

“OLD TALK”: AN EXAMINATION OF REPORTS OF SELF-REFERENTIAL AND AGEIST  
SPEECH ACROSS ADULTHOOD

By

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To being old regardless of age

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Abstract of Dissertation Presented to the Graduate School  
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As Berger clearly noted, society shapes the individual and individuals shape society. Regarding aging, complexity is flattened into a few positive stereotypes (e.g., older is wiser) and even more negative stereotypes (e.g., old adults are senile, inflexible, and physically frail). These stereotypes manifest themselves in American culture as rampant ageism, which has been associated with shorter life spans and decreased quality of life. This dissertation examined how individuals internalized ageism through self-referential, verbal statements. Flanagan’s Critical Incident Technique was employed to examine phrases where individuals self identified as old, regardless of age. Statements regarding the prevalence and nature of “old talk” were elicited from individuals aged 19-80 (n=293). Of those sampled, 58% reported remembering at least one specific “old talk” event. Content analysis of these self statements produced three categories: (1) physical old talk (64% of the incidents) (2) mental old talk (22.2% of the incidents) and (3) social old talk (13.8% of the incidents). A content analysis of old talk motivation produced seven categories (1) justification, (2) ipsative, (3) to describe personal experience, (4) self stereotyping, (5) to compare with others, (6) to state a fact, and (7) to Minimize Aging. Age significantly predicted number of incidents both linearly ( $p < .001$ ) accounting for 6.4% of the variance and curvilinearly ( $p < .001$ ) accounting for 6.2% of the variance. Those in the mental

category had a significantly older mean age ( $p < .01$ ) and were more knowledgeable about aging than other categories ( $p < .05$ ). In the physical category participants had a significantly younger mean age ( $p < .05$ ) and were 2.53 times more likely to be male ( $p < .05$ ). There was a significant association between the justification category and speaker's race and listener's age ( $p < .05$ ). No other differences in motivations were discovered. This study documents the ubiquity of old talk among adults of all ages, provides a method for measuring old talk, identified correlates of old talk, such as age, and initiated an exploration of people's motives for engaging in old talk, all of which should help pave the way for future investigation.

## CHAPTER 1 INTRODUCTION

This dissertation study examines the phenomenon of “old talk,” which can be defined as any self-referential statement that explicitly draws attention to the speaker’s age. Understanding self-referential verbal behavior focused on one’s own aging can provide important understanding of and insights regarding the degree to which negative aging stereotypes are being internalized by people.

As Berger (1963) clearly noted, society shapes the individual and individuals shape society. Since this assertion, researchers have arrived at a fuller understanding of how one’s identity and social surroundings are intertwined. Social constructionists primarily focus on the “primacy of relational, conversational, social practices as the source of individual psychic life” (Stam, 1998, p. 199). In other words, they focus on how individuals are identified, treated, and discussed by those around them to form a constructed identity. Thus one’s identity is, in part, a function of one’s surroundings. Specifically, the meaning used to form one’s identity depends largely on language, which is in itself dependent on the linguistic and nonlinguistic fluctuations of a society’s collective actions and experiences (Margolis, 1984). Because language is so dependent upon society, it follows that one’s view of self is subjected to the prevailing notions of the society. Society generates and purveys opinions and messages regarding one’s social acceptability based on observable features, such as one’s social behaviors, dress, and appearance. As Berger (1963) has argued, these opinions and messages are then internalized. One important outcome of this internalization is people’s self-referential verbal behavior. Self referential verbal responses are of particular importance when society deems one’s observable features to be less than acceptable, because these responses provide insight regarding the degree to which people have *internalized* negative societal messages about them. Growing old is one of the many

categories of observable features that society values negatively (Levy, 2001). The nature and extent of society's negative response to aging can best be understood by a review of the ageism literature.

### **Ageism in Society**

Butler coined the term "ageism" in 1969 to describe stereotypes or prejudice against an individual or a group due to their age, specifically older adults. Ageism as discussed by Butler was later expanded to contain both positive and negative ageism (Palmore, 1999). Some of these negative stereotypes include: older people are forgetful, physically challenged, and would have a hard time learning new things ("you can't teach an old dog new tricks"). There are also positive stereotypes about older adults such as the idea that all old people are kind or wise due to their life experience. This pattern is similar to that seen by other "-isms" such as the benevolent and hostile sexism proposed by Peter Glick and Susan Fiske (1996). Just as with benevolent and hostile sexism, positive and negative ageism is widespread, acts through different mechanisms, and holds adverse consequences for older adults.

In regard to prevalence, research has demonstrated a high level of ageism in American society, not only at an explicit level (Levy, 2001; Palmore, 2004) but also at an implicit. In one study 84% of American and 91% of Canadian older adults reported experiencing at least one incident of ageism during their lifetime (Palmore, 2004). This level of explicit ageism is indeed striking, but does not tell the whole story of how ageism affects society. Implicit ageism covers both implicit age stereotypes and prejudice. It is defined as the feelings and thoughts about the attributes and behaviors of older adults "that exist and operate without conscious awareness, intention or control" (Levy & Banaji, 2004, p. 51), with the assumption that implicit ageism underlies most interactions with older adults. Research using the Implicit Association Test (IAT) has demonstrated that implicit ageism is rampant in our current culture across an array of ages, is

endorsed to a greater extent than explicit ageism, and is endorsed more strongly than any other examined -ism (Nosek, Banaji, & Greenwald, 2002a). Other methodology assessing implicit ageism has confirmed that classifying individuals as “old” makes negative stereotypes not only more available but also increases the likelihood of their use in evaluations of the individual (Perdue & Gurtman, 1990).

Examples of ageism within current American culture abound. One example involves the 2008 presidential election, during which candidate John McCain faced a great deal of discrimination based on his age. For example, the author of the website <http://www.thingsyoungerthanmccain.com/> wonders, “Am I being ‘age-ist’? Maybe. But maybe not. The world is a pretty complicated place right now and I’m thinking that it’s not such a great time to elect our oldest President ever. So sue me..” When one woman was asked if she thought McCain was too old to be president replied: “Absolutely, he’s too old. How many 72-year-olds do you know who can work a 60-hour week?” (Lightman, 2008). These examples highlight just one of the many ways that American culture’s current level of ageism is acceptable enough to be projected into the public sphere. Researchers studying ageism in the television media have found that older adults are significantly underrepresented (Robinson & Skill, 1995), with less than 5% representation in television during prime time, daily network programming, game shows, Saturday morning programming and cartoons, and evening network programming (Robinson, Skill, & Turner, 2004). In their review of the literature, Robinson and colleagues (2004) also found that on the few occasions when older adults are portrayed they are predominately male, white, widowers, and supporting, rather than central, characters. On the even-fewer occasions when female older adult were portrayed, they represented characters that were lower in socioeconomic status, not serious, lacking in common sense, eccentric, and not treated

respectfully. Researchers have also determined that the pattern in television media is comparable to that in print media, with older adults, particularly women, being dramatically underrepresented, portrayed in a negative light, cast in minor or supporting roles, and subject to age stereotyping (Vasil & Wass, 1993).

The trends in media described above can also be found in an unavoidable part of media consumers' experiences, namely advertising. Here too, individuals older than 65 have been underrepresented in both print and television advertisements and when they are represented they have served mostly as minor characters (Zhang et al., 2006). In their examination of the literature, Zhang and colleagues (2006) also found that although older adults are for the most part portrayed in line with positive stereotypes, they are portrayed less positively than individuals of any other age and they frequently appear in ads for health-related products or which reference illness. At the conclusion of their review, Zhang and colleagues provide an interpretation for these findings: underrepresentation and stereotypical views of older adults in advertising convey that older adults contribute little to society and are not important. It has been estimated that individuals are exposed to approximately 500 advertisements a day, 182,000 per year, and millions during a lifetime (Wilson & Wilson, 1998). Given the frequency of exposure to advertisements, stereotypes and the lack proportional representation of older adults in advertising are very likely to have a powerful effect on average viewers.

### **Cost of Ageism**

The media portrayals just described demonstrate the presence of ageism in current American culture. This ageist climate has many adverse consequences, which affect people through the life span, not just in old age. A recent study found that approximately 90 million Americans have taken steps to hide the physical signs of aging, such as undergoing cosmetic

surgery or purchasing skin care products designed to make one look younger (National Consumers League, 2004).

In examining the effects of negative ageism, the cultural climate holds even graver consequences for older adults. Researchers have found that upon encountering positive age stereotypes, the older adults who were studied increased their walking speed, balance, memory, memory self-efficacy, their positive views of aging, and reported an increased likelihood of choosing life-prolonging medical interventions (Hausdorff, Levy, & Wei, 1999; Levy, 1996; Levy, Ashman, & Dror, 2000a). On the other hand, upon encountering negative age stereotypes, the stress in the older adults studied increased, and their walking speed decreased, as did their memory performance, memory self-efficacy and their likelihood of choosing life-prolonging medical interventions (Bargh, Chen, & Burrows 1996, Levy, 1996; Levy, Ashman, & Dror, 2000a; Levy, Hausdorff, Hencke, & Wei, 2000b). These findings are consistent with the self-stereotyping and stereotype-threat literatures. Self stereotyping has been defined as viewing oneself as a group member and, as a result, conforming one's specific traits or attributes to be consistent with this identity (Turner, 1987). Age self-stereotyping falls under this classification; priming individuals as "old" based on their age results in the effects just detailed. However, age self-stereotyping is also unique, given the fluidity of age classification, compared to categories such as race and sex. The detrimental effects of negative age stereotypes may best be described by stereotype threat, which is defined as "the event of a negative stereotype about a group to which one belongs becoming self-relevant, usually as a plausible interpretation for something one is doing, for an experience one is having, or for a situation one is in, that has relevance to one's self-definition" (Steele, 1997, p. 616). Stereotype threat has been shown to affect many behaviors for many groups, such as math performance in women, standardized test performance

in African Americans, and memory in older adults (Steele & Aronson, 1995; Spencer, Steele, & Quinn, 1999; Hess, Auman, Colcombe, & Rahhal, 2003). The effects of stereotype threat appear when one is aware of the stereotype and when one views oneself as a member of the stereotyped group. Stereotype threat requires awareness of the groups, in this case the age group, to which one belongs.

Despite publication of research indicating the prevalence and the cost of age prejudice, it continues to be widespread in society. In fact, prejudice based on age is so ingrained that it has been discussed as the most socially-condoned and institutionalized prejudice, and thus tends to be an overlooked area of study (Nelson, 2005). This lack of research is especially unfortunate given the unique aspects of this -ism. Specifically, unlike other -isms, the social sanctions against explicit expressions of ageism are nearly nonexistent in today's society, making ageism socially acceptable (Williams & Giles, 1998). Additionally, everyone is aging, thus at some point nearly all people will experience ageism. Thus it is especially important to understand behaviors related to ageism, such as ageist self referential speech, because they provide important understanding of and insights regarding the degree to which negative aging stereotypes—stereotypes that have the potential to harm nearly everyone, eventually, are being internalized by people.

### **Aging and Language**

As just discussed, ageism pervades society, with clearly adverse consequences for individuals. Given that the focus of this dissertation is ageist language, this next section will focus directly on the influence of language and specific words on people's attitudes. Researchers exploring the effects of language on aging have investigated two areas, language directed toward aging adults and the impact of language on older adults. The first, the way language is used toward older adults, includes over-accommodation and baby talk, with the focus on the disparity between people's perception of older adults' comprehension and their actual comprehension.

Over-accommodation has been described as modifications in speech when addressing older adults to resemble the address of a language-learning child (Brown & Draper, 2003). Speech marked by over-accommodation may include but is not limited to the following: simplified vocabulary, slowed speech, increase in the tone of voice, exaggeration of certain words, assumed use of a first name, diminutive terms of endearment, and an increase in the use of repetition, questions, and imperatives. Researchers have also found that over-accommodation tends to include speech that is more abrupt, reflects disrespect, exclusion, and a lack of interest, (Adelman, Greene, & Charon, 1991; Hallberg, Holst, Nordmark, & Edberg, 1995). These patterns of speech have also been referred to as baby talk and comfort talk (Caporael, 1981; Proctor, Morse, & Khonsari, 1996). Explanations for this phenomenon come from speech accommodation theory, which proposes that aspects of speech are modified in response to one's evaluation of others (Coupland, *Coupland*, Giles, & Henwood, 1988; Ryan, Hamilton, & See, 1994). So in the case of older adults, negative modification such as overaccommodation, occurs as a result of individual's evaluations of older adults as having sensory, physical, and mental deficiencies. Overaccommodation and similar speech patterns thus provide information about attitudes toward the intended listener regarding competence and social status. For example, a study that presented speech marked by overaccommodation to community-dwelling older adults found that the majority of the group found it to be patronizing and irritating, but an accurate representation of how older adults were spoken too and a type of speech they had experienced personally (Giles, Fox, & Smith, 1993). These reactions demonstrate some of the effects of hearing age-related language. The following paragraph will explore this issue more thoroughly.

The second aspect of language, namely the impact of language on older adults, focuses on the effects of hearing age-related language, specifically negative language that perpetuates aging

bias. Nuessel (1982) discussed ageist terms as those which were “derogatory and demeaning because they depict the elderly as possessing largely undesirable traits and characteristics” (p. 273) and warned that ageist terms promote acceptance of aging stereotypes. Research has supported the premise that ageist language, for example use of specific words such as “old,” hold negative consequences. For example, automatic negative constructs were found to be more accessible when one is evaluated as “old” (Purde & Gurtman, 1990). The same researchers also found that the underlying mechanism of negative evaluation is unconsciously perpetuated. So not only does mention of the word “old” semantically prime one negatively, but one is unlikely to realize that negativity has been primed. When individuals discuss themselves or others as “old,” they perpetuate this anti-aging bias, though probably unwittingly. This dissertation study is an attempt to understand the frequency and nature of these self-generated ageist self references. The relatively unexplored aspect of human behavior that is the focus of this dissertation is speech that is produced by, rather than directed toward, the individual.

### **Self-referential Speech**

As already mentioned briefly, one of the tools that can be used by researchers to examine ageism, particularly internalized ageism, is self-referential speech. A study by Emlet (2006) focused on older adults with HIV being doubly stigmatized, a part of which included assessment of internalized ageism, including self-referential speech, such as self-referential jokes and statements about memory loss or other age-related physical decline. Emlet (2006) reported that approximately one-third of his sample reported engaging in this ageist, self-referential talk. Research on anti-fat attitudes has assessed self referential anti-fat speech, known as “fat talk,” to examine internalized weight-ism. Fat talk, defined as self-deprecating self disclosures about one’s weight dissatisfaction, was initially explored through ethnographic interviews with adolescent females (Nitcher & Vuckovic, 1994). Through these interviews Nitcher and Vuckovic

(1994) documented the nature of fat talk. Further research has found evidence for a social norm to engage in fat talk (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006) as well as a high prevalence rate for fat talk in both men (49%) and women (80%; Graf, 2008). Graf's (2008) use of Flanagan's critical incident methodology resulted in a systematic classification of "fat talk" subtypes and therefore her approach has been adopted and appropriately altered to explore age based self-referential behaviors.

The current dissertation will examine the phenomenon of old talk, which includes self-referential speech that explicitly draws attention to the speaker's age. For example, one might say: "I can't believe I forgot this... I must be getting old", or "I'm getting too old to do this kind of activity". This dissertation examines the prevalence, motivations for, and possible sequelae of ageist self-talk. It is important to note that this dichotomization between old and young does not require the assumption that age-specific categories exists. Bytheway (2005) has recommended that researchers focus on personal, subjective experiences of aging rather than strictly adhering to general, objective categorizations. Thus, in the current dissertation the focus is on individuals' self classifications, based on their old talk or their lack of old talk, in addition to an objective categorization of participant's chronological age.

## CHAPTER 2 PURPOSE AND SPECIFIC AIMS

In accordance with critical incident technique, the first step is to describe the general aims, which allows participants to understand the objective and the expected outcome of the activity. Flanagan's (1954) advice on this step is informative, "The most useful statements of aims seem to center around some simple phrase or catchword which is slogan-like in character" (Flanagan, 1954, p. 337). Following Flanagan's suggestion, the general aim of this dissertation is to examine the prevalence and nature of ageist self talk, known as "old talk".

This dissertation was designed to fulfill two specific aims, which, along with the related research questions, are detailed below. These details fulfill the Critical Incident Technique's second step, namely setting plans and specifications:

### **Specific Aim 1: Explore the Organization of Old Talk**

**Research Question 1a:** Do individuals' ages 18-80 report that they engage in old talk? If so, how many participants report engaging old talk and how many events are reported per individual?

**Research Question 1b:** What phrase categories emerge from the old talk incidents?

**Research Question 1c:** What motivation categories emerge from the provided old talk incidents?

### **Specific Aim 2: Explore Whether Speaker Differences and Listener Differences are Associated with Differences in the Number of Old Talk Incident, Old Talk Phrase Categories, and Old Talk Motivational Categories.**

**Research Question 2a** Are the speaker differences of age, gender, aging knowledge, and race/ethnicity related to number of old talk incidents, phrase incident categories and motivational incident categories?

**Research Question 2b.** Are listener age, gender, number of listeners, and the relationship of listeners to the speaker related to participant's phrase incident categories and motivational incident categories?

## CHAPTER 3 METHODS

### **Participants and Procedure**

The dissertation study examined 293 (71 male, 216 female) individuals (mean age= 38.7 years, SD= 15.8) recruited through on-line community bulletin boards, and peer-to-peer social networking sites. Two participants were dropped for not meeting the age requirement (below the cut off of 18) and five additional participants were dropped for missing or incomplete data. The sample included the entire adult age range (18 years and older) because the author observed old talk by young adults both in person and on social networking sites. These observations suggested clearly that engaging in old talk is not exclusive to older adults and therefore made the study of adults of all ages important.

The current study's recruitment procedures reflect national trends towards increased use of social networking sites. In fact, 35% of recently polled adult internet users reported having a profile on a social networking site (Lenhart, 2009). Males and females reported using social networking sites at similar rates. The proportion of people in different age ranges who use social networking has been reported as follows: 18-24 (75%), 25-34 (57%), 35-44 (30%), 45-54 (19%), 55 to 64 (10%) and over 65 (7%; Lenhart, 2009). The same study found that African-Americans (43%) and Latino/a Americans (48%) were more likely to have a profile on a social networking site than white or European Americans (33%). Regarding education, 43% of those with a high school education, but not a high school diploma reported having social network profiles; 31% of high school graduates reported having one; 41% of those who reported currently attending college or having attended college also reported that they have a social network profile, and 33% of college graduates reported having a social network profile (Lenhart, 2009). The same study found varying percentages of people reporting that they had a social network profile, as a

function of differences in annual household income: less than \$30,000 (45%), \$30,000-\$49,999 (38%), \$50,000-\$74,999 (30%), and \$75,000 (31%). So the reported use of social networking sites is widespread and similar across levels of education and income, which increases the desirability of these sites as sources for accessing participants.

Given the current study's use of internet-based data collection, research on internet data collection will be summarized in the following section. Research has found that internet based studies are comparable to traditional paper-and-pencil questionnaires across many areas (e.g., personality, alcohol use, emotional functioning and attachment, and athletic burnout) and with regard to participants' mean scores and the reliability coefficients and factor structures of measures (Buchanan & Smith, 1999; Fouladi, McCarthy, & Moller, 2002; Lonsdale, Hodge & Rose, 2006; Miller, Neal, Roberts, Baer, Cressler, Metrik, & Marlatt, 2002). Internet assessment also holds certain advantages over in-person assessment, such as a lower likelihood of missing data, lower cost, greater individual response rate, greater disclosure of personal information, faster response time, dynamic provision of statistical results, and avoidance of interviewer effects (Duffy, Smith, Terhaniam, & Bremer, 2005; Locke & Gilbert, 1995; Schmidt, 1997; Stanton, 1998; Swobada, Muehlberger, Weitkunat, & Schneeweiss, 1997; Walsh, 1992; Watt, 1999; Yun & Trumbo, 2000; ). The current study employs Flanagan's Critical Incident Technique, which requires participants to describe their old talk experience through open-ended questions. Research comparing online responses to mail responses found that responses produced online were more self-disclosing and length of answers were either similar or longer than mail responses (Bachmann & Elfrink, 1996; Kiesler & Sproull, 1986; Locke & Gilbert, 1995; Mehta & Sivadas, 1995; Schaefer & Dillman, 1998; Schonlau & Fricker, Elliott, 2002; Sproull, 1986; Walsh, 1992). Other hypothesized advantages of online surveys for open-ended questions

include the fact that many people type faster than they write and that typing eliminates the ability to identify participants based on handwriting, thus increasing participant anonymity and decrease their motivation to respond in socially-desirable ways (Thompson, Surface, Martin & Sanders, 2003). Yet another advantage of online recruitment for the current study is the ability for the participants to complete the study at their convenience, which will facilitate getting information from busy, midlife adults (Duffy, Smith, Terhaniam, & Bremer, 2005; Kellner, 2004).

Although use of the internet as a data collection tool holds many advantages, there are drawbacks to use of this method as well. One of the primary drawbacks is the potential to reach different respondent demographics than in other recruitment techniques. For example Yun and Trumbo (2000) found that electronic survey respondents tended to use communication technology at a higher rate, had higher levels of electronically-facilitated social contact, and had higher educational achievement than those who responded by mail. Other researchers have found that web users are more likely to be young, and to have above-average education levels and socio-economic status (Schmidt, 1997). To reduce these digital divide differences, the current study used social networking sites, which, as described earlier, tend to be accessed at similar levels by men and women, by people of varying education levels, and by people of varying annual household incomes. The author also intentionally chose social networking sites that cater to middle-aged and older adults, to recruit participants from those parts of the adult age range. These accommodations do not allow participation of individuals who do not have access to the internet.

The second major disadvantage of on-line data collection is the unreliability of technology (e.g., malfunctioning Internet connections, computer or server crashes, program errors, and power outages; Nosek, Banaji & Greenwald, 2002b). In order to manage this disadvantage,

participants were allowed to restart the survey if they experienced technological errors. The following measures outlined by researchers who collected data online (Granello, & Wheaton, 2004; Nosek, Banaji, & Greenwald, 2002b) were also taken in order to improve the quality of the resulting data: inclusion of “error detection variables” and limiting participants’ ability to self-navigate through the study. To detect both technological and participant error in this anonymous online survey the following variables were examined: internet protocol (IP) addresses, and time and date information. Comparison of IP addresses was used to detect or prevent more than one submission from a single participant. Examination of time and date information was used to screen out those who completed the study in less than five minutes. Pilot testing suggested that even the most rapid conscientious completion of the survey took longer than 5 minutes.

All participants read and signed an informed consent form approved by the University of Florida Institutional Review Board. Participants were also informed that a monetary donation was made to the Red Cross, based on the number of participants. Afterward, participants were administered the following: a critical incidence questionnaire based on instructions by Flanagan (1954), the Knowledge of Aging Questionnaire (KAE; Kline, Scialfa, Stier, & Babbitt, 1990), and a demographic questionnaire. During the 1950s, John Flanagan and his collaborators developed the Critical Incident Technique, which “Outlines procedures for collecting observed incidents having special significance and meeting systematically defined criteria” (Flanagan, 1954, p. 327). Flanagan’s Technique requires a definition of observer type and situation. For the current dissertation, the observer type is defined as retrospective self-report and the situation is defined this way, “Please look back and reflect on a situation in which you mentioned the fact that you felt as though you are getting old. Have you ever used one of the following phrases “I can not run/bend/move like I used too... I am getting older”, "ah my back, I'm so old", "senior

moment", or "my memory is not what it used to be... I must be getting old," or any other similar phrase." (a complete copy of the protocol may be found in Appendix A).

## **Measures**

### **The Critical Incident Technique (Flanagan, 1954).**

This is a set of procedures to collect, analyze, and classify individual's behavior through "critical incidents" or observed events. As a methodology the Critical Incident Technique requires five major steps: (1) description of the general aims to understand, in this case, old talk (2) setting plans and specifications; (3) data collection (4) data analysis; and (5) data interpretation and results reporting. From people's reports of their critical incidents, I obtain the following information: (a) did they and if so (b) how many old talk incidents did they engage in, (c) what phrases they used in their reported old talk, and (d) why did they report using these phrase. These phrases were coded by the following process:

### **Categorizing old talk.**

Parts c, and d of the second question of the questionnaire produced the responses to be categorized. These include: "c. Which phrase did you use," and "d. Briefly describe the situation." Based on procedures outlined by Flanagan (1954), these incidents were coded into categories by first examining 5 incidents out of the initial 225 incidents and sorting these incidents into tentative categories to serve a frame of reference. After these tentative categories were established, defining characteristics of these categories were discussed and eventually agreed upon by two independent raters (one of whom was the author). The subsequent incidents were categorized accordingly. Raters were instructed to remain open to redefining and establishing new categories as the need arises until all incidents had been categorized. During this process, Flanagan (1954) recommends that incidents describing the same type of behavior be placed together and larger categories become subdivided as categories increase in complexity.

After all of the incidents had been categorized, the definitions and “major headings” were reexamined to ensure that they meet the following requirements: (a) discernible, easily remembered, and logical structure, (b) meaningful titles, without explanation or definition, (c) homogenous groupings of statements, (d) equal magnitude of headings, regardless of category size, (e) applicable and helpful headings, and (f) headings reflective of a comprehensive list of categories for the given sample. Following these guidelines, two raters conferred during the categorization process. The two raters’ categories were compared for consistency during three points: first during establish tentative categories, then again mid way through categorization to assess the need to redefine and establish new categories, and finally after categorization had been completed, to reexamine definitions and major headings to ensure they meet the requirements just outlined. Any discrepancy between the two raters was discussed and resolved. The goal of producing a K inter-rater reliability coefficient of  $\geq 0.8$  (Landis & Koch, 1977) was attained (K=0.87).

### **Listener Characteristics.**

Listener characteristics were ascertained from part e of the second questionnaire question “How many males and/or females were present? What was your relationship to them? And what was their approximate age? ” The information produced by part e includes the number of listeners, gender of the listeners (male, female, mixed group), relationship of listeners to the speaker (e.g., significant others, family, friends and family, friends, professional/work colleagues, and acquaintances), and relative age of listeners (e.g., younger than the speaker, about the same age as the speaker, or older than the speaker, or mixed group). Each of these listener characteristics was calculated for each incident phrase (up to 4 phrases).

## **Categorizing Old Talk Motivation**

Part f of the second question of the questionnaire produced the responses to be categorized. This part included “f. Indicate why you believe you said the phrase for each instance.” This incident subsection was also coded into motivational categories based on procedures outlined by Flanagan (1954). First, 5 individual’s incident subsections were randomly selected from the much larger number of 225 total incidents and sorted into tentative motivational categories to serve as a frame of reference. After these tentative motivational categories were established, defining characteristics were discussed and eventually agreed upon by two independent raters (one of whom was the author). The subsequent incident subsections were categorized accordingly. Raters were instructed to remain open to redefining existing situational categories and to establishing new categories as the need arose, until all incident subsections had been categorized. During this process, Flanagan (1954) recommends that incident subsections describing the same type of behavior be placed together and that larger situational categories become subdivided as categories increase in complexity. After all of the incident subsections had been categorized, the definitions and “major headings” were reexamined to ensure that they met the criteria. Following these guidelines, the two raters conferred during the motivational categorization process. The two raters’ categories were compared for consistency during three points: first, during establishment of tentative situational categories; again, midway through categorization, to assess the need to redefine and establish new situational categories; and finally, after categorization had been completed. These comparisons were conducted to reexamine definitions and major headings, to ensure they met the requirements just outlined. As before, any discrepancy between the two raters was discussed and resolved, again with the goal of producing a K inter-rater reliability coefficient of  $\geq 0.8$  (Landis & Koch, 1977), which was achieved  $K=0.85$ .

### **Knowledge of Aging Questionnaire**

(KAE; Kline et al., 1990). This was used in the current study as a measure of culture knowledge about aging. It consists of 25 self-report items. Each item has three response alternatives: “true,” “false,” or “don’t know”. Respondents are instructed to respond to the questionnaire to the best of their ability. The KAE contains 8 items with a positive valence, 7 items with a neutral valence, and 10 items with a negative valence. Total scores can be calculated to produce a measure of knowledge of aging, with scores ranging from 0-25. An example of a positively-valence KAE item is “Retirement is not a very difficult experience for almost all old people” (scored true). An example of a negatively-valence KAE item is “Old people, especially old men, have a lower suicide rate than young people” (scored false). An example of a neutrally-valence KAE item is “Lung diseases are the number one cause of death among the elderly” (scored false; the complete questionnaire is in Appendix B).

### **Demographics.**

This three-item questionnaire inquired about gender, race/ethnicity, and age. Age was examined as a continuous variable.

## CHAPTER 4 RESULTS

The main objective of this study was to examine the prevalence and nature of ageist self talk, known as “old talk”. Each of the study’s two specific aims and their associated results are presented below:

### **Specific Aim 1: Explore the Organization of Old Talk**

**Research Question 1a: Do individuals’ ages 18-80 report that they engage in old talk? If so, how many participants report engaging old talk and how many events are reported per individual?**

The first goal of the study was to explore the prevalence and organization of old talk. Since Flanagan’s original article in 1954, methodological advances in the Critical Incident Technique have resulted in recommendations for improving validity, including recommendations about measuring participation rates and about independent coding (Butterfield, Borgen, Amundson, & Maglio, 2005). These recommendations were applied to the achievement of this study’s specific aims. Prior to data analysis, 25% of the gathered critical incidents were randomly selected for independent extraction (as suggested by Butterfield et al., citing work by Andersson & Nilsson, 1964). Andersson and Nilsson (1964) discussed independent extraction as a process for determining whether a participant response is or is not a critical incident. Independent extraction involves both the researcher and a second, independent, rater judging the potential critical incidents to determine if each qualifies for inclusion. As a result of independent extraction, one incident was removed because it was judged not to be a critical incident of old talk. During the course of coding, another incident was also judged not to be a critical incident of old talk and dropped as well. The following examination was conducted based on the remaining 225 incidents.

Exploring the first specific aim, regarding the prevalence and organization of old talk in a community dwelling sample of adults, 58% of the participants recalled at least one incident of old talk.

**Research Question 1b: What phrase categories emerge from the old talk incidents?**

Furthermore, three phrase categories emerged from the old talk incidents. Specifically, the three old talk categories that emerged were (a) specific illnesses, pains, or physical limitations as indicators of getting old (37.2% of the sample), (b) mental indicators (12.3% of the sample), and (c) social indicators (8.2% of the sample). Examining all 225 of the old talk incidents phrases regardless of the order in which they were recalled, 144 incidents or 64% were coded as physical, 50 incidents or 22.2% were coded as mental and 31 incidents or 13.8% were coded as social. Following Flanagan's recommendation, these three categories were further divided into sub-categories. Within the physical category, the most represented subcategory was experiences of pain (51 incidents; 35.4% of the physical category) followed by stamina (31 incidents; 21.5% of the physical category). Within the mental category, the most represented subcategory was memory loss or recall difficulties (43 incidents; 86% of the mental category). Finally within the social category, the most represented subcategories were social comparison (12 incidents; 38.7% of the social category) and decrease in social stamina (12 incidents; 38.7% of the social category). For verbatim examples of incidents judged to belong to phrase categories and subcategories of physical, mental, and social please see Tables 1, 2 and 3.

In order to assess whether the order in which participants recalled an incident influences the category of incident recalled, a  $\chi^2$  test was run on a 3 (Recalled Incident Position: first, second, or third) X 3 (Phrase Category: Mental, Physical, or Social) see Table 4. There were insufficient occurrences of four incidents recalled to warrant inclusion. There was no statistically

significant association between phrase category and recalled incident order,  $\chi^2(4, N = 222) = 1.41, p = .84$ . An additional  $\chi^2$  test was run on a 2 (Number of Incidents: one or more than one) X 3 (Phrase Category: Mental, Physical, or Social). There was no statistically significant association between phrase category and whether a participant recalled only one or multiple incidents,  $\chi^2(2, N = 224) = .47, p = .79$ .

Despite the two nonsignificant  $\chi^2$ s, because this is an exploratory investigation, what follows is a description of the number of old talk phrases in each category and subcategory as a function of whether they recalled as a first, second, third, or fourth incident. Examining the first incident, the phrase categories in order of prevalence were (a) specific illnesses, pains, or physical limitations as indicators of getting old (37.2% of the sample and 64.9% of the first incidents), (b) mental indicators (12.3% of the sample and 20.8% of the first incidents), and (c) social indicators (8.2% of the sample and 14.3% of the first incidents). For the first statements, the most prevalent incidents within the illnesses, pains, or physical limitations category involved experiencing pain (14% of the sample and 37.6% of the first physical incidents; e.g., “My knees hurt- I’m old! and “My ankles are killing me...that’s why I don’t get enough exercise...I’m a worn out old man.”). The second most prevalent physical category involved experiencing a decrease in stamina (7.8% of the sample and 21.1% of the first physical incidents; e.g., “I’m so old, I can’t run like I used to.”) followed by experiences of fatigue (3.4% of the sample and 9.2% of the first physical incidents; e.g., “Oh I’m so tired, I must be getting old.”). The remaining physical categories accounted for fewer than 10 incidents in the first statements and included: experiences of stiffness or loss of flexibility (3.1% of the sample and 8.3% of the first physical incidents; e.g., “oh I’m getting to old to bend”), changes in appearance (2.4% of the sample and 6.4% of the first physical incidents; e.g., “Look at my gray hair. I am getting old!”), loss of strength (2.0% of the

sample and 5.5% of the first physical incidents; e.g., “I can’t lift and move stuff like I used to, I must be getting old.”), decline in one of the senses (1.0% of the sample and 2.8% of the first physical incidents; e.g., “I can’t see like I used to, my eyes are getting worse. I am old.”), decrease in speed (1.0% of the sample and 2.8% of the first physical incidents; e.g., “I can’t walk that fast”), experiences of fragility (1.0% of the sample and 2.8% of the first physical incidents; e.g., “Oh, my bones just aren’t what they used to be.”) and general physical decline (1.4% of the sample and 3.7% of the first physical incidents; e.g., “It is a bitch getting old, old age is not a blessing...sex...”).

For the first statements, most prevalent subcategory in the mental category involved memory and recall (10.9% of the sample and 86.5% of the first mental incidents; e.g., “I can’t remember everything because, as you kids keep telling me, I am old.” and “I cannot believe that I don’t remember this...I am having a senior moment.”). The remaining mental categories accounted for fewer than 5 incidents in the first statements and are as follows: reminiscing (0.7% of the sample and 5.4% of the first mental incidents; e.g., “I remember the good old days...”), slow processing (0.7% of the sample and 5.4% of the first mental incidents; e.g., “Talk slowly you know I’m an old lady.”), and lack of motivation (0.3% of the sample and 2.7% of the first mental incidents; e.g., “I could do this when I was younger...I don’t have that kind of drive.”). During the first statements, those in the social category frequently identified decreases in stamina as affecting participants’ social life (3.1% of the sample and 37.5% of the first social incidents; e.g., “I can’t stay up late as I used to without needing a week to recover.” and “I can’t drink like I used to when I was young.”) as well as social comparison which drew attention to their age (3.1% of the sample and 37.5% of the first social incidents; e.g., “I feel so old, that person is half my age.” and “Being surrounded by younger energetic people made me feel

old.”). The remaining first statement social category incidents were generally related to social events without comparing to others or previous stamina in social situations (2.0% of the sample and 25% of the first social incidents; e.g., “I’m way to old to deal with that.”)

Further examination of critical incidents revealed that 15.7% of the sample reported remembering a second incident. These second incidents generally followed the pattern of the first incidents, with the majority of incidents being categorized as specific illnesses, pains, or physical limitations as indicators (9.9% of the sample), followed by mental indicators (3.8% of the sample), and finally social indicators (2.4% of the sample). Again within the second incidents, the majority of the physical category incidents were subcategorized as involving pain (3.1% of the sample and 32.1% of the second physical incidents) followed by decreased stamina (2.4% of the sample and 25.0% of the second physical incidents). The remaining physical categories contained five or fewer incidents and included: experiences of stiffness or loss of flexibility (1.7% of the sample and 17.9% of the second physical incidents), decline in one of the senses (1.4% of the sample and 14.3% of the second physical incidents), decrease in speed (0.7% of the sample and 7.1% of the second physical incidents) and general physical decline (0.3% of the sample and 3.6% of the second physical incidents). Of note when examining the second incidents, there were no incidents that fit into the following physical subcategories: changes in appearance, loss of strength, and experiences of fragility. The second subcategories of mental also followed the trend of the first incidents with the majority of the sample describing memory loss or recall difficulties (2.7% of the sample and 72.7% of the second mental incidents) followed by reminiscing (0.7% of the sample and 18.2% of the second mental incidents). As with the first statements, those in the second social subcategories frequently recalled making social comparisons that drew attention to their age (1.0% of the sample and 33.3% of the second

social incidents) as well as identifying decreases in stamina as affecting the participants' social life (0.7% of the sample and 22.2% of the second social incidents) and incidents were generally related to social events (1.0% of the sample and 33.3% of the second social incidents).

Only 2.4% of the participants reported remembering a third critical incident. The two categories of physical (1.7% of the sample) and mental (0.7% of the sample) were represented in thirdly-recalled incidents. All of the represented subcategories of both physical and mental categories included one incident and thus represented 0.3% of the sample. The mental subcategories represented in these thirdly-recalled incidents included memory loss or recall difficulties and reminiscing. The physical sub-categories represented included pain, changes in appearance, and decreases in the senses, speed, and stamina. Although participants were provided up to five opportunities to record old talk incidents the most reported by any participant was four incidents. Two participants reported four incidents of old talk or 0.7% of the sample. One participant's fourth-recalled old talk was coded in the mental category as demonstrating memory loss or recall difficulties. The other participant's fourth-recalled old talk incident was coded in the physical category as relating to a decrease in one of the senses.

### **Research Questions 1c: What motivation categories emerge from the provided old talk incidents?**

The Third Research Question from the First Aim focuses on motivation for old talk. Motivational responses were categorized into seven categories. Although initially there were 225 explanations participants provided for why they engaged in old talk, nine of these explanations were dropped from analysis because they did not provide enough information for coding, when separated from the phrase and situation. Examples of dropped explanations include "the same", "see above", and "myself". Sixty of the remaining 216 motivational responses (27.8%) were coded as reflecting a justification motivation for engaging in old talk engagement, 70 responses

or 32.4% were coded as reflecting an ipsative motivation, that is motivated by the desire to compare oneself with oneself from a previous time, 31 motivational responses or 14.4% were coded as motivation to describe a personal experience, 15 motivational responses or 6.9% were coded as motivated by self-stereotyping, based on stereotypical assumptions about age, 17 motivational responses or 7.9% were coded as motivation to compare oneself with others, similar to a contrast effect, 7 motivational responses or 3.2% were coded as motivation to state a fact, 2 motivational responses or 0.9% were coded as motivated by a desire to minimize aging, and 14 responses were coded as reflecting more than one motivational category.

These motivational categories were also sub-divided. Within the justification category, which spanned first-, second-, third-, and four-recalled incidents, the most represented subcategory was classified as physical decline (20 incidents; 32.8% of the justification category) followed by pain (16 incidents; 26.2% of the justification category). Within the ipsative category, which spanned first-, second-, and third-recalled incidents, the most frequently reported subcategory involved comparisons with previous physical performances (37 incidents; 52.9% of the ipsative category). Within the personal experiences sub-categories, which also spanned first-, second-, and third-recalled incidents, the most represented descriptions were of pain (8 incidents; 25.8% of the personal experiences category). The self-stereotype category also spanned first-, second-, third-, and four-recalled incidents and was most strongly represented by the physical decline and pain subcategory (9 incidents; 60% of the self stereotype category). The remaining motivational response categories, namely to state a fact, to compare with others, and to minimize ageing, were uniform categories and contained few incidents. Thus these three categories were not further classified into subcategories. For verbatim incident examples of incidents judged to belong to motivational categories and subcategories please see Tables 5, 6, 7, 8, and 9. Another

$\chi^2$  test was run, this time to assess the possible relationship between recall order and motivational responses see Table 10. There was no statistically significant association between motivational category and incident order,  $\chi^2(14, N = 214) = 11.19, p = .67$ . A final  $\chi^2$  test was run to assess the possible relationship between number of incidents and motivational responses. There was no statistically significant association between motivational category and whether a participant recalled only one or more than one incident,  $\chi^2(7, N = 216) = 9.53, p = .22$ .

Again, given the exploratory nature of this investigation, the following section will detail motivational category and subcategory frequencies and percents as a function of the order in which incidents were recalled, first, second, third, or fourth. The seven motivational categories participants used during the first recalled statements to describe why they engaged in old talk were (a) ipsative, comparing themselves with previous performance (18.1% of the sample and 31.7% of the first incidents), (b) justification serving as justification for old talk engagement (14% of the sample and 24.6% of the first incidents), (c) to describe personal experiences (9.6% of the sample and 16.8% of the first incidents), (d) to compare oneself with others in line with the contrast effect (4.4% of the sample and 7.8% of the first incidents), (e) self stereotyping based on stereotypical assumptions about age (4.1% of the sample and 7.2% of the first incidents), (f) to state a fact (2.4% of the sample and 4.2% of the first incidents), and (g) to minimize aging (0.7% of the sample and 1.2% of the first incidents). The remainder of the classified incidents (3.8% of the sample and 6.6% of the first incidents) contained information classified within multiple categories and is included in the following subcategories.

For the first motivational statements, the most prevalent motivational subcategory within the ipsative category was physical (11.3% of the sample and 55% of the first ipsative category; e.g., “Because I realized it was my body that could no longer comfortably do something I had

been doing for years.” and “I couldn't do the same things I used to do physically”). The next most prevalent first statement ipsative motivational subcategory was general comparison to self (4.1% of the sample and 20.0% of the first ipsative category; e.g., “Because it didn't happen when I was younger.” and “just being unable to do what I used to be able to”). The remaining subcategories contained fewer than five motivation incidents and included: statement of age (1.7% of the sample and 8.3% of the first ipsative category; e.g., “Just being around a median age of 18...made me feel old.”, “27 is closer to 30 than 20.” and “Because I am 58 with a birthday coming in less than a month and I cannot believe how old I feel.”), social/partying/staying out late (1.7% of the sample and 8.3% of the first ipsative category; e.g., “When I was younger, I was able to party lots of nights in a row and I would still feel energetic and healthy. Now, even one night of partying makes me very tired the next day.”), memory decline (1.0% of the sample and 5.0% of the first ipsative category; e.g., “My memory isn't as good as it used to be. I have to write more stuff down now in order to remember.”), fear of future self (0.3% of the sample and 1.7% of the first ipsative category; e.g., “I was worried about how long this prosthetic work would last because as I get older I don't think I could handle my fear.”) and use of multiple ipsative subcategories (0.3% of the sample and 1.7% of the first ipsative category; e.g., “Since I turned 58 or so I feel that I have noticed several changes in my life that are different I have lost memory and due to arthritis I haven't been able to move the way that I used to in my younger years. I have also had several strokes that have affected my memory.”).

Within the second major category of justification motivation, the most prevalent subcategory involved physical decline (4.8% of the sample and 27.5% of the first justification category; e.g., “As an explanation as to why I was hobbling around.”). The second most prevalent subcategory involved pain (4.4% of the sample and 25.5% of the first justification

category; e.g., “Stiffness and pain in my knees and hips prevented me from springing up off the rock, rather I groaned and grunted to get up.”). The remaining subcategories contained fewer than 10 motivation incidents and were: memory decline (2.7% of the sample and 15.7% of the first justification category; e.g., “As justification for not remembering names.”), sensory loss (1.4.% of the sample and 7.8% of the first justification category; e.g., “As justification for my weak hearing.”), fatigue (.7.% of the sample and 3.9% of the first justification category; e.g., “To account for my lethargy.”), socially inappropriate behavior (.7.% of the sample and 3.9% of the first justification category; e.g., “That I have earned to speak how I think, off color or not.” and “because of my complaining.”), slow processing (0.3.% of the sample and 2.0% of the first justification category; e.g., “I could not think of a good retort during conversation.”), social withdrawal (0.3.% of the sample and 2.0% of the first justification category; e.g., “because rather than go out with friends and have a good time...I opted to stay home and sleep.”), appearance (0.3.% of the sample and 2.0% of the first justification category; e.g., “Because my hair was changing.”) and general justification (1.0% of the sample and 5.9% of the first justification category; e.g., “Some kind of rationalization the incident.” and “Because it’s a humorous way of trying to deal with feeling that I am aging.”) . The final justification subcategory clearly points at the extrinsic motivation underlying this category, the subcategory of help seeking (0.7.% of the sample and 3.9% of the first justification category; e.g., “To elicit help in remembering to retrieve the packages.” and “because I was seeking help and understanding to help me cope with my transitioning.”).

Examining the third major category in which participants used old talk to describe personal experience the most prevalent motivational subcategory for the first statements involved pain (2.4% of the sample and 26.9% of the first describe personal experience category; e.g., “I was in

pain” and “my knees hurt.”). The remaining personal experience subcategories contained fewer than five motivation incidents and were as follows: general physical sensations (1.4% of the sample and 15.4% of the first describe personal experience category; e.g., “All my bones go snap, crackle and pop, when I get up.”), memory (1.0% of the sample and 11.5% of the first describe personal experience category; e.g., “I was forgetful”), fatigue (0.7% of the sample and 7.7% of the first describe personal experience category; e.g., “I was tired.”), general social sensation (0.7% of the sample and 7.7% of the first describe personal experience category e.g., “We had both been very active with the child all day.”), general emotional sensation (1.0% of the sample and 11.5% of the first describe personal experience category e.g., “depressed and frustrated”) and other category (1.7% of the sample and 19.2% of the first describe personal experience category e.g., “Due to the way technology has advanced.”).

In the fourth major motivational category self-stereotyping based on stereotypical assumptions about age the most prevalent subcategory by far described pain or physical decline (2.4% of the sample and 63.6% of the first stereotyping category; e.g., “because old people ache when the pressure changes” and “cause old people have back pain”). The remaining self-stereotyping conditions subcategories only contained one incident each and included: fatigue and sleep issues (.3% of the sample and 9.1% of the first stereotyping category; e.g. “i was tired very early in the evening, similar to how older people go to sleep early”), frailness (.3% of the sample and 9.1% of the first stereotyping category; e.g. “Because as you age your bones get brittle.”), modeling (.3% of the sample and 9.1% of the first stereotyping category; e.g., “Because I remembe my parents saying the same thing.”) and memory (.3% of the sample and 9.1% of the first stereotyping category; e.g. “It is a common knowledge that the memory is weaker with age.”).

As described above, three categories were not broken down into subcategories, as they appeared to be unified. Examples and further explanation of these categories will be provided in this section. The largest unified category was the use of old talk to compare oneself with others in line with the contrast effect (13 first motivational incidents; e.g., “I felt old in comparison to the others in the group.” and “High school didn’t seem that long ago but I was a senior when this kid was born.”). The second largest unified category was old talk to state a fact (7 first motivational incidents; e.g., “Because its true!” and “That’s a good question and I am getting older.”). The final unified group is the use of old talk to minimize aging since there are only two motivation incidents in this category during the first incident coding I will share them in here in their entirety: e.g., “I really was not expressing myself as being old, even though it was sort of like that.” and “I never refer to being old, just older. And that's in general.” In order to ensure that these were not also incidents, which did not describe old talk, the phrases were reexamined, however both incidents met the set criteria for classification as old talk.

Further examining the motivational incidents, 14% of the sample reported remembering a second incident. These second incidents appeared to follow the roughly the same trend with the justification category (5.5% of the sample and 39.0% of the second incidents) slightly more prominent than the ipsative category (5.1% of the sample and 36.6% of the second incidents). The remaining motivational categories used were less represented in the second motivational incidents e.g. to describe a personal experiences (1.0% of the sample and 7.3% of the second incidents), self-stereotyping (0.7% of the sample and 4.9% of the second incidents), to compare oneself with others in line with the contrast effect (1.0% of the sample and 7.3% of the second incidents) and motivation incidents coded in multiple subcategories (1.0% of the sample and 7.3% of the second incidents). Two categories, motivation to state a fact and motivation to

minimize aging, were not present in the second motivational incidents. Of the represented categories physical decline (1.4% of the sample and 23.5% of the second justification category) remained one of the most prevalent subcategories within justification. Other subcategories within justification category included memory (1.4% of the sample and 23.5% of the second justification category) and pain (0.7% of the sample and 11.8% of the second justification category). The remaining subcategories of fatigue, slow processing, social withdrawal, help seeking and other all included one incident (each 0.3% of the sample and 5.9% of the second justification category). Within the ipsative category the general subcategory (2.0% of the sample and 37.5% of the second ipsative category) occurred more frequently than the physical subcategory (1.4% of the sample and 25% of the second ipsative category). The following ipsative subcategories were also present: memory (1.0% of the sample and 18.8% of the second ipsative category), statement of age (0.7% of the sample and 12.5% of the second ipsative category) and partying/social/staying out late (0.3% of the sample and 6.3% of the second ipsative category). Only three incidents of the motivation category to describe personal experience (each 0.3% of the sample and 33.3% of the second personal experience category) existed in the second motivational incident falling into the subcategories of pain, general physical sensation, and other. Finally, within the second self-stereotype category, pain and physical decline remain the most dominant (0.7% of the sample and 50% of the second self stereotype category) with the subcategories of sense decline and fatigue and sleep issues also being represented (each 0.3% of the sample and 33.3% of the second self stereotype category).

Only 2.4% of the participants reported remembering a third motivational incident. The four categories of justification (1.0% of the sample), ipsative (0.7% of the sample) motivation to compare oneself with others (0.3% of the sample), and multiple category (0.3% of the sample)

remained present. All of the represented subcategories in the four categories included one incident and thus represented 0.3% of the sample, with the exception of the justification subcategory of physical decline, which had two incidents (0.7% of the sample). The justification subcategories included physical decline, pain and memory. The represented ipsative subcategories included physical and partying/social/staying out late. Finally the represented multiple category could be coded within both the self-stereotype category (slow subtype) and the motivation to describe personal experience category (general physical sensation subtype). Two participants each reported 4 incidents of old talk or 0.7% of the sample. One participant's old talk motivation was coded in the memory subcategory of the justification category. The other participant's old talk incident was coded in the self-stereotyping category, as relating to sensory decline.

**Specific aim 2: Explore Whether Speaker Differences and Listener Differences are Associated with Differences in the Number of Old Talk Incident, Old Talk Phrase Categories, and Old Talk Motivational Categories.**

Prior to exploring the Second Aim regarding the relationship between speaker differences and listener differences and old talk, statistical assumptions were checked for each variable to be included in the analysis. A table containing the variables used in Research Question Two may be found in Table 11. These include speaker age, gender, aging knowledge, race/ethnicity, number of old talk incidents, listener age, listener gender, number of listeners, relationship of listeners, mental phrase category, physical phrase category, social phrase category, justification motivation category, ipsative motivation category, motivation to compare with others category, motivation to state a fact category, self stereotype motivation category and minimizing aging category. All of these variables were normally distributed (skewness or kurtosis under +/- 2.0 as outlined by Field 2005), except speaker's race/ethnicity and number of listeners. Although skewed, speaker's race/ethnicity in the current study roughly mirrors the United States

population estimate in the year data were collected (please see Table 4-12 for a comparison based on 2008 US census information). A reciprocal transformation was performed on the number of listeners, as recommended in Field (2005) for positively skewed data. This transformation resulted in skewness and kurtosis values lower than +/- 2.0. Four of the dichotomous motivation variable categories (motivation to compare with others, motivation to state a fact, self-stereotype motivation, and motivation to minimizing aging) and one of the phrase variable categories (social category) were unacceptably skewed, and/or kurtotic, and/or produced an extremely uneven split (greater than 90 – 10), and thus were not used in subsequent analysis (see Tabachnick & Fidell, 1996).

**Research Question 2a. Are the speaker differences of age, gender, aging knowledge, and race/ethnicity related to number of old talk incidents, phrase incident categories and motivational incident categories?**

Given the exploratory nature of this dissertation, a stepwise multiple regression was used (Wright 1997, p. 181) to explore the Second Aim's First Research Question, regarding the effects of speaker differences (age, gender, race, and aging knowledge) on the number of incidents participants report. Homoscedasticity and multicollinearity assumptions were tested and found not to have been violated. Age was the only significant predictor of number of incidents ( $F(1,282) = 19.14, p < .001$ ) and accounted for 6.4% of the variance. Hierarchical and forced entry regressions were also conducted but did not improve upon the model resulting from stepwise regression. Follow-up analysis also revealed a curvilinear relationship in which age predicted the number of old talk incidents ( $F(3,282) = 9.38, p < .001$ ), accounting for 9.1% of the variance. The linear effect was statistically significant and revealed that younger adults reported less old talk than older adults. This linear effect is qualified by a statistically significant curvilinear effect (Figure 1). This curvilinear effect can be understood as comprising two upward

linear trends, one from teens to adults under 40 and another from adults in their 40's to the oldest-sampled adults.

Given the nonsignificant  $\chi^2$  regarding order of incidents, outlined above, only the first phrase was used when examining speaker and listener characteristics on both phrase and motivational categories. Independent t-tests were used to examine speaker differences (age and ageing knowledge) in the remaining phrase categories (mental and physical) and motivational categories (justification, personal experience and ipsative). Comparing mental to other phrases revealed a significant difference in age ( $t(1, 160) = 3.42, p < .01$ ) with those in the mental category ( $M=48.75, SD=15.54$ ) older than the other categories ( $M=38.70, SD=15.15$ ). There was also a significant difference in aging knowledge ( $t(1, 161) = 2.43, p < .05$ ) with those in the mental category ( $M=31.97, SD=3.66$ ) more knowledgeable than in other categories ( $M=30.09, SD=4.14$ ). Comparing the physical category to the other phrase categories revealed a significant difference in age ( $t(1, 160) = -2.51, p < .05$ ) with those in the physical categories younger ( $M=38.53, SD=14.92$ ) than other categories ( $M=44.89, SD=16.46$ ). However there were no significant differences in aging knowledge when comparing the physical category to the others ( $t(1, 161) = -1.87, p = .06$ ). When examining speaker differences in the motive categories, there were no differences between the justification motivational category and the others concerning age ( $t(1, 158) = 1.67, p = .10$ ), or aging knowledge ( $t(1, 159) = 1.08, p = .28$ ). There were no significant speaker age differences in either ipsative ( $t(1, 158) = -.44, p = .66$ ) or personal experience motivations ( $t(1, 158) = .82, p = .41$ ). There were also no significant speaker aging knowledge differences in either ipsative ( $t(1, 159) = .77, p = .45$ ) or personal experience motivations ( $t(1, 159) = -.14, p = .89$ ). A series of  $\chi^2$  test was used to examine the relationship between the remaining speaker differences of gender and race, phrase categories (mental and

physical) and motivational categories (justification, personal experience and ipsative). An examination of the expected frequency counts revealed that the speaker difference of race failed to meet the assumption that expected frequency counts would be above 5 (Field, 2005). In order to include racial information in the current dissertation race was transformed into a dichotomous variable (People of Color vs. white/European American). For a fuller explanation please see the limitations section. There was only one significant association between dichotomized race and justification motivation category  $\chi^2(1, N = 159) = 3.93, p < .05$ . Based on the odds ratio this seems to represent that those in the justification motivation category are 3.35 time more likely to be white rather than people of color. Race was not found to be significantly associated with the mental category,  $\chi^2(1, N = 161) = .11, p = .74$ , physical category  $\chi^2(1, N = 161) = .12, p = .73$ , personal experience motivation category  $\chi^2(1, N = 159) = .03, p = .88$ , or the ipsative motivation category  $\chi^2(1, N = 159) = .26, p = .61$ .

There was only one significant association between gender and the physical phrase category  $\chi^2(1, N = 162) = 5.10, p < .05$ . This seems to represent the fact that based on the odds ratio when compared to the other categories, those in the physical category are 2.53 times more likely to be male than female. Gender was not found to be significantly associated with the mental category,  $\chi^2(1, N = 162) = .64, p = .42$ , justification motivation category  $\chi^2(1, N = 160) = 1.34, p = .25$ , personal experience motivation category  $\chi^2(1, N = 160) = 1.62, p = .21$ , or the ipsative motivation category  $\chi^2(1, N = 160) = .02, p = 1.00$ .

**Research Question 2b. Are listener age, gender, number of listeners, and the relationship of listeners to the speaker related to participant's phrase incident categories and motivational incident categories?**

A series of  $\chi^2$  tests were used to explore the Second Aim's Second Research question involving the relationship between three of the listener's characteristics (age, gender, and

relationship to the participant), phrase categories (mental and physical) and motivational categories (justification, personal experience, and ipsative). Upon examination of the expected frequency counts it was found that some analyses failed to meet the assumption that expected frequency counts would be above 5 (Field, 2005). For this reason none of the analysis examining relationship to the participant, or those examining listener's age and the mental and personal experience categories will be reported. There was only a significant association between the listener's age and justification category  $\chi^2(3, N = 132) = 9.20, p < .05$ . What Table 13 reveals is that participants reported using the justification category frequently when the audience was comprised of younger people and infrequently when the audience was exclusively comprised of people their own age or included people their own age. Exclusively older audiences apparently had little influence participants' reported use of justification. There was no significant association found between listener age and the physical phrase category  $\chi^2(3, N = 133) = 1.75, p = .63$ , or with the ipsative motivational category  $\chi^2(3, N = 132) = 1.41, p = .70$ . Examining the listener characteristic of gender revealed that there were no significant gender differences in the mental category of  $\chi^2(2, N = 140) = 1.20, p = .55$ , the physical category  $\chi^2(2, N = 140) = 2.12, p = .35$ , the justification motivation category  $\chi^2(2, N = 139) = .03, p = .99$ , the personal experience motivation category  $\chi^2(2, N = 139) = .56, p = .76$ , or the ipsative motivational category  $\chi^2(2, N = 139) = 3.58, p = .17$ . The  $\chi^2$  analyses were followed by a series of independent *t*-tests to explore the relationship between the last listener characteristic of number of listeners, phrase categories (mental and physical) and motivational categories (justification, personal experience, and ipsative). There were no significant difference in number of people reported to have been listening to the participant with regard to phrase categories: mental ( $t(1, 143) = -0.91, p = .36$ ; physical ( $t(1, 143) = 0.68, p = .50$ ). Nor did the motivational categories; personal experience ( $t$

(1, 142) = 0.65,  $p = .70$ ); justification ( $t(1, 142) = 0.82, p = .41$ ); ipsative ( $t(1, 142) = 1.67, p = .10$ ).

Table 4-1. Physical phrase subcategories and incident examples.

Subcategory	Phrase	Situation
Experiencing Pain	My knees hurt- I'm old!	I've been training for a marathon, and I guess I overtrained and am suffering injuries in my knees. I was talking to a friend, and I said the above phrase.
Decrease in Stamina	I'm so old, I can't run like I used to.	speaking with my younger cousin about his 5k runing times.
Experiences of Fatigue	Oh I'm so tired, I must be getting old.	i was very tired from waking up early and went to sleep early that evening
Experiences of Stiffness/ Loss of Flexibility	oh I'm getting to old to bend	i was at work and dropped some paper on the floor
Changes in Appearance	Look at my gray hair. I am getting old!	My students were pointing out that I have a lot of gray hair and I had to admit that my hair is different than it used to be.
Loss of Strength	I can't lift and move stuff like I used to, I must be getting old.	I was trying to clean the carport and some of the boxes seemed much heavier and more bulky than when I put them there a year ago. There was a lot of moaning and groaning, taking time outs, holding my back or hips while I straightened out.
Decline in One of the Senses	I can't see like I used to, my eyes are getting worse. I am old.	I was doing a crossword puzzle and realized I couldn't read the fine print very well in the poor lighting.
Decrease in Speed	I can't walk that fast...	walking from one location to another and I told the student that so we could walk together"
Experiences of Fragility	I said, "Oh, my bones just aren't what they used to be,"	I stated this as I bent to pick up my neice. She had fallen, and as I rushed to pick her up I heard a bone or something in my knee pop, and the same happened in my back as I bent over."
General Physical Decline	It is a bitch getting old, old age is not a blessing	sex , but if i take a few tokes off a joint i am like a young man again, or i will sit around all day doing nothing as i use to walk alot and go boating , but if i take a few tokes i can walk the golf course come back and swim in the pool and listen to music and enjoy it as if in my youth"

Table 4-2. Mental phrase subcategories and incident examples

Subcategory	Phrase	Situation
Memory and Recall	I cannot believe that I don't remember this...I am having a senior moment.	Trying to describe a story where I cannot remember the names...
Reminiscing	I remember the good old days...	I work with children in their homes. Their schedules are not like they were in the good old days. Every moment is filled and there is not free time.
Slow Processing	Talk slowly you know I'm an old lady.	fellow working explaining a new process
Lack of Motivation	I could do this when I was younger	I was helping a branch manager load upgrade some computer software and we ran into a lot of hardware glitches. When I was younger, I thrived on that kind of challenge. Now, it just seems more trouble than it is worth. I don't have that kind of drive. My mind is not as sharp and I feel a bit more nervous that I won't be able to solve the problem. I felt dumb. I have never been that.

Table 4-3. Social phrase subcategories and incident examples.

Subcategory	Phrase	Situation
Decreases in Stamina	I can't drink like I used to when I was young.	in a bar with my girlfriend and her sister.
Social Comparison	Being surrounded by younger energetic people made me feel old.	My friend and I were talking while driving on a long car trip. We were talking about going to concerts. We were saying that we feel very old when we go to see certain bands and see all the young energetic people there. It reminds us of what we used to be like. We each described a specific concert we were at that made us feel old.
General	I'm way to old to deal with that.	I was going to grab a bite to eat with some friends and the first choice place was crowded, with a line out the door w/ college kids. We opted for the nearly empty place just a few buildings down.

Table 4-4. Phrase Categories Chi Squared Test.

Recalled Incident Position	Phrase Category			Total
	Mental	Physical	Social	
1 <sup>st</sup>	35 (15.8%)	109 (49.1%)	24 (10.8%)	168
2 <sup>nd</sup>	11 (5.0%)	29 (13.1%)	7 (3.2%)	47
3 <sup>rd</sup>	2 (.9%)	5 (2.3%)	0 (.0%)	7

Table 4-5. Ipsative motivation subcategories and incident examples.

Subcategory	Motivation
Physical	Because I realized it was my body that could no longer comfortably do something I had been doing for years.
General Comparison to Self	Because it didn't happen when I was younger.
Statement of Age	Because I am 58 with a birthday coming in less than a month and I cannot believe how old I feel.
Social/Partying/Staying out Late	When I was younger, I was able to party lots of nights in a row and I would still feel energetic and healthy. Now, even one night of partying makes me very tired the next day.
Memory Decline	My memory isn't as good as it used to be. I have to write more stuff down now in order to remember.
Fear of Future Self	I was worried about how long this prosthetic work would last because as I get older I don't think I could handle my fear.
Multiple Subcategories	Since I turned 58 or so I feel that I have noticed several changes in my life that are different I have lost memory and due to arthritis I haven't been able to move the way that I used to in my younger years. I have also had several strokes that have affected my memory.

Table 4-6. Justification motivation subcategories and incident examples.

Subcategory	Motivation
Physical Decline	As an explanation as to why I was hobbling around.
Pain	Stiffness and pain in my knees and hips prevented me from springing up off the rock, rather I groaned and grunted to get up.
Memory Decline	As justification for not remembering names.
Sensory Loss	As justification for my weak hearing.
Fatigue	To account for my lethargy.
Socially Inappropriate Behavior	That I have earned to speak how I think, off color or not.
Slow Processing	I could not think of a good retort during conversation.
Social Withdrawal	because rather than go out with friends and have a good time...I opted to stay home and sleep.
Appearance	Because my hair was changing.
General	Some kind of rationalization the incident.
Help Seeking	To elicit help in remembering to retrieve the packages.

Table 4-7. Motivation to Describe Personal Experience subcategories and incident examples.

Subcategory	Motivation
Pain	I was in pain
General Physical Sensations	All my bones go snap, crackle and pop, when I get up.
Memory	I was forgetful
Fatigue	I was tired.
General Social Sensation	We had both been very active with the child all day.
General Emotional Sensation	depressed and frustrated
Other	Due to the way technology has advanced.

Table 4-8. Self-Stereotyping motivation subcategories and incident examples.

Subcategory	Motivation
Pain or Physical Decline	because old people ache when the pressure changes
Fatigue and Sleep Issues	i was tired very early in the evening, similar to how older people go to sleep early
Frailness	Because as you age your bones get brittle.
Modeling	Because I remember my parents saying the same thing.
Memory	It is a common knowledge that the memory is weaker with age.

Table 4-9. Remaining Motivation categories and incident examples.

Category	Motivation
Compare Oneself with Others	High school didn't seem that long ago but I was a senior when this kid was born.
To State a Fact	Because its true!
To <i>Minimize</i> Aging	I never refer to being old, just older. And that's in general.

Table 4-10. Motivation Categories Chi Squared Test.

Incident Position	Motivational Category			
	Justification	Personal Experience	Ipsative	To Compare with Others
1 <sup>st</sup>	40 (18.7%)	28 (13.1%)	53 (24.8%)	13 (6.1%)
2 <sup>nd</sup>	16 (7.5%)	3 (1.4%)	15 (7.0%)	3 (1.4%)
3 <sup>rd</sup>	3 (1.4%)	0 (.0%)	2 (.9%)	1 (.5%)

Table 4-10. Continued

Incident Position	Motivational Category				Total
	To State a Fact	Self Stereotype	To Minimize Aging	Multiple Categories	
1 <sup>st</sup>	7 (3.3%)	12 (5.6%)	2 (.9%)	11 (5.1%)	166
2 <sup>nd</sup>	0 (.0%)	2 (.9%)	0 (.0%)	2 (.9%)	41
3 <sup>rd</sup>	0 (.0%)	0 (.0%)	0 (.0%)	1 (.5%)	7

Table 4-11. Descriptive Statistics

	N	Mean	Std. Deviation	Skewness	Kurtosis		
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Number of Old Talk Incidents	293	0.77	0.80	0.99	0.14	1.10	0.28
Age	286	38.69	15.78	0.46	0.14	-0.96	0.29
Gender	287	1.25	0.43	1.18	0.14	-0.62	0.29
Race	284	1.87	1.88	2.28	0.15	4.01	0.29
KASTotal	288	30.24	4.07	-0.03	0.14	0.69	0.29
Listener Age	135	2.09	1.14	.56	.21	-1.16	.41
Listener Gender	142	2.07	.83	-.13	.20	-1.54	.40
Number of Listeners	162	15.66	157.11	12.67	.19	161.00	.38

Table 4-11. Continued

	N	Mean	Std. Deviation	Skewness	Kurtosis		
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Relationship of Listeners	123	2.96	1.65	.57	.22	-.85	.43
Mental Phrase Category	166	1.79	.41	-1.45	.19	.10	.37
Physical Phrase Category	166	1.35	.48	.63	.19	-1.62	.37
Social Phrase Category	166	1.86	.35	-2.06	.19	2.27	.37
Justification Motivation Category	166	1.76	.43	-1.22	.19	-.51	.38
Ipsative Motivation Category	166	1.68	.47	-.78	.19	-1.41	.38
Motivation to Describe Personal Experience	166	1.83	.38	-1.79	.19	1.20	.38
Motivation to Compare with others Category	166	1.92	.27	-3.17	.19	8.13	.38
Motivation to State a Fact	166	1.96	.20	-4.598	.19	19.37	.38
Self-Stereotype Motivation Category	166	1.93	.26	-3.33	.19	9.22	.38
Minimizing Aging Category	166	1.99	.11	-9.03	.19	80.45	.38

Table 4-12. Racial/Ethnic comparison between the current sample and 2008 US census information

	white or European American n	black or African American n	America n Indian and Alaska Native	Asian or Asian American n	Native Hawaiian And Other Pacific Islander	Multi-Racial (Two or more Races)	Other	Latino/a Or Hispanic American n*
National	79.8%	12.8%	1%	4.4%	0.2%	1.7%	No Data	15.4%
Current Sample	75.9%	4.9%	0.7%	3.2%	1.4%	3.9%	3.9%	6.3%

\*Note: In the current sample Individual were able to select Latino/a or Hispanic American or another category. In the provided national census data individuals were asked to identify either Latino/a or Hispanic American or Not Latino/a or Hispanic American then identify a separate racial category.

Table 4-13. Listener Age Differences in Justification Motivation

Old talk Motivation Category	Age Compare to Participant				Total
	Younger	Same Age	Mixed Age	Older	
Justification	20 (35.7%)	4 (12.9%)	2 (9.5%)	8 (33.3%)	34
Other	36 (64.3%)	27 (87.1%)	19 (90.5%)	16 (66.7%)	98

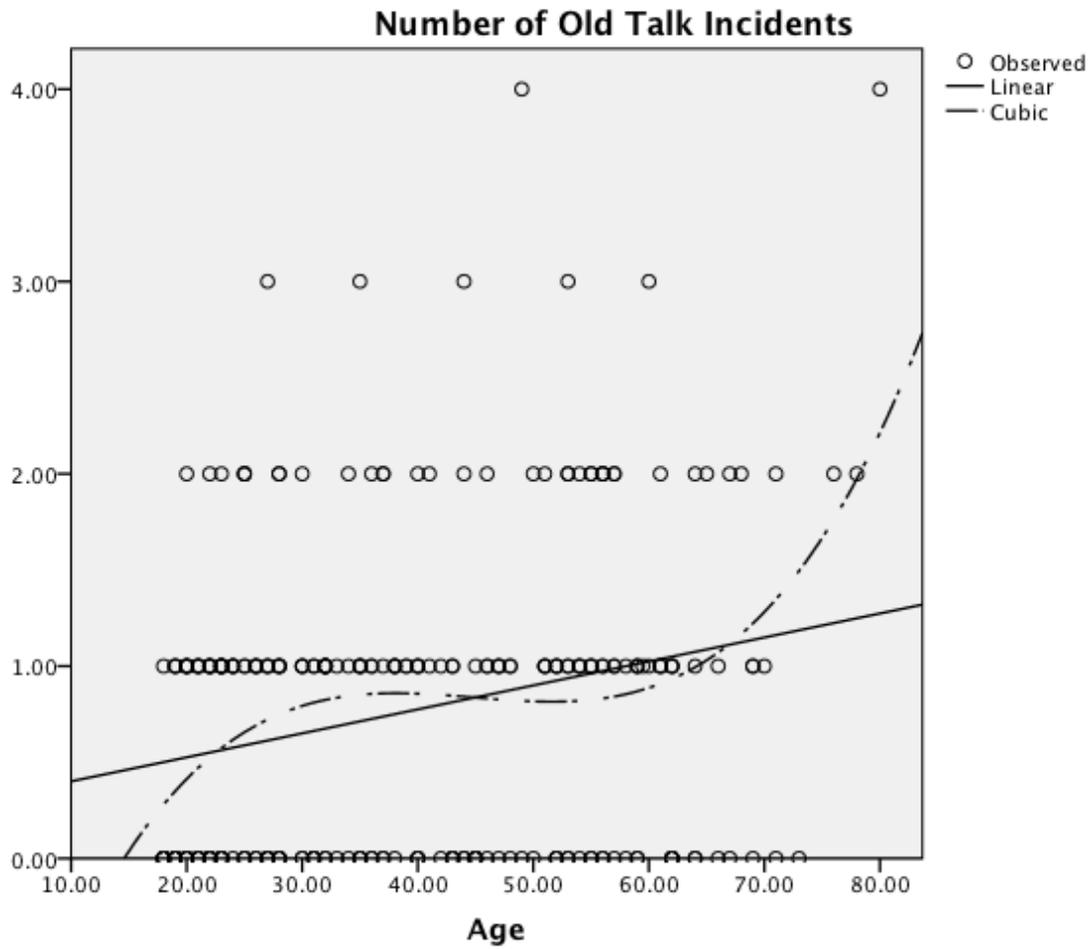


Figure 4-1. Visual representation of the linear and curvilinear relationship between age and number of old talk incidents.

## CHAPTER 6 DISCUSSION

### **Review of Study Findings**

The main purpose of this dissertation was to explore the prevalence and organization of old talk. Previous research (Levy, 2001; Palmore, 2001), has documented high levels of ageism and the repercussions of this ageism (e.g., shorter life spans and decreased quality of life for older adults in American culture (Levy, Ashman, & Dror, 2000a). However, no published research to the author's knowledge has examined self-directed ageist statements or the motivation for engaging in such behavior. The present study fills this gap in the extant literature by examining self-referential ageist verbal behavior or old talk in adults across the lifespan. The study of old talk is important as it represents "internalized ageism" (Emlet, 2006). Better understanding of the semantic representations of ageism and better documentation of old talk may provide enhanced insight regarding this potentially damaging and limiting unconscious internalization of ageism.

Regarding the first specific aim, more than half of the sample reported engaging in old talk, with participants reporting as many as four specific incidents. Participants not only engaged in negative, self-referential, ageist speech or "old talk" but appear to have done so largely to explain self-perceived physical, social, and mental decline. The largest group of participants reporting that they engaged in old talk reported engaging in old talk to explain physical limitations. Within this category of physical limitations, pain and loss of stamina were the largest subcategories. Given this finding, future research should further examine the relationship between subjective age and pain perception and other subjective experiences of physical decline. The second largest group of old talk users were judged to use old talk to describe mental decline, generally instances of forgetfulness. Because increased memory loss is believed to be a sign of geriatric depression or disease, and not normal aging (Milisen, Braes, Fick & Foreman, 2005),

future research should also assess the relationship between depression, disease, and use of old talk. The final category of old talk users engaged in old talk to discuss social decline, with the most frequently represented subcategory being social comparison and social stamina. According to the American Psychiatric Association's Diagnostic and statistical manual of mental disorders social withdrawal is also believed to be symptomatic of depression (1994), thus providing further impetus for future research assessing the relationship between depression and the use of old talk.

Seven participant-generated motivations for "old talk," were identified. Given that majority of the sample, 60% percent, fell into the ipsative and justification motivations these categories will be described within the following section. The largest group of old talk motivations was ipsative. In 1944, Cattell wrote, "The term ipsative (Latin ipse = he, himself) is suggested as a convenient one for designating scale units relative to other measurements on the person himself..."(p. 294). In the current study, ipsative motivation refers to motivation to explain one's performance in comparison with one's own prior performance. Given these findings, future research should examine if manipulation of performance over time produces old talk. The second largest group of old talk users identified a justification motivation for their behavior. In the current dissertation, those who reported having justification motivation did so to justify or excuse some behavior they were engaging in prompting them to use old talk. Previous research found that individuals are motivated to make excuses in an effort to maintain a sense of control and positive self-image (Snyder & Higgins, 1988). This motivation may have very real benefits such as decreases in anxiety and hostility (Mehlman & Snyder, 1985). Old talk users in the justification category maybe using old talk control others perceptions of them, i.e. labeling themselves as old before others are able to. Additionally along these lines, old talk serves a very real and very concrete function. Namely, that as people grow older or experience self-perceived,

age-related changes, engaging in old talk provides a built in schema (or perhaps excuse). The automaticity of its use may reduce cognitive load that otherwise occur when people are actively attempting to understand the causes of their current behavior. Old talk provides ready justification for a host of actions and for why a person's performance has changed. Future research should examine the effectiveness of excuses for old talk, as well as the effects of being exposed to old talk as an excuse. With the exception of justification, personal experience and ipsative categories, many of these groups contained too few participants to include in an analysis future research should further explore these motivational categories. Upon examination of speaker and listener differences in old talk and old talk motivation, speaker age was found to be significantly related to number of old talk incidents. Although this was a linear trend, an interesting point occurred at age 23, when the number of people in the sample who reported engaging in old talk first exceeded those who reported denying old talk engagement. This shift to engage in old talk, at or around age 23, corresponds with a self-identity shift from adolescence to adulthood discussed by psychologists (see Kroger, 2006 for a literature review). Future research should examine the hypothesis that the start of old talk generally coincides with this life transition. Some individuals engaged in old talk as early as age 18), so future research should also examine whether the motives of young old-talkers mirrors that of other old-talk users. For example, do these young old-talk users continue to use old talk at the same rate throughout their lives, do they have the same motives across time, is their early use of old talk response to different situational factors than their later use of old talk? One potential explanation for younger individuals' engagement in old talk is "healthy insulation." Prior research has defined "healthy insulation" as "a meshwork that enables a person to withstand toxic stimuli and that also permits nutrient experiences to flow through [ones ego boundaries]...The person with a healthy insulation

barrier allows the penetration of experience...can listen and learn.”(Ormont, 1994, p. 361). In other words old talk in younger adults, may constitute a protective strategy to insulate against fears of aging and death and could thereby open up younger people who engage in it to the experience of aging.

There was also a curvilinear trend between age and number of old talk incidents. This curvilinear trend can be understood as comprising two upward linear trends, one from teen to the late thirties and another from the forties to old age. One way to understand this curvilinear relationship between old talk incidents and participant age is to think of the first linear trend as representing the time participants have lived, and the other as representing their time left to live. The change in perspective from gauging one’s life by elapsed time to gauging it by expected remaining time reportedly starts around middle age (Carstensen, 2006).

With regard to phrase category, the mental category was favored by older speakers, whereas the physical category was favored by men and younger speakers. One explanation for this finding is that people expect and/or notice physical decline earlier than mental decline. Alternatively, it may be that men and younger adults are more threatened by and therefore engage in more old talk about physical decline, whereas perhaps older adults are more threatened by and therefore engage in more old talk about mental decline. Paradoxically, those who reported using old talk judged to be in the mental category were significantly more knowledgeable about aging than those reporting old talk judged to represent other categories. At least for the mental category, factors other than ignorance regarding aging are likely to account for people’s use of old talk, such as the fulfillment of cultural expectations. Yet another perspective on this finding is that people who value intellectual pursuits may be both more likely to focus their old talk on mental events, because such events are important to them, and to have

attended to information that would better inform them about the facts on aging, again, because gaining knowledge is important to them. It is interesting to note that aging knowledge was significantly related only to mental old talk. Knowing about aging appeared to have no effect on other forms of old talk, consistent with the valuing of intellectual pursuits explanation for the relationship between mental old talk and aging knowledge. Future research should explore this finding further by directly examining the relationship between old talk and the degree to which participants hold ageist beliefs, using a validated measure of ageist beliefs.

Analyses also indicate differing motivations for old talk motivations as a function of participant race and age of listeners. Those who reported having justification motivations tended both to be white and to have younger listeners. This may suggest that those who use the justification motivation feel that they are experiencing more status during these interactions which is inline with the status-resource hypothesis that those “with more resources are better able to control their fates” (Rushing, 1978, p. 521). Prior research examining the relationship between excuse making and social status found that those with higher status were blamed less and further suggests that status becomes more salient at informal encounters (Ungar, 1981). Old talk, which is an informal statement about age, appears motivated by justification when users perceive themselves to be in a place of privilege, with regards to either white or age. Future research is necessary to confirm this finding and to better understand the intersections of identity that inevitably occur with age. Given the unequal motivational categories only justification, personal experience, and ipsative could be analyzed. Future research is warranted to better understand how these motivational categories are related to age and other demographics, which would allow a more complete understanding of this phenomenon.

### **Limitations of the Study**

Despite the attempts to produce a diverse sample by use of on-line sampling, the current study's participants were for the most part white, females. To address validity concerns, future studies should examine community-based samples, including subsamples of individuals who lack computer access. Additionally, despite attempts by the author to recruit older adults only 16 participants in the current study were older adults over the age of 65. Future research should examine old talk in older adults particularly those in the "old-old" category.

Although the current study mirrors national racial/ethnic demographics, there were insufficient numbers of non-white participants to compare old talk across each racial/ethnic group. On the other hand, the exploratory nature of the study permits wider latitude in analysis, so that future investigations in this new area may be informed maximally. Therefore, despite misgivings about grouping all non-white participants together, and recognizing the vast variability both between and within these racial/ethnic groups, I tested whether old talk incidents, categories of old talk phrase, and categories of old talk motivation differed as a function of whether participants were white or non-white (which included the 25% of participants who identified as African American, Latino/a, Asian, American Indians, Pacific Islander, Multiracial and other). This is not an optimal solution because important racial/ethnic differences are obscured; so the results should be interpreted with caution. Likewise, the source of any statistically-significant effects will await future research that can analyze racial/ethnic groups separately. Therefore, future research examining racial/ethnic diversity in old talk through larger and more diverse samples is strongly encouraged.

### **Future Directions**

In addition to the future directions already discussed, several specific areas for future research will be suggested next below. Given that the current study found that the reported

motivation for a lot of old talk was rooted in stereotypes regarding older adults, future research should further examine the relationships between old talk usage and stereotypical views of older adults. The focus should be on those who engage in old talk using phrases and motivations that reflect stereotypes about older adults.

Another future direction for research could expand on the notion of stereotypes by assessing whether they strengthen ageist beliefs, increase death anxiety, and how overheard stereotype-driven old talk might affect listeners, compared to old talk without stereotypical comments.

Although there is a documented tendency to focus predominately on the negative aspects (Palmore, 1999) of aging, future research should expand the current research to include positive self-aging speech. Given research in other cultures on elder respect (Sung, 2001) it is hypothesized that such “elder talk,” a positive subset of old talk may be present even if it is culturally constrained.

### **Conclusion**

In conclusion, this dissertation found that “old talk” or self-statement in which participants labeled themselves as old, regardless of chronological age, was reported by over half of the participants. Although participants had up to five opportunities to recall old talk incidents the largest number of incidents reported by any one participant was four. The phrases used by individuals to engage in old talk appeared to judges to reflect three categories, physical, mental and social. The single largest number of participant responses were in the physical category. Responses placed in this category typically discussed physical decline and pain, as well as, feeling old. The mental category was the second largest. Participants in this category nearly always described old talk that reflected memory decline. The social category was marked by old talk reflecting social comparisons and concern with decreased social stamina. Categorization of

the self-reported motivations for engaging in old talk resulted in judges developing seven categories, (1) ipsative motivation, (2) justification motivation, (3) motivation to describe a personal experience, (4) motivation to compare oneself with others, (5) self-stereotyping motivation, (6) motivation to state a fact, and (7) motivation to minimizing aging. ) The largest two categories of motivation, ipsative and justification, together accounted for more than half of the total motivations provided by participants. Speaker age was found to be significantly related to the number of old talk incidents reported, both linearly and curvilinearly. Speaker age was also related to types of old talk and the motivations for old talk that participants reported. Those whose self reported old talk incidents reflected the mental phrase and justification categories were older than participants whose reported old talk reflected other categories. Additionally those whose old talk reflected the physical category were both younger and more likely to be male than those whose old talk reflected other phrase categories. When listener characteristics were examined, those who reported motivations reflecting the justification category were more likely both to be white and to have younger listeners than participants whose responses reflected other motivational categories. Overall, the current study serves not only to document the phenomenon of old talk, but also to initiate exploration regarding how and why individuals engage in the behavior that reflects and reinforces ageist messages.

APPENDIX A  
COPY OF OLD TALK PROTOCOL

Participants will be asked to reflect back on a situation when they engaged in “old talk”. The questions that will be asked are based on Kelly Graf’s “Fat talk”, 2008.

Please look back and reflect on a situation in which you mentioned the fact that you felt as though you are getting old. Have you ever used one of the following phrases “I can not run/bend/move like I used too... I am getting older”, "ah my back, I'm so old", "senior moment", or “my memory is not what it used to be... I must be getting old” , or any other similar phrase. If so please complete the following:

1. Can you remember specific instances when this occurred?
2. If so, please describe each separate instance that you can recall in detail with the following information:
  - a. Begin with the most recent instance and describe only those in which you remember the situation.
  - b. Provide the date the instance occurred.
  - c. Which phrase did you use?
  - d. Briefly describe the situation.
  - e. How many males and/or females were present? What was your relationship to them? And what was their approximate age?
  - f. Indicate why you believe you said the phrase for each instance.

\*If there is more than one instance, please complete as many incident reports as you need.

APPENDIX B  
KNOWLEDGE OF AGING QUESTIONNAIRE

Mark the statements "T" for true, "F" for false, or "?" for don't know.

1. There are more old widowed women than old widowed men in the United States.
2. Lung diseases are the number one cause of death among the elderly.
3. Of the elderly who live in the community, a majority of them live with one of their children.
4. Retirement is not a very difficult experience for almost all old people.
5. Among young adults, you find a great many personality types, but there are relatively few personality types among old people.
6. The prevalence of vision and hearing impairments increases greatly with age.
7. An older person with a failing memory tends to forget long past events more so than recent ones.
8. Old individuals who are depressed and passive tend to live longer than those who are grouchy and easily upset.
9. Older adults tend to have fewer years of formal education than young adults.
10. Old people are more likely than young adults to have a low socio-economic status
11. Mental abilities decline steadily after age 20.
12. There is a large decrease with age in the speed at which nerves in the body conduct impulses.
13. Older persons are more likely than younger ones to experience problems with sleeping.
14. Old people, especially old men, have a lower suicide rate than young people.
15. Old people are less alike than are young people
16. Due to the effects of aging and illness, there is an irreplaceable decline in the number of brain cells with age.
17. Old people generally have slower reaction times (i.e., take longer to respond to stimulus) than younger people.
18. For those receiving it, Social Security by itself provides an adequate income for most older people.
19. Over 10% of all aged persons live in long-term health care institutions (i.e., nursing homes, homes for the aged, mental hospitals, etc.)
20. People do not get more religious as they age.
21. Older workers are less efficient and have more on-the-job accidents than younger workers.
22. Modern medical science has substantially increased both the average number of years a person is likely to live, as well as the maximum upper age limit of human life.
23. Old people pay very little for health care since Medicare covers almost all their medical expenses.
24. Studies indicate that with increasing adult age there is a decline in sexual interest and activity.
25. One of the leading causes for admission to state mental hospitals is mental disorder associated with old age.

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## BIOGRAPHICAL SKETCH

Ashley's interest in aging began during her undergraduate studies in Dr. Bluck's life story lab at the University of Florida. During her graduate school training she worked hard to become an effective researcher, mentor, teacher, and counselor. Her graduate training began under the mentorship of Dr. McCrae in the Sleep Research Laboratory. While research on the sleep of older adults generally fit with her career goals and allowed her to gain invaluable experience, Ashley still felt as if something was missing. The research she conducted on ageism and aging perceptions in Dr. Heesacker's Acceptable Group Bias laboratory group added a social justice element that more closely fits her career goals. As a result she increased her research productivity, received four travel awards to present a national conference, mentored two students, and worked diligently on four projects. As a result the initial findings of her dissertation were accepted as a poster presentation at 2009 Gerontological Society of America (GSA) Conference. Receiving training from the University of Florida's counseling program has also pushed awareness of social issues to the forefront of Ashley's teaching, research and clinical practice. During her graduate training she had the opportunity to not only receive valuable training and grow in her own personal awareness but to help others grow as well. Ashley was able to co-facilitate an undergraduate Multiculturalism and Social Justice course which allowed students to use personal voice to have an open dialogue and respect differing perspectives on often difficult diversity topics, including racism, religious oppression, sexism, heterosexism, classism, ableism, and ageism. In closing, although her interests span research, social justice, mentoring, and clinical work, they all focus on aging. Ashley hopes to have the opportunity to continue to explore subjective aging and ageism and to spark these interests in others.