Make Care Pop:

WHAT WE SEE AND DON'T SEE

ABOUT CAREGIVING ON TV

Geena Davis Institute on Gender in Media
If she can see it, she can be it.
Executive Summary

Television content created and viewed in the U.S. offers an incomplete picture of how people in this country experience care, leaving many who provide or depend on certain types of care — especially related to aging and disability — feeling alone, unseen, and undervalued. The few stories that make it to air capture only a small slice of the kinds of care relationships and configurations that exist across the spectrum of U.S. families and communities, and these stories often leave out nuances and challenges shared across these groups. This report seeks to identify what we do see on TV in terms of care versus what we do not see, why that matters, and what we can do about it.

The study analyzed all broadcast, cable, and streaming scripted TV shows from 2021 available in the U.S. Of those 608 shows, just 64 included storylines prominently featuring caregiving. We define “caregiving” as activities such as emotional support, management of finances, and assistance with everyday tasks to help a dependent individual of any age go about their life.

Television writers, producers, and other creatives with editorial control hold the power to improve representation. They can and should include more care-related storylines that authentically reflect the real-life demographics of U.S. family caregivers and care recipients, and creators can and should show a wider range of care-related tasks, challenges, and solutions.
EXECUTIVE SUMMARY

This Study Found:

- Care-related experiences were vastly underrepresented in scripted television content produced and viewed in the U.S. When care did appear, 75% of storylines highlighted parenting; care for older and disabled characters is rarely depicted.

- Aging and disability care tended to be portrayed more as “women’s work,” with mothers of disabled children often shown to carry a heavier “care load” than fathers.

- Storylines featuring care related to aging and disability lacked diversity and overwhelmingly reflected the experiences of white, heteronormative nuclear families.

- Representation of aging-related care at home, as opposed to nursing facilities, was not the norm.

- Common care challenges — such as financial strain, balancing care with a job or personal life, and physical and mental health impacts on family caregivers — were often missing.

- Many very common care-related activities — such as helping someone shower, dress, or eat; preparing food; cleaning the house; and managing medication or paying bills — were largely absent in care-related stories on TV.

- Portrayals of care related to aging and disability implicitly reinforced ageist and ableist narratives that older adults and disabled people lack agency. These portrayals rarely showed older and disabled characters having influence over their own care.

- Storylines almost never (less than 0.01% of episodes) mentioned any type of public or workplace policy that characters relied on, such as paid leave or Medicaid. Instead, stories tended to highlight care solutions rooted in personal responsibility (20%).
# Executive Summary

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INTRODUCTION

"Lack of visibility leaves caregivers and those who depend on care feeling alone."
INTRODUCTION

Care is universal. Nearly everyone has or will experience care in their lifetimes — whether as a parent caring for their young child, an adult caring for their aging parent, a disabled person employing an in-home care worker, or beyond. Although millions of its citizens are actively engaged in care, the U.S. remains an outlier when it comes to publicly funded support for care needs across a person’s lifespan. This lack of a supportive system forces many caregivers to face a long list of challenges, like financial strain, detrimental career impacts, emotional and physical burnout, and more.

Compounding this struggle is the fact that the full picture of the care experience is largely missing from our popular culture. Those who care for family and loved ones, especially those taking part in aging- and disability-related care, report feeling invisible and undervalued in our society, with the complexity of their stories — the challenges but also the joys — generally absent from mainstream culture. Lack of visibility leaves caregivers and those who depend on care feeling alone and isolated, despite the very real fact that care is always taking place all around us.

The COVID-19 pandemic was a tipping point in terms of public awareness for these challenges, and the fact of care as a pressing social issue has since become more widely understood. But the kind of deep and lasting change needed to build and sustain a more supportive care system in the U.S. requires a significant transformation of cultural norms and attitudes. Getting there requires our popular culture to engage with and reflect the full range of care needs and experiences, and to authentically reflect the care challenges that many people share even when their specific circumstances differ. The stories that contribute to our shared cultural imagination have the power to normalize care as something that impacts us all, to illuminate solutions, and to help us believe that a world where we all give and receive care with more ease is possible.
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PURPOSE OF STUDY

"Only 1 in 10 characters on TV are caregivers."
PURPOSE OF STUDY

Television strongly influences how viewers make sense of the world. For a lot of people, television provides a main source of information and a perspective for how to handle experiences in their own lives\(^1\), and many rely on television and fictional characters to educate themselves about current events\(^2\).

Unfortunately, when it comes to care, the information conveyed is incomplete. In 2022, the Geena Davis Institute on Gender in Media found that only 1 in 10 characters in popular scripted television series were caregivers\(^3\). And when family caregivers did appear on TV, they were usually parents of young children, not adult children, spouses, siblings, etc., nor paid care workers to disabled and older adults.

We undertook this study knowing that care representation on TV is extremely limited. The goal was to more deeply investigate those limited portrayals, comparing televised care stories to what we know about the real-life experiences of caregivers and those depending on care. We sought to identify patterns and explicit gaps that contribute to our culture’s devaluing of care and that reinforce harmful or reductive narratives. Gaining a more comprehensive understanding of what we see and what we don’t see in terms of care on TV is critical to building a cultural landscape that provides viewers with a more authentic representation of the state of care in the U.S. and a shared understanding of what needs to be solved.

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\(^1\) Gerrig, R. J. (1993). Narrative information and real-world judgments. In R. J. Gerrig (Ed.) Experiencing narrative worlds (pp. 196–242). Yale University Press. (p. 201)


"53 million people in the U.S. provide unpaid care to disabled or older family members or loved ones."
Across the nation, at least 53 million people provide unpaid care to disabled or older family members and loved ones⁴. About 11 million of these caregivers are in the “Sandwich Generation” — people caring for both their young children and aging parents⁵. Many of these unpaid family caregivers struggle to make ends meet and are unable to find affordable and equitable solutions to stay in their jobs and provide care at the same time.

All the while, childcare is prohibitively expensive, with its costs taking up 35% of low-income families’ earnings and most families in the U.S. spending 20% or more of their income on childcare⁶. At the same time, over half of the U.S. population lives in areas where professional childcare is hard to access, making it difficult for parents — especially mothers — to stay in the workforce⁷.

Finally, care is nearly impossible to access for many who need it. Decades of underinvesting in a paid care workforce means that those who do care work professionally tend to make low wages and lack training opportunities and/or workplace protections, such as safety standards, worker’s comp, or guards against discrimination. As such, care workers experience high rates of burnout⁸. Meanwhile, the U.S. population is aging, with 10,000 people turning 65 every day. There are simply not enough trained and qualified providers to meet the country’s growing need for care. As you read this, 650,000 people are stuck on waitlists for public care services that they qualify for⁹; thousands will never receive the care they need from these programs, putting all the more pressure on family and other loved ones to pick up the slack.

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⁸ PHI. https://www.phinational.org/policy-research/key-facts-faq
The effects of our broken care system are not felt equally. As a result of persistent — yet outdated — gender norms, women provide the majority of our nation’s unpaid care, and they lose an average of $300,000 in income, savings, and benefits over their lifetimes due to taking time off work to provide care. Meanwhile, people of color spend higher proportions of their income on care: Latine and Black caregivers spend, on average, 44% and 34% of their incomes providing care, respectively, whereas white caregivers spend only 14%¹⁰. Black caregivers find themselves in the highest-intensity caregiving situations, with 57% of Black family caregivers reporting that they provide care for 30 hours or more per week¹¹.

The gendered and racialized legacies of property and chattel slavery in the U.S. have contributed to the ideas of care as “women’s work” and as the “unskilled” labor of Black women in particular. Consider how the “Mammy” archetype cemented the image of a Black woman as a palatable caregiving figure in early film & TV culture¹². To this day, Black women still disproportionately carry a majority of the unpaid and paid care workload in the U.S., while the compounding effects of systemic racism, disenfranchisement, and marginalization mean that Black women experience some of the deepest impacts when providing care within a society that doesn’t value or support it. For instance, Black women who are family caregivers are more likely to experience financial hardship, job or housing insecurity, and negative health issues¹³.

Even when care is paid work, the job itself has been so culturally devalued that many U.S. care professionals — who are primarily Black women, women of color, and immigrant women — don’t make a living wage, with 43% relying on public assistance to make ends meet¹⁴. Few have opportunities for advancement. Again rooted in sexism and racism, the general attitude that care work is not “real” work, valuable, or worthy of respect is evident even in U.S. popular culture: A 2021 analysis conducted by the National Domestic Workers Alliance and the University of Southern California’s Norman Lear Center Media Impact Project found that, when depicted, domestic workers — and particularly nonwhite domestic workers — were portrayed as less competent than other characters; plus, 1 in 3 mentions of domestic workers on TV used pejorative language in reference to the workers¹⁵.


Mainstream U.S. culture and storytelling also reinforces certain other narratives that intersect with these ongoing hierarchies around gender, race, and care, forging major barriers to building a truly equitable and supportive care system in this country. To start, the distinctly American culture of individualism, infused with a “bootstraps” mentality, upholds the myth that individuals achieve success and stability through their own hard work and merit. Needing help or relying on external support, such as from a public program, is akin to failure.

That ethos, combined with capitalism, fuels a culture of entrenched ageism and ableism in the U.S. When individual worth is tied to certain forms of economic attainment and productivity, the social order devalues and stigmatizes people who are older or disabled and no longer able to “contribute” in the context of this system. Stigma-induced shame prevents people with care needs from talking openly about them. Silence, in turn, generates societal taboos around aging, disability, and illness, thereby keeping the U.S. from prioritizing and truly investing in the policies and programs — like home-and-community-based services (HCBS) — that help older and disabled adults live and age with dignity at home.

In an individualistic culture obsessed with economic productivity, the one socially acceptable source of support and care for older and disabled people is family. Yet, this doesn’t account for individuals without family that they can rely on for support. Even when family (or friends or others) are available to assume care responsibilities, their labor is not valued. Paradoxically, shame and stigma often extend to those who either don’t join or leave the traditional workforce to provide care to disabled, ill, and aging loved ones. Many family caregivers feel reluctant to talk openly about the challenges they face or the kind of support programs — like care stipends or respite services — that could make it easier to thrive.

What this all adds up to is a society where caregivers and people who need care are left unsupported and to figure it out on their own. And when the physical work, emotional toll, and/or financial costs of care become overwhelming or untenable on an individual and family level, the tendency is to internalize this as a personal failing rather than a systemic one. However, culture creators — including TV storytellers — have the power to challenge these dominant cultural narratives about who should provide care, break taboos around aging and disability, embrace care as a central and meaningful part of life, and spark true change.

¹⁴ PHI. https://www.phinational.org/policy-research/key-facts-faq/

TV storytellers have the power to challenge these dominant cultural narratives about who should provide care, break taboos around aging and disability, embrace care as a central and meaningful part of life, and spark true change.
TV storytellers have the power to challenge these narratives about who should provide care, break taboos around aging and disability, and make care a central and meaningful part of life.
METHODOLOGY
For this study, we used content analysis methodology, which is an objective, systematic, and quantitative analysis of message characteristics. The content analyzed in this report is all broadcast, cable, and streaming scripted television shows from 2021 available in the U.S. We identified the content using the Luminate Film & TV database. Using that database, we generated a list of 608 television shows. Of the 608 television shows, we analyzed only shows that featured caregiving as a prominent storyline, because previous research has already found that care is seldomly portrayed in scripted television. For insight into what commonly appears in care-related storytelling, we specifically reviewed shows that featured caregivers. Narrowing our sample in this way allowed us to conduct more observations of care representations across the sample, and provided us with statistical power for analysis.

To determine if a television program featured caregiving as a prominent storyline, we referred to sources such as the shows’ official descriptions, Wikipedia pages, IMDb pages, Wiki Fandom sites (when available), and trailers. This process generated a total of 64 television programs that featured caregiving as a prominent storyline. Three episodes from each of the 64 television programs were selected for analysis, for a total of 190 episodes in our dataset.

16 Originally, the list included 655 total television programs because of multiple duplicates (e.g., some shows were available in streaming and also cable). We deleted the duplicates to generate the list of 608 programs.


18 Caregiving storylines related to receiving or giving care. This could include emotional, physical, or financial care. Other specific caregiving cues were anything related to nurture, hardships, family, family drama, and illness.

19 The second and penultimate episodes, in addition to one from the middle of the season, were sampled for each show. If there were two “middle” episodes for a show, the earlier-aired episode was selected. One program, Anne Boleyn, aired only three episodes, and all three episodes were included in the final sample. Two episodes from one show were not able to be located and were thus not included in analysis.
For this study, the definition of "caregiving" included emotional, financial, or physical support, or any other assistance with everyday tasks that helped a disabled and/or dependent individual of any age, or a temporarily sick or injured person, live and go about their life. "Dependent" was defined as those relying on another person for these broad forms of care, including, but not limited to, housing, food, clothing, support with daily living, and more.

We also identified caregiving characters and sorted them into two categories. The first category was unpaid family caregivers, such as parents, grandparents, children of older parents, or other family members. The second category was paid professional caregivers, which we limited to those caring for others in the home (e.g., a direct care worker) or a community environment (e.g., nursing-home or daycare worker). This study explicitly did not examine characters providing care within a medical environment (e.g., a doctor or nurse working in a hospital).

We also identified and examined care recipients, which were defined as any dependent individual who is portrayed receiving care. We analyzed caregivers and care recipients in a variety of ways, including by their age, the location where they were shown to receive care, and whether they were depicted as having input or agency over their care.

For additional information about the concepts analyzed, please refer to the Glossary of Terms.
WHAT WE FOUND

"Less than one-third of episodes in our sample depicted long-term care related to disability or aging."
1. Aging and Disability Care are Vastly Underrepresented

As detailed above, according to Luminate Film & TV Database, less than 11.0% of scripted shows on air in 2021 featured a prominent care-related storyline, such as those centered on family dynamics or interpersonal relationships. Among the 64 shows included in the sample, a total of 24.7% of characters in minor, supporting, or leading roles in these stories were caregivers (paid or unpaid). Less than 1.0% of all characters in the sample were paid care workers, such as nannies or home health aides, and 24.0% were unpaid family caregivers, including parents. These findings suggest that caregivers in general are underrepresented on television, even among shows where care is prominent.

Furthermore, although 1 in 5 U.S. adults provide care to another adult, care on TV primarily occurs in the context of parenting. In the 64 shows analyzed, 75.0% of the care-related storylines centered on parents caring for children. Less than one-third of episodes we looked at depicted long-term care related to disability or aging. Only 2.2% of caregiving characters supported disabled older adults. This is a far cry from the 26.0% of Americans who care for an older adult with Alzheimer’s disease or dementia, to say nothing of those with other disabilities or age-related conditions.

2. Aging and Disability Care on TV Is “Women’s Work”

Our findings indicate that scripted TV depictions tend to uphold the idea of care related to aging and/or disability as primarily the responsibility of women. When looking at all storylines featuring long-term aging or disability care, we found that 56.5% of caregiving characters (paid or unpaid) were women, and noticed a small but statistically significant difference between male and female characters in the number of complex care tasks — such as cooking, cleaning, transportation, laundry, and managing finances — they performed. Disability care on TV, in particular, fell to women, who provided the majority of care to disabled individuals ages 0–49. Notably, most disability care showed up as unpaid family care for disabled children, suggesting that even when representation of disability care is present, it still tends to fall under the umbrella of parenting.

Furthermore, while research shows that we are seeing a trend toward more balanced representation in terms of male and female characters engaging in on-screen childcare, TV mothers still carry a heavier load when it comes to care for disabled children. Not only were caregivers to disabled children predominantly female (61.5%), but when a parent caregiver was shown to perform a routine care task on screen, two out of three times it was their mother, such as Kate Pearson on This Is Us, who was portrayed pushing her blind son in a stroller and helping to direct him when he was walking.
Of 608 shows; 64 featured care

Of the 64 that featured care, less than 1/3 featured aging and disability care
"Scripted television's depictions of care overwhelmingly reflect the experiences of white, heteronormative nuclear families."

3. Care Storylines on TV
Lack Diversity

While entertainment content has recently grown more inclusive, scripted television's depictions of care still overwhelmingly reflect the experiences of white, heteronormative nuclear families. Such depictions reinforce traditional gender norms and individualistic attitudes about care, and do not reflect the diverse experience of many people across cultures, classes, and identity groups. These depictions also don’t reflect the full range of care relationships and configurations that exist across the spectrum of families and communities.

Care Relationships and Family Structure

Overall, the caregivers identified by this study were predominantly parents of young children, expecting parents, and grandparents. Specifically, 42.2% of caregivers were mothers and 35.1% were fathers. In addition to mothers and fathers, 5.0% of unpaid family caregivers were grandfathers, 4.3% were grandmothers, 2.5% were pregnant women, 2.4% were siblings, and the remainder included aunts, partners of parents, adult sons and daughters, and younger children²⁵. Somewhat surprisingly, only 2.7% of caregiving characters were adult children who supported their aging parents, despite the fact that, in reality, 19% of U.S. adults provide care to another adult. Very few caregivers were young (under age 18) or Gen Z, even though Gen-Z caregivers are increasingly becoming part of the Sandwich Generation²⁶.

Across the dataset, we identified a handful of care-related storylines that touched on unique cultural value systems and approaches to care. For example, over half of the examples (56.7%) of care for nondisabled older adults (ages 50 and older) included Black care recipients. This could reflect the value that Black families tend to place on caring for older family members at home. But only 17.9% of the episodes we analyzed depicted intergenerational homes, which is a common familial and care structure within many BIPOC (Black, Indigenous, and people of color) communities and BIPOC immigrant communities across the U.S²⁷. This is one example of how a failure to represent a diversity of experiences limits the popular perception of care.

²⁵ Across all care recipients, aging and disability care recipients were just a small share (16.8%) of all care recipients identified in the scripted television shows analyzed. Most care recipients were children.
²⁷ Specifically, Instrumental Activities of Daily Living (IADLs) which require complex thinking skills as defined by the National Library of Medicine.
²⁹ Coded as an Activity of Daily Living (ADL)
"All of the disabled older adult (ages 50+) characters identified were white."

Care, Race, and Identity
Depictions of aging and disability care on TV most often reflected the experience of white individuals and families, especially when it came to disability care. For example, when looking at aging care, more than half of caregivers we identified (53.1%) were white, while 46.9% were people of color²⁸. But nearly two-thirds of disability caregivers (66.1%) were white, and only 33.9% were people of color. Disabled care recipients were majority white, whether children or adults, and all of the disabled older adult (ages 50-plus) characters identified were white²⁹. We did not identify any adult Latine or Middle East/North African characters who relied on disability care.

There were also very few depictions of queer caregiving, and hardly any that occurred outside of the nuclear-family paradigm. In the shows analyzed, only 6.0% of female and 0.6% of male caregivers were LGBTQIA+. The vast majority of these characters (92.3%) were portrayed to be in a fairly traditional family structure. For instance, one of the characters was Denise from Home Economics, who has two children with another woman. Another character, Jann from Jann, is a lesbian who cares for her aging mother.

One notable exception to this pattern was Che Diaz from And Just Like That…. Che is a nonbinary character who was shown providing care to their friend after a hip surgery. This kind of care for friends and chosen family members is often central to queer communities. A more holistic landscape of care storytelling could illuminate a variety of specific intersectionalities.

4. Aging-Related Care at Home Is Not the TV Norm

Although the vast majority of people report that they would prefer to age at home³⁰, TV stories still commonly show older characters receiving care in institutional settings. Nearly half of nondisabled care recipients ages 50 and older were shown to receive care outside of their home, such as Reginald June from Tyler Perry’s Assisted Living, who receives care in a retirement home. Rather than normalizing home-based care and sending the message that it should be a viable possibility for those who choose it, television largely reinforces the dominant cultural narrative that institutional care is inevitable for people as they age.

Furthermore, when we do see depictions of aging care in a home setting, they tend to show one family caregiver taking on the responsibility with little to no community or systemic support, such as the availability of adult community centers or assistance from professional care workers within the home. In fact, only 7.7% of paid care-worker characters identified in the sample worked within a home. One of these included the care worker who supported This Is Us’s Rebecca Pearson, an older disabled adult, as part of her “care circle.” This was a strong portrayal of how family members and care professionals often work in tandem to provide good care, but unfortunately, it was one of only two examples of care circles we saw that included a paid care worker among the group. This sends the inaccurate message that families can only count on professional help in the context of an institution.
Care Challenges: Real Life v. TV Representation

- Financial Strain: 80% Real Life, 7% Representation on TV
- Work-care Balance: 70% Real Life, 5% Representation on TV
- Sandwich Experience: 23% Real Life, 7% Representation on TV
- Health Impacts: 23% Real Life, 1.7% Representation on TV
"Only 7.7% of paid care-worker characters identified in the sample worked within a home."

5. Common Care Challenges Are Missing on TV

People in care situations, including parents, face a number of common challenges in their daily lives that are rarely explored in televised care-related storylines, rendering the limited representation that exists as less than authentic. Our data revealed few examples of challenges such as financial strain, being “sandwiched” between multiple care responsibilities, balancing unpaid care and a job — just to name a few. Leaving out such issues can inadvertently contribute to the sense of guilt or inadequacy that many caregivers report feeling in the face of such difficulties⁴¹, rather than illuminating shared frustrations or grievances that are in fact a result of systemic failings.

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²⁵ Additional caregivers included 1.9% were aunts, 1.7% were female partners, 1.5% were adult daughters, 1.2% were adult sons, 0.9% were male partners, 0.9% were stepmothers, 0.8% were adopted parents, 0.8% were uncles, 0.5% were granddaughters, 0.5% were stepfathers, 0.3% were child sons, 0.1% were child daughters; the remaining 8.6% are characterized as other categories, or miscellaneous. Miscellaneous unpaid caregivers included friends, siblings, volunteers, colleagues, extended family members, in-laws, etc. Some caregivers had more than one caregiving label.


³¹ Race was determined from skin color, facial features, and context markers within the show.
Financial Strain
Care is costly for everyone in the U.S.; it’s one of the most common stressors shared by parents and other family caregivers, but it’s very rarely captured on TV. A lack of financial support from workplaces, communities, or government programs means that most individuals and families in the U.S. are left to fund care on their own. Eighty percent of older adults in the U.S. cannot afford the cost of long-term care. Meanwhile, up to 14% of family caregivers report having dipped into their own retirement savings to pay for someone else’s care, directly impacting their ability to save and plan for their own futures. However, only 7% of episodes we analyzed even mentioned the cost of care.

Notably, an upcoming study from the Norman Lear Center’s Media Impact Project that analyzed viewer response to the family caregiving storyline in the final season of This Is Us found that the chief complaint about an otherwise well-received depiction of care was how out of touch the affluent fictional family’s financial situation was compared to most caregiving families in the U.S. Integrating the real-life challenges and anxieties about financing care would be one clear way to make care-related storytelling feel more authentic to viewers, such as in the storyline from Grace and Frankie where the main characters decide to drive to Mexico in order to purchase medication at a more affordable price.

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“Only 7% of episodes mentioned the cost of care.”

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31 Age was determined from facial and body features, maturity, and context markers within the show.
"Just 5.2% of caregiver characters were depicted struggling to balance a job and care responsibilities."

Balancing Care, Work, and Life
The paradox of having to pay for one’s own care needs or responsibilities in the U.S. is that it’s difficult to do so without working, yet balancing a job and unpaid care responsibilities can be extremely taxing. According to a 2023 study, 70% of working caregivers have had to make some kind of job change to accommodate caregiving responsibilities; the changes range from a reduction in work hours to changing roles to even leaving the workforce completely\textsuperscript{35}. Without universal access to paid family leave, many caregivers are forced to take unpaid time off work, and a small percentage even report having to retire early due to care responsibilities\textsuperscript{36}. On TV, however, these scenarios are rarely acknowledged.

This study showed that just 5.2% of caregiver characters were depicted struggling to balance a job and care responsibilities, and not always in the most relatable fashion. For instance, the few examples of stories that explored this challenge included the affluent working mother Nicole Mossbacher from The White Lotus, who attempts to be present with her family on vacation while not appearing to be taking time off from her executive job. While putting a spotlight on a certain stigma that working mothers can face, this depiction leaves a lot of room for other stories to explore the various nuances and difficulties that real people face when balancing work and care.

Similarly, caregivers also report having difficulty balancing their personal lives and care responsibilities. For instance, the American Psychological Association reports that caregivers suffer from relationship stress and interpersonal conflicts as their priorities shift from their own lives to the lives of those they support\textsuperscript{37}. Yet, our analysis showed that only 1.0% of caregivers on TV were depicted trying to balance their social life with caregiving responsibilities. A slightly higher percentage of caregiving characters (3.9%) experienced difficulty navigating romance while providing care, like single mother Georgia Miller from Ginny & Georgia, who is often portrayed having difficulty pursuing romantic interests as she considers what is best for her two children, or Dr. Jo Wilson from Grey’s Anatomy who finds it difficult to be intimate with her partner because it interrupts her daughters’ sleep. Nevertheless, there remains a great deal of opportunity to expand this aspect of care-related storytelling, especially for characters who provide care to adults.


People in care situations, including parents, face many common challenges that are rarely explored on TV.
Sandwich Generation

Having multiple people to support is another common experience that is missing from TV. Nearly a quarter of all adults in the U.S. are part of the Sandwich Generation, raising young children while also caring for aging parents. In fact, more than half of all U.S. adults over the age of 40 are Sandwich caregivers, providing financial support or direct care support to their aging parents while also supporting children of their own. Never Have I Ever’s Nalini Vishwakumar is depicted to be a Sandwich caregiver, providing for her adolescent daughter and her mother-in-law who lives with them. Yet, Nalini is among only 7% of caregiving characters identified in this study to belong to the Sandwich Generation, marking another significant gap in TV’s representation of care.

Health Impacts

Navigating care in the face of a broken, unsupportive system leads to mental and physical tolls for individuals, but the health impacts of giving care are also largely unexamined on TV. A 2022 report found that 66.0% of parents meet the criteria for “parental burnout,” and a 2020 report found that 23.0% of Americans say caregiving has made their own health worse due to physical and psychological strains. Caregivers consistently report higher levels of depression and anxiety than their non-caregiving peers. But this study identified only 1.7% of caregiving characters experiencing health impacts due to care responsibilities.

One small nod to how caregivers often prioritize the needs of others over their own health occurred in an episode of Firefly Lane, when a pregnant woman complained that she didn’t have time to sleep because she was too busy doing laundry. A more extreme example of a caregiver putting another’s well-being first was in an episode of The Good Doctor, where a patient went against his doctors’ recommendations to undergo a risky surgery so he could continue to care for his disabled son. For this character, the only alternative option to surgery for himself was to send his son to an institution to receive care, something he didn’t want to do.

Lack of Care Workers

Not only are professional at-home care workers rarely seen on TV, the increasingly common challenge of finding a care worker is nearly absent from storylines. The need for care in the U.S. keeps rising, but the lack of investment in a valued, trained, and well-paid care workforce means that the current supply of workers is unable to meet the demand. As noted above, 650,000 people cannot receive the home-based care they qualify for, and experts project a shortage of more than 400,000 home health aides by 2025. Finding a care worker is very challenging in the U.S., yet less than 1% of TV care storylines showed characters having trouble finding an available home-based care worker. One example, in The Chair, frequently portrayed single mother Ji-Yoon Kim having a difficult time finding care for her daughter, which highlighted childcare. In reality, this challenge is particularly relevant when it comes to aging and disability care, as worker shortages and the inability to access professional support at home are often the reasons people move to an institution (despite their wishes to remain home).

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6. TV Offers an Incomplete Portrayal of Care Responsibilities and Needs

In addition to overlooking many of the common challenges people experience with care, television also omits much of what constitutes the actual acts of giving and receiving care. Nearly half of the TV care storylines analyzed in this study featured caregivers engaged in companionship, while common daily support tasks were rarely shown. While companionship is an essential form of care, caregiving also very much includes support with the basic activities of daily living (ADLs) — like showering, getting dressed, and eating — and/or the more complex instrumental activities of daily living (IADLs) — like preparing food, cleaning the house, managing medication, and paying bills. Overall, only half of on-screen caregivers engaged in any of these activities, and less than a third of caregivers to nondisabled older adults (50-plus) did so. Specifically, we identified only eight examples of ADL care, and only 14 examples of IADL care for older adults across the 190 episodes analyzed.

Furthermore, a very limited range of daily supportive activities appeared in our analysis. When looking at caregivers to disabled children, we identified only a few examples of supportive actions: caregivers assisting a child with walking, moving a child from one place to another (transferring), and providing transportation for a child. When looking at caregivers to disabled adults, we saw a wider range of actions but still very few depictions: Only six shows portrayed characters receiving support with IADLs, and there were no examples of ADL support. The most common daily task among this category was help with planning or scheduling; the still-limited range of other tasks shown included meal preparation, checking in on someone, home maintenance, transportation, helping someone move, and attending to physical health needs.

When looking at the actions performed by caregivers to nondisabled older adults (50-plus), we saw more than one example (usually just two or three times each) for just a few activities: checking in on someone, transportation, home maintenance, meal preparation. We saw just one instance of each of these essential daily care tasks: assisting someone with dressing, grooming, walking, shopping, dealing with finances, and managing medications. In short, TV representation for everyday caregiving activities is quite lacking, if not altogether absent.
TV representation for everyday caregiving activities is lacking, if not altogether absent.
7. Care Stories Often Reinforce Ageist and Ableist Narratives

One insidious way cultural depictions of care reinforce dominant narratives of ageism and ableism is by failing to show those who need care as having a say in how they receive it, in effect diminishing their agency. In our sample, we found that only a relatively small percentage of characters actively displayed having a say in the way they received care; just 12.5% of disabled adults were depicted as having agency in their care, such as Sam Gardner from *Atypical*, an autistic adult who decided to move out of his parents’ house and live on his own, with his parents’ support. Conversely, 12.5% of disabled adults (the same share of characters who had agency) did not have agency in their care, like a physically disabled character Erin Voss from *Locke & Key*, who was depicted to be unaware that she was in a hospital and seemingly not having a choice about whether to be there. When looking at nondisabled older adult characters (50-plus), only 3.3% were shown to have agency in their care, like older adult character Helen from *How We Roll*, who refused to wear a smartwatch to be monitored by her son. For the remaining characters, their input into decisions about their care was not addressed in the storyline. Rather than reinforce the idea that care is something that “happens to you,” which can feed into the impulse to resist it, TV stories could instead intentionally depict aging and disabled people as active participants in their care.

As previously established, entrenched ageism, ableism, and individualism in the U.S. can also lead individuals who need care to feel ashamed. This often manifests as guilt and feeling “like a burden” to others. As such, we examined how frequently characters on TV expressed this sentiment, and reassuringly, we did not find an overwhelming number of instances where a character expressed feeling like a burden. Just 8.3% of disabled older adults (50-plus) expressed feeling like a burden, and only 12.5% of disabled adults (20–49) expressed the same; notably, in the latter category, they were all men. This may also be reflective of the “Man Box” stigma, wherein men feel pressure to conform to stereotypical norms of masculinity — for example, a difficulty feeling vulnerable and accepting care.

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8. TV Ignores Policies that Real People Depend On

Although the dominant cultural narrative in the U.S. frames care as an individual responsibility, many people depend on certain programs to give and receive the care they need. Whether provided by an employer or a public policy, some examples include benefits like paid family and medical leave, early-childhood education centers, and care services designed to keep aging and disabled people in their homes and communities (HCBS). For example, each year, working women in the U.S. need to take approximately 17 million leaves, and around 12 million people rely on services provided by HCBS programs. But even these (limited) structural solutions are rarely acknowledged on television.

The TV stories we analyzed almost never mentioned any type of public or workplace policy that supported the parents or caregivers depicted on-screen. Only 1.1% (n = 2) of the episodes included discussions or solutions from workplace policies/assistance. (None of these included depictions or discussion about parental leave for a new child; one of these, however, included discussion about workplace assistance for recovering from a miscarriage.) And only 1.6% (n = 3) of episodes included discussions or solutions from a governmental program or policy. Instead, stories centered solutions that relied on either individuals taking responsibility (20.0%, n = 38) or support from community organizations (13.7%, n = 26). This is indicative of the way TV narratives reflect and reinforce care as something for people to figure out on their own, despite the fact that collective solutions can, should, and (for some) do exist.
DISCUSSION
A cultural landscape that fails to fully represent the way care shows up in peoples’ lives diminishes the essential value of care and erases its fundamental importance to all human relationships and experiences.
"One notable limitation of this study was the inability to collect socioeconomic data about characters due to unreliable or nonexistent markers."

A cultural landscape that fails to fully represent the way care shows up in peoples’ lives diminishes the essential value of care and erases its fundamental importance to all human relationships and experiences. This study was the first of its kind to holistically assess care representation on a mainstream cultural platform — U.S. scripted television — and identify the specific gaps between reality and the stories that viewers consume. On the whole, what we found was unsurprising, given the cultural taboos around aging and disability as well as a societal value system rooted in individualism.

Care representation is inherently limited by a general lack of inclusion of older and disabled characters on-screen. For example, this study found that, among characters identified as receiving care, few were depicted to have intellectual disabilities, like autism or ADHD. TV stories will have a difficult time representing care for specific disabilities, illnesses, or conditions related to aging when characters are not experiencing them. As representation for older and disabled characters increases, we will be interested to see if care representation follows suit.

One notable limitation of this study was the inability to collect socioeconomic data about characters due to unreliable or nonexistent markers. While we were able to show that characters on TV experienced challenges financing care far less frequently than experienced by average individuals and families in the U.S., it’s unclear whether that’s because those characters were depicted as having greater financial means or because the consideration was overlooked. Either way, it would be significant if further studies determined whether on-screen care stories tended to reflect the experiences of more affluent families and caregivers, in addition to primarily reflecting a white, heteronormative perspective.
CONCLUSION & RECOMMENDATIONS
Scripted television has the power to drive a different cultural narrative of care, one where all people can see their experiences reflected and validated. Stories on television can offer road maps for anyone involved in giving or receiving care, particularly for those who are navigating it for the first time. These stories can raise awareness about important programs and bolster existing solutions and supports, like paid leave and home-and-community-based services (HCBS). Perhaps most importantly, television can help us imagine alternatives to the status quo and help us believe they are possible.
Based on the findings of this study, we offer the following recommendations to television writers, showrunners, producers, and other creatives when it comes to developing new storylines:

#1 Make Home-Based Aging and Disability Care More Visible:
When stories feature older adults and disabled characters, show these characters being actively supported in their homes by family, friends, and paid care workers in ways that uphold the care recipient's independence and agency. Normalize the full range of care—from more “light touch” support, like grocery shopping, to more intensive medical and administrative tasks. This inclusion can go a long way toward destigmatizing aging and disability care.

#2 Tell More Diverse Care Stories:
Care looks different across different groups, but we see a very narrow representation of care experiences on TV. Integrate more care stories into shows featuring BIPOC, LGBTQ+, and socioeconomically diverse characters, doing so in a way that reflects both the unique value systems and specific challenges faced by caregivers and people with care needs in these communities.

#3 Show Characters Experiencing Common Care Challenges:
Many common challenges that caregivers and people with care needs face are largely absent from television. Add more dimension to care stories by exploring the nuances around challenges caused by systemic barriers, like the cost of care, juggling jobs and care responsibilities, or balancing caregiving and one’s own health or personal life. Utilize the drama and the humor in these situations to add stakes and enrich characters’ journeys.

#4 Show More Caregiving Activities:
Fundamental and everyday caregiving tasks are rarely depicted on television. As a complement to the more relational acts of companionship and checking in, find ways to also show the full range of daily support that caregivers provide — for example, helping someone with their grooming or managing their medication. Even if these actions are not the focus of a story, simply integrating them into the action of scenes will go a long way in contributing to a more authentic and holistic picture of care.

#5 Model Caregiving Aspirations:
TV can help people see how things could be easier. When appropriate, highlight the kinds of programs that do (or could) help characters provide and access care. Show caregiver characters taking advantage of things like respite support or care stipends. Use world-building to illustrate an environment that makes care more accessible to people of all ages and abilities.
Glossary of Terms

Caregiving:
Any support or service provided to an individual related to their physical and/or emotional needs. Recipients of care range from children to older adults, and can include disabled people or people who are ill. Caregiving can include helping someone bathe or dress, preparing their meals, managing their medication or services, providing transportation for them, as well as offering them financial assistance, companionship, or help making decisions.

Family caregiver:
An individual who provides care, often unpaid, to a family member or close loved one (such as a friend or neighbor). This includes, but is not limited to, parents, grandparents, children or older parents, or extended family (i.e., aunts, uncles).

Care worker:
A paid professional who supports an individual or individuals with any type of care need(s). This includes, but is not limited to, home care providers (aka direct care workers), nannies, early-childhood educators, and nursing-home attendants.

Care recipient:
An individual who depends on some form(s) of support from others with certain aspects of their daily life. This includes, but is not limited to, young children, older adults, disabled people, people with chronic illness, and people who are experiencing or recovering from serious illness or injury.

Activities of daily living (ADLs):
ADLs are basic self-care tasks, including walking, feeding, dressing/grooming, toileting, bathing, or transferring.

Instrumental activities of daily living (IADLs):
IADLs are more complex self-care tasks, including managing finances, managing transportation (including driving someone), shopping, meal preparation, house cleaning and home maintenance, managing communications, and managing medications.
Dr. Alexis Romero Walker, Dr. Sarah Trinh, Dr. Tegan Bratcher, Dr. Gina Gayle, Jenna Virgo, Lena Schofield, Pamela Campos, Sofie Christensen, Summer van Houten, Melanie Lorisdóttir, Romeo Pérez, and Marisa Rodriguez contributed to data collection for this report.

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