a central theme in therapeutic work with older adults, particularly women, and views empowerment as a fundamental mechanism which allows for growth and wellbeing. An approach that seeks to empower older women must “convey respect and recognition of their value and worth as human beings” (Garner, 1999, p. 6), and be egalitarian and collaborative, diminishing the power differential between counsellor and client. A counselling relationship of this nature has the potential to empower women to utilize their existing knowledge, develop new roles and skills, and portrays the belief that they are “valuable not only for who they have been, but for who they are today” (Garner, 1999, p.6). Through sharing and re-telling of life narratives, older women can be reaffirmed in the inherent value, and connected to the own problem-solving skills, strength, and new visions for identity and fulfillment.

### **Conclusion**

The above explored the cultural perceptions and expectations of older women in Canadian society. It made explicit the ways in which problematic portrayals of motherhood have the capacity to further cement patriarchal norms through intergenerational transmission. In response to this, it imagined how the image of older women could be redefined in our culture, and provide healing and wisdom through connection with younger generations. Next, it provided commentary on negative portrayals of older women in mainstream media and the potential harm caused by the symbolic annihilation of older women.

Implications for helping professionals when working with older women were put forth through a discussion of the gender binary and its influence on our expectations of women. Using a feminist lens, the ways that gender roles are imbedded in our understanding of heterosexual partnerships was unpacked. This was considered in the context of the perpetual performance of care work, emotional labour, and emotion work over the life course. Further, the importance of utilizing an intersectional lens was highlighted through an examination of the impacts of intersecting identities, marginalization, and discrimination. The role of counsellors in the empowerment of older female clients is underlined. As a whole, this paper proposes a feminist reclamation of narratives in Canadian culture that not only represent older women on a larger scale, but centre their perspectives, thoughts, feelings, behaviors, as protagonists with stories worth being heard.

### **Chapter Five: Reflecting Back and Looking Forward**

“Well, I’ve been afraid of changing, ‘cause I built my life around you. But time makes you bolder, even children get older. And I’m getting older, too.” (Nicks, *Fleetwood Mac*, 1975, track

2)

The intention of this thesis was to open up a space to explore the long-term impacts of exposure to the patriarchy; taking a life course perspective to understand how women navigate the aging process while living in a patriarchal culture. To narrow the scope of research and situate this work in the real lived experiences of older women, the focus of this project has been the connection between the care labour enacted by women (caring, emotional labour, and emotion work) and women’s ability to access mental wellness later in life. Central to the theoretical framework of this thesis is the concept that the personal is political, and that the relationships we cultivate are very much influenced by the dominant culture. Moreover, this project serves as an acknowledgement of the love labour that has been gifted upon so many of us by generations of women that have come before us. As this work comes to a close, I would like to honour that lineage of feminine strength and softness that has so often been underappreciated, undervalued, and unacknowledged.

#### **Revisiting**

Chapter one established some of the foundational concepts and theories which informed the project as a whole - specifically, feminist theory, feminist gerontology, and social constructivism. This chapter also provided a space to identify the key concepts, frameworks, and questions infused within this work. Further, chapter one allowed me to situate my own identity and life experience within this research, illuminating the ways my own perspectives and biases may surface throughout the next four chapters. Importantly, chapter one identified the relevance

of this research topic to the Canadian population and highlighted the gap in current available data. Finally, chapter one identified the baby boomer generation as the primary subject of this research and some of the motivation behind that choice.

Chapter two is an exploration of the ways that the gender binary impacts the performance of care work, emotional labour, and emotion work. This chapter seeks to cast light upon the largely invisible labour performed within the contexts of our interpersonal relationships and the gendered expectations associated with them. Historically, domestic labour has been highly segregated by gender, and care work is no exception, with women performing two to ten times more than men (Ferrant, Pesando & Nowacka, 2014). Chapter two explored the social and structural forces that perpetuate this division, endeavouring to understand how social messaging about gender warps one of the most integral human impulses - to love and care for one another.

To situate the discussion of care work and emotional labour within the broader, more thoroughly researched realm of domestic labour as a whole, a review of relevant literature pertaining to this topic was provided to the reader. This allowed the reader to understand the discussion of care work within a historical, social, and structural context, examining the ways gender can act as an axis of oppression. A segment on emotion work and emotional labour served as a place to define these terms as they operate within the margins of the current research. Next, chapter two considered the long term impacts of the perpetual, often unreciprocated performance of care work, emotional labour, and emotion work. This was discussed in terms of the connection between interpersonal relationships and overall health. The chapter concluded by unpacking the patriarchal norms of inequity and dominance embedded within our understanding of how interpersonal relationships ought to operate - revealing the ways care work is inherently devalued due to its relegation to the domestic, *female* sphere.

Chapter three explored the intersection of ageism and sexism - two marginalizing forces that operate both independently and interconnectedly in our cultural landscape. This chapter begins by acknowledging the work of both feminist and gerontological scholars as they work to unpack and dismantle the oppressive instruments of ageism and sexism, while calling for a merging of these fields to better understand how these forces interact with one another. This chapter highlights the importance of understanding the multi-faceted, individual, and nuanced process of aging through a cultural, social, and political lens.

Chapter three calls upon the (albeit limited) research of feminist gerontologists to illuminate the operations of sexism and ageism as they pertain to the social invisibility of older women, and the mental wellness of women as they age. For example, the research of Fredrickson & Roberts (1997) is used to explore the connections between sexist beauty standards that promote youthful ideals and the devaluation of older, female bodies. The research by Fredrickson & Roberts (1997) was particularly relevant to this thesis as it went on to tie the impacts of objectification, the male gaze, and internalized objectification to lower social regard, invisibility, shame, and detachment from self as women age. Other discussions brought forth by chapter three include the particularities of the baby boomer generation, such as norms, beliefs, and expectations held; and the long term impacts of discrimination. The axis of oppression created by sexism and ageism is also examined in the context of care work.

Chapter four of this work aims to understand the psychological impacts of patriarchal society on women as they age in greater depth, from a more interpersonal and intimate perspective. This chapter begins by contextualizing the contributions of older women within the phenomenon known as the feminization of old age, which sees women living longer and with more negative health and socioeconomic outcomes than men (Davidson, DiGiacomo, &

McGrath, 2011). The need for society's acknowledgement and attention to the expanding population is called for, with particular focus on the imbalance between the performance of care work by women and the growing vulnerability they face as a marginalized, underrepresented, and undervalued population. Chapter four considers the impacts of perpetual exposure to patriarchal values on older women's mental wellness established in the previous chapters and imagines ways we may collectively respond to the needs of women of the baby-boomer generation as they age.

Informed by an examination of Western mass media, the ways in which older women are perceived, represented, and valued in Canadian society are discussed in chapter four. The widespread cultural messaging that promotes youthful, idealized beauty standards has extensive impacts on the self-perception, self-esteem, and therefore general wellness of aging women (Mock & Eibach, 2011). Considerable feminist research has been dedicated to unpacking and dismantling the problematic paradigms of femininity and womanhood upheld in mainstream media (Wolf, 1991). Chapter four utilizes this research to consider the ways these harmful messages may become amplified as women age. A following discussion of intergenerational relationships, the role of care work in perpetuating or mitigating distress, and the potential for empowerment as a channel for accessing wellness endeavours to centre the nuanced and valuable experiences of older women. Finally, the role of helping professionals is explored, considering ways that counsellors may contribute to collective healing, facilitate social transformation, and elevate the voices of older women. Particular emphasis is put on the integration of intersectional, anti-oppressive perspectives into working with older women.

### **Limitations and Reflections**

As this research project comes to a close, I find myself reflecting on the process, the valuable and important research I discovered and engaged with, and the places where research was scant, lacking, or patronizing to its research subject. It feels important to call attention to the ways academic spaces can be exclusionary and serve as mechanisms to validate or invalidate knowledge, potentially perpetuating oppressive forces. In researching this thesis through scholarly and academic channels, I became aware of significant gaps in respect to the process of aging as a woman in Western society and the concept of emotional labour and care. In some ways, this was expected as gendered data bias is an established phenomenon, as exposed in the research by Perez (2019), “the result of this deeply male-dominated culture is that the male experience, the male perspective, has come to be seen as universal, while the female experience--that of half the global population, after all--is seen as, well, niche” (p. 4). However, the apparent lack of research focused on the important and growing population of women of the baby boomer generation also calls on us to examine how academic spaces can be exclusionary and selective, reflecting the structures of dominant culture. It is difficult not to make connections between the research prioritized by academic institutions and the devalued position of older women in Canadian society.

Further, the phenomenological nature of this thesis allowed for a more nuanced and intimate understanding of the lived experience of women as they age. However, a more phenomenological approach can bring up issues of subjectivity and author bias, bringing into question the validity and reliability of the research, which could be seen as a limitation of this thesis. That being said, centering the lived experience of research subjects allows us to consider alternatives to the quantitative research often prioritized in academia, offering dignity and

humanity to research subjects who exist outside dominant culture. Glover (2017) endeavours readers to consider and critically analyze the “epistemological norms governing what can be validated as scholarly knowledge” , calling upon scholars to consider alternative ways of conducting research, and creating and disseminating knowledge. In the act of centering knowledge and data informed by lived experience, we are able to bring more abstract, unquantifiable - but very human - phenomena into the academic realm, such as love, care, listening, compassion, understanding, and companionship.

Certainly, while elevating and incorporating marginalized voices in academic spaces is very important, we must continue to be critical of the perspectives and narratives we encounter and those that are absent. For instance, I have firsthand knowledge of harmful patriarchal cultural norms and ideals and how they have impacted my own experience as a woman. I do not, however, have any lived experience as an older adult in Canadian society. I occupy many privileged spaces as a white, cis-gendered, straight, middle-class, settler woman, and am writing about aging, intersectionality, and the impacts of poverty and motherhood on older women’s identities and bodies from a privileged position. The research in this thesis primarily explored the experience of women in heterosexual partnerships to establish the context in which emotional labour, emotion work, and care labour takes place. The discussion of the diverse challenges faced by women with intersecting marginalized identities was discussed only briefly, due to limitations in academic research. These are areas that would benefit from more in depth analysis and research going forward.

### **Possibilities for Future Research**

In general, when considering potential directions for future research, it must be stated that dominant discourses in academia have been historically androcentric, which has been a

disservice to the current areas of research - gender, care, and aging (Eagly & Riger, 2014). Touched upon in chapter two of this thesis is the call from some feminist scholars to see a convergence of gerontology and feminist theory to build a comprehensive understanding of aging that considers gender as an axis of oppression in the aging process. As previously stated, this thesis did not dedicate significant space to consider the depth of impact felt by aging women who hold intersecting marginalized identities. This is an area of study I believe requires more attention and investigation in future research, broadening the scope of feminist gerontology to include more diversity and intersectionality.

The field of research on emotional labour is largely focused on the context of the workplace, often in caring professions. While this is a very vital inquiry, a greater expansion of this research area into the interpersonal realm could see some of the valuable findings of occupational researchers benefit the mental health field. Including a broad range of the perspectives and voices of older women into the study of care, as providers of care work, and not recipients of it, will be an important development in this area of research. Further research is needed to examine the ways emotional labour, emotion work, and caregiving impact the ability of women to access wellness at all stages of the life course.

Particularly relevant to counselling practitioners are the psychological consequences of growing old in a patriarchal culture. Narrative and feminist counselling perspectives may serve as access points to integrate these considerations into the counselling relationship. There are many research questions related to counselling practices that could be explored. How can practitioners engage with older women to promote dignity and visibility? What tools can be offered to older female clients to address distress related to the performance of emotional labour? How can the counselling relationship be a space to dismantle patriarchal beliefs within

interpersonal relationships? It would be interesting to perform comparative research to determine the statistics of women of the baby boomer generation who access counselling services and the prevalence of presenting problems relating to the performance of emotional labour, care work, and emotion work.

### **Conclusion**

It was of utmost importance to me to situate this research within the lived experience of older women, honouring a lineage of feminine strength and knowledge and promoting the dignity of the subjects of this research. This thesis interrogated the patriarchal systems that so often dictate the inner workings of our interpersonal lives, working to shape our expectations of ourselves and our loved ones. So often, these expectations are imbalanced, mirroring gendered societal structures within relational contexts. Over the last four chapters, the long-term impacts of prolonged unreciprocated or unmatched emotional labour, emotion work, and caregiving labour were examined in the context of aging women. Using political, social, and relational lenses - the detrimental impacts of patriarchal notions of emotion work on aging women's identities, self-perception, and mental wellbeing were discussed. To end with the words of bell hooks (2000), "love, is so often taken out of a place of genuinity for women and instead becomes a place of obligation, expectation, shame, and guilt - particularly when it comes to loving oneself", and we must continue to work to dismantle the systems that perpetuate this tragic reality for so many women.

The 2020 global pandemic has revealed the many flaws and failings of the systems in place to support and care for the older adults in our society. In light of these revelations, it is my hope that the unique social and political elements of aging will be considered with greater

urgency. Perhaps this will galvanize policy makers, the care industry, and concerned members of all generations to advocate for and enact change for our aging population.

## References

- Altschuler, J., & Katz, A. D. (2010). Keeping your eye on the process: Body image, older women, and countertransference. *Journal of Gerontological Social Work, 53*, 200-214.
- Bankart, C. P. (1997). *Talking cures: A history of Western and Eastern psychotherapies*. Thomson Brooks/Cole Publishing Co.
- Berger, R. (2017). Aging in America: Ageism and general attitudes toward growing old and the elderly. *Open Journal of Social Sciences, 5*(8), 183-198.
- Blau, P. (1960). *Exchange and Power in Social Life*. New York: John Wiley and Sons.
- Blood, R. O. and Wolfe, D. M. (1960). *Husbands and Wives*. New York: Free Press.
- Brown, L.M., & Giligan, C. (1993) Meeting at the crossroads: Women's psychology and girls' development. *Feminism & Psychology, 3*(1), 11-35.
- Brown, L. S. (2010). *Feminist therapy*. American Psychological Association.
- Brown, G. W., & Harris, T. (1978). Social origins of depression: a reply. *Psychological medicine, 8*(4), 577-588.
- Butler, J. (2004). *Undoing gender*. Routledge.
- Bush, K. (1980). *Babooshka*. [Performed by K. Bush]. On *Never Ever* [Vinyl]. London, UK: EMI.
- Calderwood, I., & Sanchez, E. (2019, April 1). *There's finally an internationally agreed upon definition of sexism. Here's why that matters*. Global Citizen.
- Canadian Caregiver Coalition. (2015). *Beyond Recognition—Caregiving & Human Rights in Canada: A Policy Brief*. Health and Social Services Centre.

- Carney, G. M., & Gray, M. (2015). Unmasking the elderly mystique: Why it is time to make the personal political in aging research. *Journal of Aging Studies*, 35, 123–134. doi:10.1016/j.jaging.2015.08.007
- Carney, G. M. (2018). Toward a gender politics of aging. *Journal of women & aging*, 30(3), 242-258.
- Calasanti, T.M., & Slevin, K.F. (2013) Age matters: Re-aligning feminist thinking. Routledge.
- Cohen, H. L. (2002). Developing media literacy skills to challenge television's portrayal of older women. *Educational Gerontology*, 28(7), 599-620. doi:10.1080/03601270290099796
- Cooke, L. P. (2004). The gendered division of labor and family outcomes in Germany. *Journal of Marriage and Family*, 66: 1246-1259.
- Corey, G. (2013). *Theory and Practice of Counseling and Psychotherapy* (9th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Cotter, D., Hermsen, J. M., & Vanneman, R. (2011). The end of the gender revolution? Gender role attitudes from 1977 to 2008. *American Journal of Sociology*, 117(1), 259-89.
- D'amour, Alexandra. (2020, May 10). *The Patriarchy's Damage to Mother/Daughter Relationships*. On our Moon. <https://onourmoon.com/author/alexandradamour/>
- Davidson, P. M., DiGiacomo, M., & McGrath, S. J. (2011). The feminization of aging: how will this impact on health outcomes and services?. *Health care for women international*, 32(12), 1031-1045.
- Didion, J. (1968). *Slouching toward Bethlehem*. New York: Farrar, Straus and Giroux.
- Didion, J. (2007). *The Year of Magical Thinking*. New York: Vintage International.

- Dolan, J., & Tincknell, E. (2020) Representing older women in the media: The key issues.
- Durocher, M., & Gauthier, M. (2018). A Food Blog Created By and For Elders: A Political Gesture Informed by the Normative Injunctions to Eat and Age Well. *Interaction Design and Architectures*, (36), 75-92.
- Eagly, A. H., & Riger, S. (2014). Feminism and psychology: Critiques of methods and epistemology. *American Psychologist*, 69(7), 685.
- Edström, M. (2018). Visibility patterns of gendered ageism in the media buzz: a study of the representation of gender and age over three decades. *Feminist media studies*, 18(1), 77-93.
- England, P. and Farkas, G. (1986). *Households, Employment, and Gender: A Social, Economic and Demographic View*. New York: Aldine deGruyter.
- Erickson, R. J. (2005). Why emotion work matters: sex, gender, and the division of household labor. *Journal of Marriage and Family*, 67(2), 337–351.
- Estes, C.P. (2008) *Women who run with the wolves: Contacting the power of the wild woman*. Random House.
- Ferrant, G., Pesando, L.M., & Nowacka, K. (2014) Unpaid Care Work: The missing link in The analysis of gender gaps in labour outcomes. *Boulogne Billancourt: OECD Development Centre*.
- Ferraro, F. R., Muehlenkamp, J. J., Paintner, A., Wasson, K., Hager, T., & Hoverson, F. (2008). Aging, body image, and body shape. *The Journal of General Psychology*, 135(4), 379-392.
- Friedan, B. (1993). *The Fountain of Age*. New York: Simon & Schuster.
- Fredrickson, B.L. & Roberts, T.A. (1997). Objectification theory: Toward understanding

- women's lived experiences and mental health risks. *Psychology of women quarterly*, 21(2), 173-206.
- Fullagar, S. (2008). Leisure Practices as Counter-Depressants: Emotion-Work and Emotion-Play within Women's Recovery from Depression. *Leisure Sciences*, 30(1), 35–52.
- Garner, J. D. (1999). Feminism and feminist gerontology. *Journal of Women & Aging*, 11(2-3), 3-12.
- Glover, S. T. (2017). "Black Lesbians—Who will fight for our lives but us?": Navigating power, belonging, labor, resistance, and graduate student survival in the ivory tower. *Feminist Teacher*, 27(2), 157-175. doi:10.5406/femteacher.27.2-3.0157
- Government of Canada. (2015, November 30). *Life expectancy*. Statistics Canada.
- Government of Canada (2015, November 30). *Senior Women*. Statistics Canada.
- Government of Canada. (2015, December 17). *The Surge of Women in the Workforce*. Statistics Canada.
- Gupta, M. A., & Schork, N. J. (1993). Aging-related concerns and body image: Possible future implications for eating disorders. *International Journal of Eating Disorders*, 14(4), 481-486.
- Herron, R. V., & Rosenberg, M. W. (2016). 11 Aging, Gender, and “Triple Jeopardy” Through the Life Course. *Place, Health, and Diversity: Learning from the Canadian Experience*, 200.
- Hilt, M. L., & Lipschultz, J. H. (2016). *Mass media, an aging population, and the baby boomers*. Routledge.
- Hochschild, A. R. (1989) *The Second Shift: Working Parents and the Revolution*

*at Home*, Harmondsworth: Penguin.

Hochschild, A. R. (2012). *The Managed Heart: Commercialization of Human Feeling*.

University of California Press.

Hodgkin, S. (2014). Intergenerational solidarity: An investigation of attitudes towards the responsibility for formal and informal elder care in Australia. *Health Sociology Review: The Journal of the Health Section of the Australian Sociological Association*, 23(1), 53–64.

Holt-Lunstad, J., Birmingham, W., & Jones, B. Q. (2008). Is there something unique about marriage? The relative impact of marital status, relationship quality, and network social support on ambulatory blood pressure and mental health. *Annals of behavioral medicine*, 35(2), 239-244.

hooks, B. (2000) *All About Love*, New York: William Morrow & Co.

Horne, R. M. (2017). *A Labour of Love? Male and Female Partners' Emotion Work in Intimate Relationships*.

Huber, J. and Spitze, G. (1980). Considering divorce: an expansion of Becker's theory of marital instability. *American Journal of Sociology*, 86(1): 75-89.

Huebner, D. M., & Fredrickson, B. L. (1999). Gender differences in memory perspectives: Evidence for self-objectification in women. *Sex Roles*, 41, 459-467.

Hudon, T., & Milan, A. (2016, March 30). Senior women. Statistics Canada; Government of Canada.

Huston, T. L. (2000). The Social Ecology of Marriage and Other Intimate Unions. *Journal of Marriage and Family*, 62(2), 298–320.

Jackson, D., & Mannix, J. (2004). Giving voice to the burden of blame: A feminist study of

- mothers' experiences of mother blaming. *International journal of nursing practice*, 10(4), 150-158.
- Lemish, D., & Muhlbauer, V. (2012). "Can't Have it All": Representations of Older Women in Popular Culture. *Women & Therapy*, 35(3-4), 165-180.
- Lerner, R. M., Johnson, S. K., & Buckingham, M. H. (2015). Relational developmental systems-based theories and the study of children and families: Lerner and Spanier (1978) revisited. *Journal of Family Theory & Review*, 7(2), 83-104.
- Lincoln, A. E., & Allen, M. P. (2004). Double jeopardy in hollywood: Age and gender in the careers of film actors, 1926-1999. *Sociological Forum*, 19(4), 611-631.  
doi:10.1007/s11206-004-0698-1
- Loscocco, K., & Walzer, S. (2013). Gender and the Culture of Heterosexual Marriage in the United States. *Journal of Family Theory & Review*, 5(1), 1-14.
- Luxton, M. (2001). Feminism as a class act: Working-class feminism and the women's movement in Canada. *Labour/Le Travail*, 63-88.
- Lynch, K. (2007). Love Labour as a Distinct and Non-Commodifiable Form of Care Labour. *The Sociological Review*, 55(3), 550-570.
- Lynch, K., & Lyons, M. (2008). The gendered order of caring. In Barry, U.(ed.). *Where are we now?: new feminist perspectives on women in contemporary Ireland*. Tasc at New Island Press.
- MacGregor, S. (2004). From Care to Citizenship: Calling Ecofeminism Back to Politics. *Ethics and the Environment*, 9(1), 56-84.
- McGibbon, E., & McPherson, C. (2011). *Applying intersectionality & complexity theory to address the social determinants of women's health*.

- Mehling, E. (2009). What Boomers Want: The Future of Outreach. In C. Smallwood (Ed.), *Librarians As Community Partners: An Outreach Handbook*. American Library Association.
- Miller, J. B., & Stiver, I. P. (1993). A relational approach to understanding women's lives and problems. *Psychiatric Annals*, 23(8), 424-431.
- Mock, S. E., & Eibach, R. P. (2011). Aging attitudes moderate the effect of subjective age on psychological well-being: Evidence from a 10-year longitudinal study. *Psychology and aging*, 26(4), 979.
- Moritz v. Commissioner of Internal Revenue*, 469 F.2d 466 (10th Cir. 1972).
- Nicks, S. (1975). *Landslide*. [Performed by Fleetwood Mac] On *Fleetwood Mac* [Vinyl]. Van Nuys, California: Reprise Records.
- Noddings, N. (1984). *Caring: A Feminine Approach to Ethics and Moral Education*. University of California Press.
- Noonan, M.C. (2001). The impact of domestic work on men's and women's wages. *Journal of Marriage and Family*, 63(4), 1134-1145.
- Nussbaum, M. C. (1995). Emotions and women's capabilities. *Women, culture and development: A study of human capabilities*, 360-395.
- Nussbaum, M. C. (2001). *Women and human development: The capabilities approach* (Vol. 3). Cambridge University Press.
- O'Brien, M. (2005). Mothers as educational workers: mothers' emotional work at their children's transfer to second-level education. *Irish Educational Studies*, 24(2-3), 223-242.
- Oláh, L. (2003). Gendering fertility: second births in Sweden and Hungary. *Population Research and Policy Review*, 22: 171-200.

- Parks, E. S., & Barta, K. (2018). Are You My Mother? Perpetuating Gender Inequality through Listening Expectations and Relational Roles. *Journal of Research in Gender Studies*, 8(1), 28-48.
- Perez, C. C. (2019). *Invisible women: Exposing data bias in a world designed for men*. Random House.
- Phillipson, C., Leach, R., Money, A., & Biggs, S. (2008). Social and cultural constructions of ageing: the case of the baby boomers. *Sociological Research Online*, 13(3), 1-14.
- Pinquart, M., & Sorensen, S. (2000). Influences of socioeconomic status, social network, and competence on subjective well-being in later life: A meta-analysis. *Psychology and Aging*, 15(2), 187-224.
- Plath, S. (1972). *The Bell Jar*. (1963). Faber & Faber.
- Reynolds, V. (2013). Centering ethics in group supervision: Fostering cultures of critique & structuring safety. *The International Journal of Narrative Therapy and Community Work*, (4), 1.
- Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, (2015). Screening, Brief Intervention, and Referral to Treatment for Older Adults With Substance Misuse. *American Journal of Public Health*, 105(1), 205–211.\
- Sinha, M. (2012). *Portrait of Caregivers. Spotlight on Canadians: Results from the General Social Survey, No. 1*. Statistics Canada: Ottawa.
- Sommerfeld, D. P. (1989). The origins of mother blaming: Historical perspectives on childhood and motherhood. *Infant Mental Health Journal*, 10(1), 14-24.
- Strazdins, L., & Broom, D. H. (2004). Acts of love (and work) gender imbalance in emotional work and women's psychological distress. *Journal of Family Issues*, 25(3),

356-378.

Uchino, B. N., Bowen, K., Carlisle, M., & Birmingham, W. (2012). Psychological pathways linking social support to health outcomes: A visit with the “ghosts” of research past, present, and future. *Social science & medicine*, 74(7), 949-957.

Umberson, D., Thomeer, M. B., & Lodge, A. C. (2015). Intimacy and Emotion Work in Lesbian, Gay, and Heterosexual Relationships. *Journal of Marriage and the Family*, 77(2), 542–556.

Ward-Griffin, C. (2016). Negotiating care of frail elders: relationships between community nurses and family caregivers. *Canadian Journal of Nursing Research Archive*, 33(2).

Wharton, A. S. (1999). The psychological consequences of emotional labor. *The Annals of The American Academy of Political and Social Sciences*, 561(1), 158-176.

Williams, K., & Umberson, D. (2004). Marital status, marital transitions, and health: A gendered life course perspective. *Journal of Health and Social behavior*, 45(1), 81-98.

Wolf, Naomi. 1991. *The Beauty Myth*. New York: Doubleday.

Zajicek, A., Calasanti, T., Ginther, C., & Summers, J. (2006). Intersectionality and age relations. Unpaid care work and Chicanas. 2006) *Age Matters: realigning feminist thinking*, Routledge, New York, NY. *AHerstory (2004–2008)*.