

CASINO MARKETING

Promotions target bored, lonely and vulnerable elderly, scholar says

CHAMPAIGN, Ill. -- The marketing of gambling to the elderly presents unique problems that should be addressed by state regulators and nursing home operators, a University of Illinois legal scholar asserts.

Promotions that target the elderly have become a highly specialized business, according to Erika Gosker. Casino bus services, buffet discounts and giveaway promotions often coincide with the receipt of pension and Social Security checks. "The industry has even invented a term, 'third-of-the-month club,' to describe elderly gamblers who gamble once they have received their Social Security checks," Gosker writes in the current issue of the *Elder Law Journal* published by the U. of I. College of Law.

Market research and tracking systems further identify which people spend the most money at casinos, and special promotions are then developed to lure the "big spenders" back to the gaming table. As a result, as many as 95 percent of the people going to casinos during the week on tour buses are now retired or senior citizens.

This clientele is especially vulnerable to the lure of betting, Gosker asserts. "Many senior citizens gamble because they are bored and lonely. Loneliness represents the most common characteristics among the elderly that direct marketers cite as a reason to target the age group. In addition, casinos target the elderly because they have time to visit casinos. Similarly, direct marketers target the elderly because they have the time to listen to the marketers' promotions."

Easy access to casinos as well as to state lottery games increases the probability that some of the elderly may become problem gamblers. Gosker singles out state lottery ads that focus on the size of the jackpot and fail to disclose the slim odds of winning as especially pernicious. "Such promotions prey on the dreams of the elderly without much hope of actually fulfilling them. Considering that large prizes tend to be distributed as 20-year annuities, winning the lottery will be of little help in fulfilling these dreams. In addition, the inheritance tax on the annuity value of the remaining payments at the time of the winner's death must be paid in a lump sum. Thus, the beneficiaries of the prize may have difficulty paying the inheritance tax."

While the National Gambling Impact Study Commission recommended in June that curbs be placed on gaming aimed at young adults, the panel was silent on the impact of gambling on the elderly. Gosker argues that elderly gambling may have serious long-term consequences because senior citizens do not have the time or earning potential to recoup gambling losses.

Gosker says that nursing-home operators should take an active role in preventing casinos from targeting residents in their care, and Congress should apply truth-in-advertising statutes to state lotteries to prevent misleading advertising.

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Tuesday, 9 January, 2001, 06:55 GMT

Anger over 'cold' weather deaths

The charity wants more action to help pensioners

A leading Scottish charity has claimed thousands of pensioners are dying every winter because of poor housing conditions.

Figures published by Help the Aged Scotland show the number of elderly people dying increases by about 2% for every degree the temperature falls below 20 degrees.

It believes those dying from cold-related illnesses like bronchitis and pneumonia this winter will soar following the recent drop in temperatures.

And it has described the deaths as "needless" and called on the Scottish Executive and local authorities to take preventative action.

The research, which was carried out by the London School of Hygiene and Tropical Medicine, shows that 4,331 more elderly people died in Scotland between December 1999 and March 2000 than over a similar period the year before.

Help the Aged's Liz Duncan said: "It is still terrible that in 2001 so many older people are dying from cold related illnesses.

"Every needless death is a private tragedy and a public disgrace.



The charity says elderly people suffer during cold snaps

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"Help the Aged is looking for a determined policy backed up by adequate resources together with community action to combat this on-going scandal."

Advertsing campaign

Although the charity has welcomed plans by the executive to install free central heating for 70,000 pensioners it says more must be done at local and national level.

But an executive spokeswoman said a series of measures had already been put in place to further protect the health of Scotland's elderly population.

She said: "In September we launched a nationwide advertising campaign encouraging Scots aged 65 and over and those with chronic illnesses to come forward for a free flu vaccination."

The spokeswoman added that the target of immunising at least 60% of people over 65 had been exceeded during a recent £10m campaign.

She also pointed out that the deputy chief medical officer, Andrew Fraser, had provided heating and nutritional advice to the elderly designed to prevent illness.

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Elderly Most Distrustful of Advertising

Four-out-of-ten people feel that they can't always tell the difference between trustworthy and misleading advertising and nearly half of people aged 55 and over agree with this statement, according to the findings of Ingenuity's Australians Today research program.

The survey also found that employed people and those with the highest incomes were the most likely to be uncertain of what advertising they could trust. Conversely, two thirds of low income earners were confident that they could tell the difference between trustworthy and untrustworthy advertising.

The survey showed that women were slightly more likely to be trustful of advertising than men.

The findings above are just one part of **Ingenuity Research's** on-going social research program,

Australians

Today

How This Research Was Conducted

This particular segment was conducted in Sydney amongst 301 people aged 18+ by telephone between Thursday

12

th

and Saturday 14

th

of July. The 300 Respondents were selected randomly across Sydney from the electronic

white pages. The interviews were conducted by trained interviewers according to standards set-out by Interviewer

Quality Control Australia. A quality control validation was conducted across 10% of the interviews.

Respondents were asked: I'm now going to read out some statements. Using a scale of 1 to 5 where 5 is strongly

ingenuity

agree and 1 is strongly disagree, how much do you agree or disagree with the following statement:

'I can't always tell the difference between trustworthy and misleading advertising.'

Agreement With The Statement

I can't always tell the difference between trustworthy and misleading advertising'

42%

44%

41%

43%

42%

37%

47%

Everyone

Men

Women

Aged 18-24

Aged 25-39

Aged 40-54

Aged 55+

Monday, November 2, 1998 Published at 10:24 GMT

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UK

Morgue poster slated by pensioners



The offending poster



Kim Catcheside:
Campaigners say
heat is a right not a
privilege

A Help the Aged poster which shows eight pairs of feet in a morgue is being criticised by a pensioners' group for being "in poor taste".

The caption on the poster reads:

"Thousands of of elderly people will stop feeling the cold this winter."

It is not the first time that shock tactics have been employed to get across a social welfare message.



The BBC's John
Leyne: "It shows
the need to treat
old people with the
respect they
deserve"

In September posters brought out by the Commission for Racial Equality were branded "racist and offensive".

The CRE stood by the use of shock tactics even after the Advertising Standards Authority asked for three posters to be removed.

The ASA has also had to step in after complaints about posters for clothing companies French Connection and Benetton.

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Help the Aged, which is seeking to educate the elderly about the dangers of cold weather and raise £1m, said it needs shock tactics to drive its message home.

Statistics suggest that 21,000 elderly people will die in the UK this winter from the effects of the cold, a higher percentage than in much colder climates like those of Canada, Sweden and even Siberia.

Criticism

But the National Federation of Retirement Pensions Associations criticised the advert and said it ran the risk of alienating exactly those people it was intended to help.



General Secretary Robert Stansfield said: "I don't think it's something that will have any useful effect.

"I rather think that kind of advertising, instead of bringing older people out of their shells, will cause them to go further into them."

Help The Aged, in turn, launched its campaign with criticism of the government for providing inadequate fuel payments.

Statistics suggest that 21,000 elderly people will die from the cold this winter

The director general of the charity, Michael Lake, said: "I want this shocking image to bring home the reality of these facts."

Carefully considered

Spokeswoman Betty McBride said that the advert had been carefully considered, but in the end it was decided that drastic measures were required.

"Help the Aged is a bastion of traditional values. If we're taking this step, it's because it's necessary," she said.



[Help the Aged on why the poster campaign is necessary](#)

Sandra Chalmers of Help the Aged told the BBC's Today programme that the figure of 21,000 came from the Office for National Statistics' figures for last winter.

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"It was not plucked from the air," she said, adding that 38,000 had died the year before when the winter was much colder.



The aged are getting a "raw deal" from some hospitals

The campaign received backing from other age charities, including Age Concern, despite some national newspapers reportedly refusing to carry it.

The advert coincides with a government report released on Monday which is expected to say that elderly patients get a "raw deal" in terms of adequate hospital care.

Money raised from the Help the Aged winter appeal will be used to help elderly people with insulating and heating their homes, and pay for hot meals at day centres.

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The Elderly in Modern Society: A Cultural Psychological Reading

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Introduction

History has demonstrated a dramatic reduction in respect and veneration for the elder members of Western societies. According to both David Hackett Fischer and Donald Cowgill, traditional historical studies locate the source of this decline in industrial and economic factors. I maintain that while these views are correct, they are only partially true. This paper will present a reading of the elderly in modern society in which the cultural changes will be identified as the depth of social, economic, and political shifts. This method of interpretation is indebted to the work of psychiatrist J. H. van den Berg, whose theory of metabletics (meaning, literally, the "theory of changes") proposes that humanity and reality are inextricably interwoven and that human beings participate in the creation of their mutable realities. Rather than viewing traditional historical forces as giving rise to the current situation of the elderly, we must question what such forces indicate to us about the changing nature of human beings. In so doing, we hope to expose and understand the more fundamental ground from which modern attitudes toward the elderly arise.

I offer the following overview of this paper. In conducting our cultural psychological reading of the elderly in modern society, we shall first address "the Elderly" as a cultural figure and examine its contemporary meanings. We shall then examine two traditional historical explanations which attempt to account for the development of this cultural figure. Finally, we shall propose an alternative and more comprehensive account of this figure through a cultural psychological reading. It should be noted that while supporting evidence for my claims about "modern society" are primarily made with respect to the United States, the results of the analysis are intended to apply to industrial Western society in general.

The Elderly as a Cultural Figure

Elderly people in the United States today are not treated with the respect and reverence to which they were accustomed earlier in history. The gerontologist David Hackett Fischer notes that literature from seventeenth and eighteenth century colonial America stressed deference and respect for the elderly. He maintains that the elderly were held in veneration, a word which, according to the *Oxford English Dictionary*, means a "feeling of deep respect and reverence," and is derived from the Latin root *veneror*, meaning "to regard with religious awe and reverence."

The elderly today are hardly regarded with religious awe or reverence. They have become virtual outcasts of society, many living on the fringe, often in retirement communities or in nursing homes. William Withers states that "modern cultures have coped with the death of the aged, minimizing its disruptiveness, by disengaging the elderly from the vital functions of society" (518). In modern society, emphasis and value are placed on youth, with advertising geared toward and glamorizing the young. To the extent that advertising acknowledges the elderly individual at all, it attempts to make him or her appear younger (Atchley). The elderly are victims of mistaken beliefs and irrational attitudes promulgated by society, largely through the various mass media. Atchley defines ageism, or age prejudice, as "a dislike of aging and older people based on the belief that aging makes people unattractive, unintelligent, asexual, unemployable, and senile" (291) and claims that research indicates that most Americans subscribe to at least a mild form of ageism.

One way that people hide from the reality of ageism is to cast as benevolent those very ways in which elderly individuals have been dissociated from society. For example, consider the institutionalization of a retirement age of 65. Although many people consider retirement as something positive to be eagerly anticipated, an etymological reflection on the word "retire" reveals a different ground of meaning. In the *American Heritage Dictionary*, the first definition for "retire" is "to withdraw as for rest or seclusion." Notice that seclusion is precisely part of the present dilemma of the modern elderly. Furthermore, we find that the word "retire" comes from the French word, *retirer*, which breaks down into *re-*, or "to take back," and *tirer*, which means "to draw, draw out, endure." This latter word, the dictionary speculates, derives from the Old French *martir*, or *martyr*. Thus, etymologically, retirement suggests a process to be endured, as by a martyr. Indeed, although most individuals start out looking forward to retirement, according to Riley and Foner, the nearer people are to retirement age, the less likely they are to favor it. The second definition for "retire," incidentally, is "to take out of circulation," which then implies that those forced or encouraged into retirement are no longer viewed as part of the life blood of society.

The negative image of elderly individuals reflected by ageism has been reified into the cultural figure of "the Elderly." When elderly people were still treated with respect and reverence, they were referred to as "Elders," a term which, while connoting respect and reverence, also preserved a sense of regard for specific individuals of comparatively advanced years. However, the modern phrase, "the elderly," lumps all individuals together under a totalizing label, eliminating individual regard and respect, and invoking a new set of

negative preconceptions which promote the idea that the members of this group are inherently ineffectual and undesirable. Gone is the implicit relation to other; it is replaced with a stereotyped, arbitrary classification which elevates those over 65 into an abstraction which neatly eliminates the need to confront aging in terms of concrete individuals. Aging becomes a matter of concern only to "the Elderly," and not to us.

When elders are replaced with "the Elderly," the world loses veneration. As will become evident, the economic, technological, and social forces which explain phenomena, such as the increase in the number of nursing homes, actually reflect a basic stance toward the elderly, a way of regarding the aged. The Elderly, as a figure, is a cultural invention and a mutable reality. We witness evidence for this in Erdman Falmore's observation that Japan, whose level of industrialization matches our own, nevertheless maintains a strong tradition of filial piety and successful integration of elderly citizens into community life.

Let us now inquire into how this way of regarding elders in the United States came about. When did elders become "the Elderly," and how did this transition take place? To address these questions, we must first examine the historical and economical influences affecting this transition before conducting a cultural psychological reading.

Historical Development of the Elderly

There are two major theories in the conventional historical literature to account for the transition of the term "elders" to "the elderly." The modernization theory maintains that the industrial revolution and the resulting conversion to a technological society are responsible for this shift (Cowgill). Most significantly, according to Cowgill, technological innovation led to a demographic transition from high birth and death rates to low birth and death rates, leading, in turn, to a vast increase in the number of older people. The economy had to be revised to accommodate an increased share of the population no longer in the work force. This situation brought about the establishment of social security legislation in the 1930's, which then encouraged even more workers to retire, ultimately decreasing the status of the elderly. Additionally, by the elderly receiving retirement benefits, there was less economic interdependency between family members, and the very structure of the family was altered. The development of mass education also undercut the value of elder family members as transmitters of skills and customs.

Fischer has proposed that the primary influence on the status of older citizens was not industrialization, but, rather, the revolutionary ideologies of libertarianism and egalitarianism. As evidence he cites a historical study of a seventeenth century meetinghouse still standing in Massachusetts. Historians have determined that the best seats in the house, aside from those of the minister's wife and the aged widow of his predecessor, were reserved for the three "elders" of the community-- aged 73, 86, and 92-- even though they were of lesser means. However, in 1737, in another meetinghouse in Northampton,

Massachusetts, the criterion of seating people with reverence to age was changed to seating people by economic status.

Such practices indicate that this era marked a change in attitude toward the elders of society. Indeed, Fischer claims that the period from 1770 to 1820 marked a revolution in age relations and what he describes as a "fundamental change in world culture" (37). These shifts in age relation were accompanied by demographic, economic, political, legal, ideological, psychological, ethical, and aesthetic changes.

Among the effects upon the elder citizens during this historical period were changes in dress fashion which favored making people appear younger rather than older. For example, powdered wigs went out of vogue as cosmetic hairpieces made their debut. Furthermore, the destruction of the status of the elders became apparent when the vocabulary admitted pejorative words such as "gaffer," "fogy," "codger," and "old goat." Additionally, the first mandatory retirement laws came into effect between the years 1777 and 1818, leading to further degradation of their status. Fischer maintains that these changes primarily derive from an attitude of egalitarianism fostered by the French and American revolutions. As such, veneration for elders disappeared in the spirit of age equality.

Both the modernization and egalitarian theories indicate that the cultural figure of "the Elderly" began to develop in the United States in the late eighteenth and early nineteenth centuries. From these perspectives, our attitude toward elderly individuals changed as a result of causal influences of an economic and /or political nature. However, in adopting a perspective within a causal frame work, each of these theories is limited by its particular stance with respect to the observed phenomenon. Each theory, as such, submits a correct, but only relatively true, viewpoint. If we subscribe to the view that the nature of the human being is mutable, and this mutability is made manifest in the cultural developments presented to us by history, then we may seek a more comprehensive understanding of the transition from "elders" to "the Elderly" by exploring the changes in human existence which underlie it

A Cultural Psychological Reading of the Elderly

In conducting our cultural psychological reading of the figure of the Elderly, we shall borrow extensively from Robert Romanyshyn's metabletic treatment of technology in *Technology as Symptom and Dream*. Romanyshyn's analysis of technology traces the earlier roots of scientific and artistic innovation and thinking in European history, demonstrating how such innovation accompanied a new way of being human, a way which brought into predominant focus a technological way of seeing and relating to the world. For our purposes, we adopt Romanyshyn's analysis to consider how this technological viewpoint favors not only the events leading up to the industrial revolution and the age of

egalitarianism, but also the very way in which we see and regard aging members of society today. In this analysis we come to see that it is this change in fundamental outlook, this change in relation to the world and to others, which is the ground for the emergence of the cultural figure of "the Elderly."

Romanyshyn's premise is that technology is a cultural dream of reincarnation. The body is a central issue to technology, primarily in its limitations. Consequently, "the telos of technology's dream to refashion the body is toward abandonment of the body, toward disincarnation" (Romanyshyn, 20). This dream is realized by replacing flesh with function, by replacing the ritual body of archaic man with the technical body of the space man (The body of woman being altogether left in the shadow). The ultimate goal becomes to leave earth, and, in this departure, to escape the death which otherwise surely waits to claim us. For earth always claims its own, but the technical body denies its mortality and attempts to defy death. "To defeat death we would have to rid ourselves of the scourge of aging and its signs of decay" (Romanyshyn, 29). In other words, to defeat death and realize the dream of technology, we would have to eliminate the elder persons of society. As a start we might affix a label to them ("the Elderly") and pretend they do not exist, they are not among us, or they are fundamentally different from us.

In tracing how the cultural dream of reincarnation developed, Romanyshyn cites the development of the imaginal eye of the artist about five hundred years ago. The eye became the central and predominate organ of sensation, penetrating beyond the realm of imagination and resulting in linear perspective vision, an artistic technique which, "in becoming a cultural habit of mind, [transformed] the landscape of the world, the geography of the soul" (Romanyshyn, 31). The self became a spectator to the world, and the resulting sense of distance fueled a dream of mastery.

The developments of the hegemony of the eye and linear perspective vision suggest a significant impact on the attitude toward aging members of society. Romanyshyn cites evidence that prior to this time artists portrayed the body as a "pantomimic body," a body which is inseparable from its emotional situation. When the human body was viewed as a pantomimic body, there was space for the veneration of elders, for their features could be viewed as beautiful, in accordance with the reverence and respect that was felt toward them. However, when the eye becomes magistrate of what reveals itself, the perspective of beauty in age is threatened by the specter of decay, of impermanence, of transition unto death. Such a sight is no longer treated with religious awe and reverence, but, rather, with fear and horror.

In adopting a linear perspective vision of the world, we become spectators, which, Romanyshyn argues, leads to leaving our bodies behind, for the spectator has no need of a body. Thus, we try to eliminate the distracting senses and feel of the body, and become purely mind. Mind is safe, for it displays no demonstrable signs of wear or aging. With it, and with linear perspective vision, we can increase the distance between ourselves and what we see. With this increase in distance comes a greater sense of objectification. Thus, we come to see, not the concrete elder in his or her embodied form, a form to which we can

relate our own lived bodily experience and which we can embrace with compassion, but, rather, the figure of "the Elderly," a completely impersonal object, a thing whose lack of subjectivity offers no threat to our own sense of immortality.

Just as linear perspective vision leads to a convergence in visual focus, so, too, does it promote thought processes which become more focused, linear, rational, reductive. Such a mind becomes fixated on calculation and loses an openness and receptivity to the truths of the world as they might otherwise reveal themselves. Yet it is this other style of thinking, this more holistic and intuitive mode, which develops to a greater extent as people age. In a technologically dominated world, the cleverness of linear, rational thinking-- the domain primarily of the energetic and focused young-- becomes the prize to be cherished, and the intuition and wisdom honed over a lifetime of experience loses its value. The image of the wise sage or grandmother becomes obsolete. A change to linear thinking changes the regard for elders, who can no longer compete in a world whose institutions develop under the aegis of cleverness.

Another aspect of linear perspective vision revealed by Romanyshyn is that it offers, with its concept of a vanishing point, a horizon of infinity. By making our vision equal to infinity, he argues, we endow ourselves with status as infinite beings. Yet the body represents an impediment to infinite vision, and this impediment is particularly evident in the bodies of elders. In former times, elders were intimately connected to the earth, and, as such, were governed by the cyclic patterns of nature. Theirs was the body of ritual, and their decay and passage toward death marked a return to the earth, an abiding with the natural rhythms of human existence. Such a living, ritualistic body was intrinsically endowed with the possibility of death. But with the advent of linear perspective vision, growing old became a technical function, not a natural one. With time being infinite, people simply grow old and "pass away." There are no cycles which would threaten our sense of permanence and invulnerability to transition. Instead, there is only the straight ahead, the infinite beyond to which we aspire by leaving our bodies behind.

Romanyshyn argues that the human body is a mutable reality which we create to suit the needs of our times. As a pantomimic body, the human body is inseparable from the emotional situation in which it is embedded. However, the advent of linear perspective vision and rationalistic thinking leads to an "anatomical gaze" which sees the human body in a reductionalistic way and rips it out of its living context and situation. The body is fragmented and placed into a geometric grid. When Vesalius dissected a dead body in 1543, the dead body became the corpse, a visible image of the abandoned body.

The dead body keeps alive traditions and values. When an elder dies, he or she is remembered through rites of burial. With the invention of the corpse, the traditions lose their meanings, and the dead body, as a corpse, loses its individuality. This new conception of the human body, separated from immediate, carnal experience and emotion, lying instead generically on the examining table, heralds in the new age of egalitarianism which, as we have seen, has been implicated in the loss of veneration of the elderly. However, in this analysis we see both phenomena-- the loss of individual recognition of elders and the movement toward egalitarianism-- as deriving from a common source. This common source

is a new way of relating to the human body, a new way of inhabiting the world, a new way of being human.

Romanyshyn asks "Does the invention of the corpse reveal and conceal a wish to forget death?" (125). He answers himself by concluding: "In offering us an image of life as mechanism, as technical function, the corpse hides death and conceals the living body as an e-motional involvement with the world" (132). When we perform a burial rite, we are not burying a corpse, we are burying a dead body and the memories of the living body. Yet, to effectively escape death, we must not allow ourselves to be constantly reminded of it. Thus, Romanyshyn cites Phillip Aries' observation of the relocation of the cemetery. In Europe, near the end of the sixteenth century and throughout the seventeenth and eighteenth centuries, cemeteries were moved to the outside of town, conveniently removing them and what they represent from view.

The attempt to escape the reminders of death does not, however, end at pushing the cemeteries out of town. The fear of death is so great that we do not even wait for death to occur. Those who are dying are moved to hospitals or nursing homes, whereas it used to be common for elders to die at home surrounded by loved ones. Those who are not yet dying, but are beyond their "productive years" and no longer supporting a vision toward the infinite, are often sent to retirement communities. A burden on their families, elderly individuals have become outcasts. They cannot be a part of our community; they must be banished to one of their own. This neatly separates them from us and protects us from the stench of death. Just as we have come, through linear perspective vision, to view the body as a distant and objective corpse, so, too, we have physically distanced ourselves from "the Elderly."

Yet, even putting elderly individuals out to pasture is not sufficient. We also must pull them out of the work force at the arbitrary age of 65. Such forced and arbitrary retirement is simpler than considering individuals on a case-by-case basis, and ensures that we do not have to rub shoulders with those in a state of decay. We promote the image of the elderly as ineffectual and incompetent, as unable to contribute to the work force of society. People become "human resources" to be used and exploited in accordance with technological demand. In such a vision, elderly individuals cease to exist in any meaningful way at all. In their capacity as "standing reserve," they are unable to "stand on their own" and, thus, can no longer contribute to a world of linear vision directed to the infinite beyond, a world devoid of generational rhythms and traditions.

Conclusion

In conclusion, the historical trends which account for the dramatic reduction in respect and veneration for elderly individuals in Western societies provide a causal perspective which is correct but only partially true. This paper has shown an alternative explanation which

remains consistent with these other theories, yet seeks a more fundamental understanding through consideration of cultural psychological factors. These factors indicate ways in which the human being has changed in its fundamental relatedness to the world. They underlie not only our present day attitudes toward elderly individuals, but the economic and political forces used to explain them, as well. In exploring these changes in humanity, we have found that the rise and influence of linear perspective vision has induced a denial of embodiment and death, a strategy requiring the cultural invention of the figure of "the Elderly" so that we may avoid encountering those who threaten to remind us of our carnal mortality.

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Are Consumers Well Informed About Prescription Drugs? The Impact of Printed Direct-to-Consumer Advertising -- Executive Summary

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Background

In recent years, drug manufacturers have been enlisting consumers in efforts to influence physician prescribing. The appeals to consumers, encouraging them to approach their physicians about drug products, have come to be known as direct-to-consumer or "DTC" advertising. DTC advertising takes the form of direct mail solicitations, radio and television commercials, magazine and newspaper advertisements, and publicly placed messages on billboards and mass transit kiosks, for example. Drug manufacturers are also increasingly using the Internet to reach consumers directly with promotional information about prescription drug products. Drug companies invested an estimated \$1.3 billion in DTC efforts in 1998 and \$905 million in the first half of 1999.

While acknowledging that there may be a positive role for DTC advertising in patient education, consumer advocates have raised some concerns about the growing volume of DTC advertising. Consumer advocates generally cite concerns about the quality of the information in these ads, and concerns about the effect of DTC advertising and promotion on prescription drug costs. Drug companies, advertising experts, and others assert that DTC advertising plays a valuable role in educating the public about health matters generally, as well as about specific products; prescription drug manufacturers also suggest that there are consumer protections inherent in the legal requirement of a physician's prescription that must be obtained before their products may be dispensed.

The U.S. Food and Drug Administration (FDA) regulates all prescription drug advertising under the Food, Drugs and Cosmetics Act (FDCA). This law requires prescription drug advertisements, including DTC ads, to be accurate and nonmisleading in their claims of safety and efficacy. Among other federal specifications, the advertisements must include a "Brief Summary" of a product's indications, risks, and possible side effects. The FDA does not have a process for prior approval of DTC advertising, although the agency reviews proposed advertisements if a drug company requests it to do so.

To enforce the prescription drug marketing rules, the FDA has the power to issue injunctions against the publication or broadcast of a false or misleading advertisement. However, in practice, the agency relies primarily on its "warning letter" process or less formal means. Drug companies typically withdraw advertisements that are the subject of a warning letter or other

notification from the FDA. The agency has no authority to impose penalties or other sanctions against manufacturers who broadcast or publish false or misleading information in prescription drug advertisements.

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Purpose

The purpose of the research reported here is to explore the impact of DTC printed advertising on consumers, with particular attention to older consumers. The research focuses on their perceptions related to 1) the impact of DTC advertising on consumer knowledge about health matters and medications that treat disease; 2) the information that these advertisements provide about the risks and possible side effects of the advertised products; and 3) the roles that doctors and pharmacists play as sources of information about medications.

Methodology

The data reported here were obtained through telephone interviews with consumers. Questions for the random national survey were based on the results of focus groups conducted in October 1998. The telephone survey was conducted by ICR, Inc., in December 1998. In total, 1,310 adults were contacted, with oversampling of consumers age 50 and over, weighted to represent the U.S. adult population. Sampling error is plus or minus 3 percentage points. Differences in survey responses are reported only when statistically significant.

Key Findings

1. **Impact on Consumer Knowledge About Health Matters and Medications That Treat Disease**

While DTC prescription drug advertising may be one source of information for consumers about their health and medications, DTC advertising appears to have limited educational value in the eyes of consumers. Many consumers consider DTC advertising to be one source, among many, from which they seek information about medications. However, the actual audience for printed DTC advertising, i.e., two-thirds of the population, does not always notice or take away key information in the advertising. For instance, one-third of the DTC audience apparently fails to notice the "small print" information, included in most printed advertisements, that advises readers about risks and potential side effects associated with the product. The likelihood of noticing this information appears to be related to age and education level, favoring younger readers and college-educated readers to some extent. Only 34 percent of those who have noticed this part of the advertisement say they "usually" read it.

Survey results also indicate that consumers generally perceive the ads to be potentially helpful to them in their discussions with their doctors. Three-quarters of consumers generally agree that an ad could assist them in discussing treatment options with their doctors, if they needed the drug that is advertised.

2. **Information Provided by DTC Advertisements About Risks and Possible Side Effects**

Some consumer audiences, particularly older readers, find that printed DTC ads do not "clearly" convey that the product is available by prescription only. The fact that prescription products are inherently more risky than nonprescription products is reflected in the requirement of written approval from a physician in the form of a prescription.

Twenty percent of consumers who have seen printed DTC advertisements say the advertisements "rarely" or "never" make it clear, or report that they "don't know," that a *prescription* drug is being advertised. Older consumers, i.e., those age 60 and over, are less likely than younger consumers to say that the ads usually clarify that a prescription is required (50 percent versus 67 percent).

Consumers are divided in their assessment of how well DTC ads inform them of risks and possible side effects of the products, but they are united in their views of what types of information are important. Overall, consumers who have seen printed DTC ads are evenly divided about whether they usually contain sufficient information about the risks and possible side effects of the products advertised. Asked if the ads contain enough information about risks and possible side effects, 50 percent of consumers overall say "yes," 45 percent say "no," and 5 percent answer "don't know." Younger consumers and more educated consumers are more likely to feel that the ads contain enough information on risks or side effects. Further, there is no strong consensus among consumers about the reliability of information about product risks and side effects. Consumers generally agree, however, on the types of information that printed DTC ads should contain. They want specific information about product indications, as well as descriptions of all potential side effects. Particularly strong preferences for this information are found among women, older consumers, and less educated consumers.

3. Roles of Doctors and Pharmacists As Sources of Information About Medications

For many consumers, health professionals are not a source of information about medications. Physicians and pharmacists play a mandated role as expert intermediaries between prescription drug marketers and consumers. However, survey results suggest that, for many consumers, these health professionals are not serving as sources of information about prescriptions. Only 54 percent of all consumers report that their physicians, when prescribing, or pharmacists, when dispensing, "usually" talk to them about a product's risks or potential side effects. Even though they use more medications, older consumers are less likely than younger ones to report having these conversations; 17 percent versus 10 percent report "rarely" having such conversations with their physicians.

Finally, survey results suggest that consumers and their doctors may not always have the same level of awareness of prescription products available in the marketplace.

Twenty-one percent of all consumers report having asked their doctors about prescription products with which the doctors were not familiar.

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Implications for Consumers

The findings of the survey suggest that many consumers face a "medication information gap" in the prescription medication marketplace, even though the proliferation of DTC advertising might be viewed as increasing the overall volume of available health care information. On the one hand, not all of the information contained in printed DTC advertisements reaches even those consumers who actually see the advertisements. On the other hand, health professionals also frequently fail to provide this information on a personalized basis to their patients. In some cases, patients may be aware of prescription products available, but they are not necessarily well informed either by advertising or their health care providers.

Implications for Older Consumers. Consumers age 60 and older appear to obtain less information from the ads than younger persons do. At the same time, older consumers also tend

to report less interaction about medications with their physicians and pharmacists. Thus older consumers, along with other groups such as low-income and less educated persons, may be more vulnerable than other consumers to the "medication information gap" in the prescription drug marketplace. The vulnerability is further heightened for older consumers because they tend to use more prescription drugs than younger consumers do.

Implications for Public Policy

There is a role for public policy in addressing the medication information gap. The findings from this study suggest two possible policy approaches. The first approach relates to public oversight of the quality of the information that DTC advertising provides to consumers. The second approach addresses the adequacy of the information consumers receive in their personal dealings with professionals who prescribe or dispense prescription medication.

Through its regulatory activities, the FDA monitors the accuracy and balance of DTC advertising. If given authority by Congress, an agency such as the FDA could take additional steps toward improving the quality of information provided by manufacturers in DTC advertisements. Options for additional regulatory oversight include: requiring prior approval by the FDA of advertising content; requiring all DTC advertisements to include standardized warning messages, comparable to requirements for cigarette advertising; developing and refining standards for information dissemination; and imposing sanctions for false or misleading DTC advertisements. Further research, especially research that evaluates DTC advertising content, would be helpful to inform the development of some of these options.

To complement these regulatory measures, FDA or another federal agency responsible for promoting public health could design and sponsor public information campaigns about prescription drugs in general, and about their use. Such campaigns could be devoted to promoting medication safety and effectiveness, and could target vulnerable populations where appropriate. Increased oversight of DTC advertising or government sponsorship of effective public health campaigns about medications would require significant public investments. To pay for public education, policymakers could consider tapping existing revenues from the "user fees" that drug manufacturers pay to the FDA as part of the drug approval process.

As the findings of this study suggest, other factors besides DTC advertising contribute to consumers' lack of information about their medications. Frequently, for example, physicians and pharmacists fail to discuss treatment alternatives and medication risks with their patients. It is more difficult to fashion a public policy response to this problem. Nonetheless, policymakers can play some role in responding to the concerns that have emerged. For instance, it may be appropriate for state medical boards to review their standards relating to physician prescribing and counseling, and place priority on compliance or enforcement. Similarly, Medicaid and Medicare policymakers might explore their opportunities as purchasers to promote improved communications between beneficiaries and their doctors and pharmacists.

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