

FOUR

Aging, Identity, Attitudes, and Intergenerational Communication

This chapter examines the ways in which ageist attitudes, age stereotypes, and age identity affect communication practices. It describes research on how younger people talk to older people, and vice versa. By the end of this chapter you should be able to:



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- Describe the communication predicament of aging model
- Describe the age stereotypes in interaction model
- Discuss some of the negative effects of attitudes and stereotypes of aging
- Distinguish between overaccommodation and underaccommodation
- Describe how age identity relates to communication
- Describe the components of patronizing talk
- Describe some of the reasons why older people might (a) tell you about painful things in their lives, or (b) tell you their age

You grew old first not in your own eyes, but in other people's eyes; then, slowly, you agreed with their opinion of you. It wasn't that you couldn't walk as far as you used to, it was that other people didn't expect you to; and if they didn't then it needed vain obstinacy to persist.

—Julian Barnes, *Staring at the Sun*

Have you ever been in a conversation with an older person who seemed interested in sharing every detail of his or her latest medical complaint? Have you ever overheard a young person talking to an older person and wondered why the young person was using the kind of tone you would use with a child? This chapter will explore some of the phenomena that researchers have observed in intergenerational communication—communication between younger and older people—including understanding how the ideas from the previous chapter concerning stereotypes, attitudes, and identities may influence such communication. To help us on our journey, we are going to begin with a model called the **communication predicament of aging** (CPA) model, and prior to that a theory—**communication accommodation theory**.

Communication Accommodation Theory

Communication accommodation theory (CAT) examines the ways in which people adjust their speech style depending on who they are talking to. For instance, we tend to talk faster when we're talking to someone who talks fast, and we might use more slang when talking to a friend than when talking to a professor. In other words, we converge toward the speech style of someone we believe to be similar to us, someone we like, or someone we believe to have higher status. Alternatively, we might also diverge from someone we do not like or want to be like.

This theory focuses particularly on social group memberships. For example, some CAT researchers examine how conflict between groups changes speech styles. People often exaggerate their accents or even switch into a different language when talking with someone from a cultural group that they

dislike (e.g., people from Wales may speak with an extreme Welsh accent, or even speak in Welsh when they are confronted with a disliked English person). The theory also explains why people with a stigmatized speech style (e.g., a heavy Southern accent) might conceal or permanently change their accent in certain contexts (e.g., interviewing for a job with a corporation located outside of the South).

What does this have to do with aging? Well, as noted in the previous chapter, age groups are social groups too. While they don't have accents, per se, it's nevertheless possible to understand some aspects of intergenerational communication using CAT. Drawing on what we know about stereotypes from the previous chapter, recent CAT research has focused on how young people may overaccommodate older people in their communication. **Overaccommodation** means "going too far" in accommodating someone's communication needs, for instance, in talking to an older person as if they were a baby. Here, CAT would argue that the speaker is accommodating not to the older person, but rather to a stereotype of older adults. Specifically, if you are not aware of the specific abilities that someone has, one "short cut" you can take is to rely on a stereotype. If you stereotype an older person as deaf, then you will tend to talk louder to that person. If you hold the stereotype of declining mental speed, you might adopt a slower and simplified speech style. Remember from the previous chapter that our stereotypes of aging are predominantly negative, so those are more likely than positive stereotypes to influence the communication here.

Communication scholars have developed various names for this overaccommodation. It has been called **patronizing talk**, **elderspeak**, and **secondary baby talk**, among others. Some of the key elements of this style are illustrated in Table 4.1. These kinds of adaptations in speech style have been shown in studies where younger people have to, for instance, give instructions to either younger or older targets—they use simpler vocabulary and slower speech style when talking to the older adults. Such speech has been found not only between strangers, but also in service environments like craft clubs (Kemper, 1994) and even in grandchildren talking to their grandparents (Montepare, Steinberg, & Rosenberg, 1992). Extreme versions of such adjustments have also been observed in natural settings such as nursing homes. Consider the following example, addressed to an older woman:

"That's good. Now I'm going to put your top on before we stand you up. First of all, do a little jump up to release the nightgown. That's a good girl . . ." (Gibb & O'Brien, 1990, p. 1395)

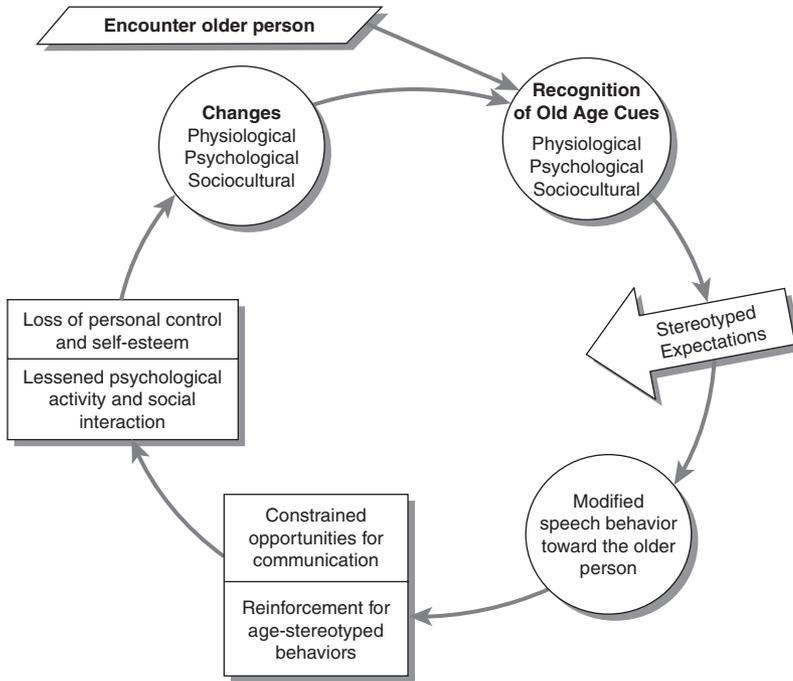
Table 4.1 Common Elements of Patronizing Speech

<i>Element</i>	<i>Definition and example</i>
Simplified grammar	Use of short sentences without multiple clauses. "Here's your food. You can eat it. It is good."
Simplified vocabulary	Use of short words rather than longer equivalents. Saying <i>dog</i> instead of <i>Dalmatian</i> , or <i>big</i> instead of <i>enormous</i> .
Endearing terms	Calling someone "sweetie" or "love."
Increased volume, reduced rate	Talking LOUDER and s-l-o-w-e-r!
High and variable pitch	Using a slightly squeaky voice style, and exaggerating the pitch variation in speech (a "sing-song" type speech style).
Use of repetition	Saying things over and over again. Repeating. Redundancy. Over and over again. The same thing. Repeated. Again. And again...
Use of baby-ish terms	Using words like <i>doggie</i> or <i>choo-choo</i> instead of <i>dog</i> or <i>train</i> : "Oh look at the cute little doggie, isn't he a coochie-coochie-coo!"

Research by Linda Caporael (1981) has demonstrated that people who hear this kind of speech outside of the context in which it originally occurred find it indistinguishable from talk to children in day care.

The Communication Predicament of Aging (CPA) Model

The CPA model (see Figure 4.1) takes the idea of overaccommodation and extends it into a broader picture of the causes and consequences of bad intergenerational communication (Hummert, Garstka, Ryan, & Bonnesen, 2004; Ryan, Giles, Bartolucci, & Henwood, 1986). The CPA model begins with an observation of **age cues**—younger people immediately recognize older people's group membership through visual cues like wrinkled skin and grey hair, and even other cues like tone of voice (top right of Figure 4.1). Even

Figure 4.1 The Communication Predicament of Aging Model

SOURCE: Reprinted from *Language and Communication*, 6, Ryan, E. B., Giles, H., Bartolucci, G., & Henwood, K., Psycholinguistic and social psychological components of communication by and with the elderly, 1–24, (1986), with permission from Elsevier.

aspects of vocabulary may clue us in to somebody's age—words like “wireless” (meaning radio) or “icebox” (meaning fridge) are strongly indicative of age (see Table 4.2).

The CPA model argues that these cues to age activate stereotypes of aging that influence people's decisions about communication. Of course, when I say “decisions” here, these are processes that are occurring very rapidly and at a largely subconscious level. A typical effect is that the negative stereotypes lead to overaccommodation via the process described above in CAT. This is the area described as “**modified speech behavior** toward the older person” in Figure 4.1.

Table 4.2 Examples of Vocabulary Changes Over Recent Decades (and hence generations). How many of these do you know?

1940s and 1950s	Quonset hut, beehive, Frisbee, ECT, Windsor knot, ICBM, wireless
1970s and 1980s	golden handcuffs, 8-track, headhunter, vermiculture, gimme cap, blaxploitation, Walkman, stoned
1990s and 2000s	iPod, Xbox, bubble (no, not like a soap bubble!), Botox, identity theft, SARS, Da bomb, meth, wireless
Answers	
1940s and 1950s	Quonset hut (a temporary building developed in WWII), beehive (a very high back-combed woman's hairdo), Frisbee (a flying disc toy), ECT (electroconvulsive therapy: an electric shock treatment for schizophrenia and depression), Windsor knot (a type of men's tie knot), ICBM (intercontinental ballistic missile: a long range missile for delivering bombs), wireless (radio)
1970s and 1980s	golden handcuffs (financial incentives that make it difficult for a valued employee to leave a company), 8-track (a music cartridge), headhunter (someone who lures workers from one company to another), vermiculture (composting using worms), gimme cap (a mesh-back, foam front baseball style cap, generally with a product logo on the front), blaxploitation (a controversial genre of movies featuring Black actors), Walkman (portable music player), stoned (high on marijuana).
1990s and 2000s	iPod (portable digital music player), Xbox (video game console), bubble (excessive rise in stock or housing prices), Botox (injectable skin wrinkle reducer), identity theft (stealing personal information to open financial accounts in someone else's name), SARS (severe acute respiratory syndrome: a contagious respiratory ailment), Da bomb (good, as in "you are da bomb!"), meth (methamphetamine: a drug), wireless (generally used to refer to internet access without a physical wire, often in a public place)

SOURCE: From www.Merriam-Webster.com, www.funtrivia.com, and www.wikipedia.org

Whether mild or extreme, this overaccommodative or patronizing style of communication constrains the older adult's options in the conversation. If someone is talking to you as if you are a 4-year-old, it's pretty difficult to display intellectual prowess or sparkling wit! Older adults are also faced with a key dilemma when faced with communication like this. They can either ignore it or "go along with it," which might indicate acceptance, or they can complain or reject it, which might make them look cranky or bitter (remember the *curmudgeon* stereotype?).

The CPA model argues that overaccommodative speech and the resulting constraints on older people's communication can have very negative effects for the older person. Ellen Ryan has demonstrated what she calls the **blame the victim** effect—when people overhear someone being patronized, they automatically assume that person to be cognitively deficient in some way, even when they know nothing about the person (Hummert & Ryan, 2001). Kemper and Harden (1999) showed that *recipients* of patronizing talk also show this effect—that is, when patronized they evaluate *themselves* as less competent. Other research showed the possibility for self-esteem damage as a result of being patronized (O'Connor & Rigby, 1996).

So, in addition to limiting older persons' communicative options, long-term repeated interactions involving being patronized may start to take their toll as older people increasingly believe that they perhaps "deserve" this kind of treatment. Once they buy into this idea, then they may start to behave in ways that are consistent with the stereotype, thus reinforcing the stereotype that started the whole process (see top left of Figure 4.1). This is a complex sequence of events involving many steps. However, the message is relatively simple: Treat someone as if they are impaired and incompetent, and over time they may actually become impaired and incompetent.

Ironically, certain elements of the patronizing style are helpful to some older adults' comprehension. For instance, elaborating on meaning, placing stress in appropriate places (keywords), and reducing grammatical complexity can be helpful in aiding comprehension. However, other elements are actually harmful (e.g., speaking in a high pitch, reducing sentence length) (Cohen & Faulkner, 1986; Kemper & Harden, 1999). In addition, while we might look at this type of speech and see it as disrespectful, in certain contexts it is actually appreciated by older people. In particular, older adults who are suffering from ill health and older adults in institutions like nursing homes tend to see certain elements of patronizing speech as representing caring and **nurturance** from the person who is talking to them. Therefore, while this chapter is presenting the negative side of

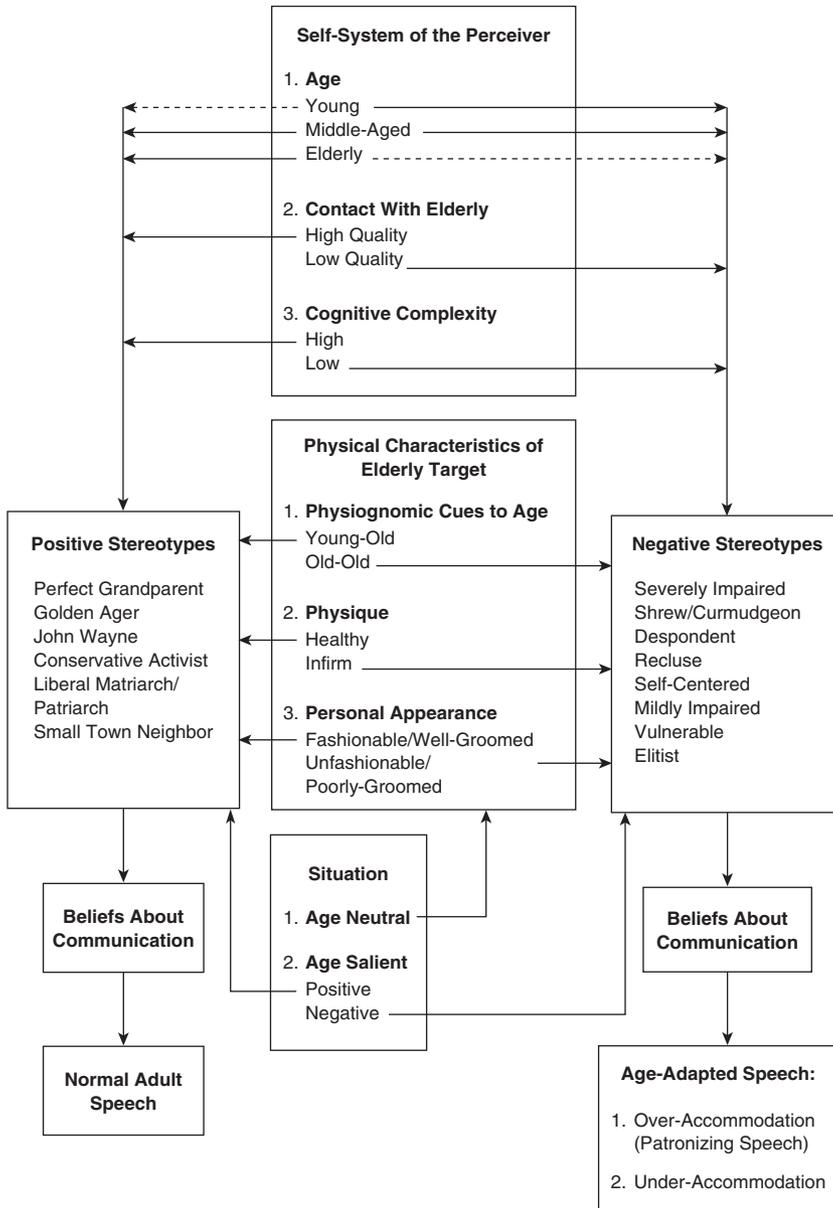
this style of speech, it should be noted that certain elements of this style may be appropriate at *certain times* with *certain types of older person* (O'Connor & Rigby, 1996; Ryan, Bourhis, & Knops, 1991). The key challenge, therefore, is recognizing the times when such speech might be appropriate, and the specific elements of the speech that might be functional. Chapter 7 addresses some of these issues in more detail.

The Age Stereotypes in Interaction Model

The CPA model has one substantial problem when looked at in the context of the work in Chapter 3. It focuses exclusively on situations in which negative stereotypes are prevalent. Remember, that chapter also discussed positive stereotypes of aging. Mary Lee Hummert's activation of **age stereotypes in interaction** (ASI) model considers situations in which positive stereotypes are salient using a similar structure to that of the predicament model. Some of the key elements of this model were described in the previous chapter—it specifies under what circumstances positive and negative stereotypes are likely to become salient (see Figures 3.2 and 3.3 in Chapter 3).

For this chapter, the important aspect of Hummert's model is its description of how communication is influenced by positive and negative stereotypes (see Figure 4.2). As with the communication predicament model, the ASI model says that negative stereotypes will result in a negative style of speech. Hummert, however, draws attention to the fact that some negative stereotypes may be more likely to elicit a patronizing style than others. A severely impaired elder is quite likely to be patronized. A shrew/curmudgeon type elder (the ornery, bitter, and complaining type) is perhaps unlikely to be addressed in the classic patronizing style. Instead, a young person faced with this type of conversational partner may be more likely to respond in kind (bitter, angry), or simply try to get out of the situation as quickly as possible. Thus, The ASI model uses the term **age adapted speech** to allow for any number of different forms of adaptation (or accommodation).

Hummert also notes that a patronizing style is fairly unlikely with most of the positive stereotypes. Given that the positive stereotypes describe older individuals who are competent and socially engaged, she suggests that they will be addressed with **normal adult speech**. According to Hummert, the negative feedback cycle of the CPA model is "short-circuited" when positive stereotypes are activated. Thus, the model draws attention to the advantages of positive over negative stereotyping.

Figure 4.2 Activation of Age Stereotypes in Interaction Model

SOURCE: From Hummert, M. L. (1994). Stereotypes of the elderly and patronizing speech. In M. L. Hummert, J. M. Wiemann, & J. F. Nussbaum (Eds.), *Interpersonal communication in older adulthood: Interdisciplinary theory and research* (pp. 162-184). Newbury Park, CA: Sage.

Of course, there might still be some bad consequences from positive stereotypes. Positive stereotypes are still, after all, stereotypes. Nobody wants to be treated like a warm, fuzzy grandma *all* the time, but if you are female, have white hair, and enjoy knitting, chances are that is how you will be categorized. Once this occurs, it is possible that others will restrict the topics they choose to talk about with you (e.g., the weather rather than politics), or they may restrict the tone they use (e.g., they may believe that you would be immensely shocked by even the mildest profanity). As such, while the conversation may be pleasant, it may be restricted in some very meaningful ways.

In Chapter 7, I will talk more about some ways of breaking the negative cycle of the communication predicament model—particularly in terms of the positive effects of contact between younger and older people. Recent versions of Hummert’s model (Hummert et al., 2004) also address older adult responses and “breaking the cycle” more explicitly.

Supporting Dependency

One additional area is worthy of mention in this chapter. Rather than focus on an individual’s communication (as is the case in the work on patronizing talk), Margaret Baltes focuses on exchanges *between* people (M. M. Baltes & Wahl, 1996). Looking at real-world conversations between older and younger people, her interest is in the ways in which younger people support the independence (or alternatively the dependence) of older adults.

This work has considered a number of different intergenerational communication contexts, from conversations between residents and nurses in nursing homes, to conversations between family members. Across all of these contexts, Baltes has examined what happens when the older person asks for help and what happens when the older person does something independently. In all cases, the question is whether a younger person in the environment supports the **independent/dependent behavior**. Why does this matter? Well, basic psychology tells us that we keep doing things that we are rewarded for, and we stop doing things for which we are punished. You might remember hearing about studies of rats running through mazes and either getting bits of cheese or electric shocks—those rats learn which way to go very quickly! People are obviously more complicated than rats, but nevertheless we respond to rewards and punishments in similar ways. When people support our behaviors, we keep doing them. When they do not support them or contradict them, we tend to stop.

Figure 4.3 illustrates a typical set of findings from one of Baltes's studies—this one involved health care workers visiting the home of an older person. She calls the responses “congruent” (meaning supportive of or consistent with the initial behavior) or “incongruent” (meaning not supporting or inconsistent with the initial behavior). At the top of the figure, you can see that when the older person behaves in a dependent fashion (asking for help, displaying need), younger health care workers responded primarily in a congruent fashion. Only 5% of the time did the older person receive an incongruent response (i.e., a response encouraging independence). In contrast, the bottom of Figure 4.3 shows that when the older person displayed *independence*, incongruent responses that would encourage *dependence* occurred almost half the time (46%). Congruent responses occurred only 20% of the time. The message here is that when older adults behave as if they need help, younger people tend to support that dependence. However, when older people behave in an independent fashion, younger people do not support that independence, and in fact they reject the older adult's independence quite a bit of the time. The consequence is that older people are discouraged from being independent, and hence will move toward reinforcing the stereotype that they are dependent.

Figure 4.3 Home Health Care Workers' Responses to Independent and Dependent Behavior by Older Adult

<i>Older adult behavior</i>	<i>Health care worker response</i>	<i>Frequency of pattern</i>
Dependence "I need help putting on this shirt"	Congruent "OK, I'll help"	58%
	Incongruent "Say, why don't you give it a try today"	5%
Independence "I'll put my own shirt on today"	Congruent "Great—you take care of that"	20%
	Incongruent "Don't be silly, I'll do that for you"	46%

Why does this happen? In contexts like nursing homes, life is often easiest for the staff if older adults are dependent. Encouraging independence may involve waiting for an older adult to complete a task that she or he finds difficult. This can be more time consuming for nurses and other staff than if they just take care of the task themselves. Hence, in some institutional contexts, staff may have a concrete motivation for discouraging independence—their desire to complete the specific task at hand (Grainger, 2004). Stereotypes concerning older adults' general level of competence also factor in. Nurses and other staff in institutional care settings may be particularly vulnerable to stereotypes of older adults' incompetence given that they work in medical care settings and are exposed to unhealthy and dependent older adults more than healthy and independent older people. As such, they may be likely to assume that an older adult cannot accomplish a task, and hence not be concerned about encouraging independence. Older adults may have learned that they get more attention and interaction if they are dependent (Grainger, 2004).

In contexts like family interaction, it's more difficult to see why we would want to support dependence. However, stereotypes probably play a role: We are unlikely to support an older adult's independence if we believe that independence is impossible for older people—and it's certainly not impossible for us to stereotype our own family members. Other factors probably come into play. A younger family member may be concerned about an older adult's safety if they are encouraged to cook their own meals, for instance. Time constraints similar to those in nursing homes may also come into play in families: The younger person might be visiting briefly on the way to work, and getting tasks taken care of efficiently may be a greater priority than encouraging the older person's independence.

The long-term consequences of encouraging dependence and discouraging independence are, of course, clear. The more that our communication rewards dependent behaviors and fails to reward independence, the more dependent older people will become, and hence the more they will come to resemble our stereotype. This is a classic self-fulfilling prophecy, the ultimate result of which is older people who are highly dependent on younger people.

A classic study by Langer and Rodin (1976; Rodin & Langer, 1977) investigated the consequences of a feeling of control for older people in institutions. In their study, they created two groups of nursing home residents. One group were given lots of choices and options for control (e.g., they got to pick which day they would see a movie, they got to decide whether they got a plant in their room and had to care for the plant if they chose to have it). The other

group were treated just as nicely, but didn't get the same level of control (e.g., they got told which day they would go see the movie; they received a plant and a staff member cared for it). Over a period of time, these researchers tracked issues such as happiness and health and found that the group who had more control over their lives were not only happier, but also healthier, and more likely to be alive at the end of the study. So a lack of control and independence can have dramatic influences on life satisfaction and physical health.

Other Dimensions of Accommodation

The previous sections have focused extensively on overaccommodation, particularly from younger people to older people. In this next section, we focus on the opposite phenomenon—**underaccommodation**. Where overaccommodation is “going too far” in accommodating another person, underaccommodation occurs when someone does not go far enough in considering a conversational partner's needs. A totally inconsiderate conversationalist is underaccommodative.

The most common form of underaccommodation talked about in intergenerational communication is **painful self-disclosure** (PSD) by older people. J. Coupland and colleagues define PSD as occurring when older people talk about painful events in their lives like illness, bereavement, financial struggles, and the like. Consider the following:

“You know, yes, mmm . . . I think you see when you're getting older at this age you (pause) there's a lot of things can make us a bit miserable but (breathes) we have a look on the bright side and . . . nobody wants you when you're miserable and moaning . . . and groaning . . . it applies to all ages really doesn't it, you know . . . because I can't breath I've got emphysema and I'm full of osteoarthritis and what have you but erm (breathes) thank goodness the old brain box is still going.” (J. Coupland, Coupland, Giles, & Wiemann, 1988, p. 223)

J. Coupland's work shows that PSD occurs quite frequently in older people's talk, and that it occurs to relative strangers. This violates some “rules” of conversation that are generally observed—we tend to reserve intimate information for our close acquaintances and family members, and we tend to disclose such information relatively sparingly. Thus, when older adults engage in PSD, it is often difficult for younger people to cope with. They don't know quite what to say next, they feel embarrassed, and they sometimes feel like the older person

must just be totally depressed or totally self-centered. These feelings in the recipient of such talk are what make it underaccommodative (Henwood, Giles, Coupland, & Coupland, 1993). Importantly, J. Coupland et al. (1988) note that the disclosures are not necessarily painful for older people. One of the interesting aspects of this talk is that sometimes it is presented in a very “matter of fact” or even humorous fashion. This disjunct between the apparent emotion of the topic (e.g., bereavement, serious illness) and the tone of the talk may be another reason why it can be disconcerting for younger recipients.

Given that this talk breaks some of our rules for good conversation, and that recipients have a hard time coping with it, one challenge is to figure out *why* it happens. Coupland and his colleagues provide a number of suggestions (see Table 4.3), although we still need more research to understand the origins of this type of talk more fully. The suggestions in Table 4.3 are worth considering, however, because they question a stereotypical assumption that a lot of people might make about this kind of talk. When old people start talking about their problems, a listener might be inclined to think that it is due to depression, loneliness, or just being self-centered and inconsiderate. In contrast, the explanations in the table show that such talk might be a very functional way of operating in the social environment as an older person, and it may even occur as a result of a lifetime of age-related stereotyping. Don't forget: Young people can be underaccommodative too. Discussing topics or using “slang” words that are unfamiliar would be underaccommodative if it occurred repeatedly in interactions with an older person.

Age Identity: Disclosing and Concealing Age in Communication

As Chapter 3 made clear, for many people their age is an important part of who they are. **Age identity** is the sense of shared group membership, and the similarities that come along with that, based on age group. The next section discusses the important role that age identity plays in communication processes. Before we get to these discussions, though, a brief detour is necessary to discuss the social scientific notion of **face**. When social scientists discuss “face,” they are talking about a person's self-image or how they present themselves to others in the social environment (Goffman, 1967). You are probably familiar with the idea that someone might “lose face.” For instance, you might be afraid that your friends would think less of you if you did something really embarrassing in front of them. Events that might make us

Table 4.3 Coupland et al.'s (1988) Explanations for Painful Self-Disclosure

Therapeutic:	By talking about a problem, older people get it “off their chest,” which helps them cope. There is good evidence from other areas that talking about problems contributes to coping.
Life circumstances:	Older adults may experience more negative events in their lives than younger people, both as a function of health issues and age-related discrimination practices. Hence, negative experiences may be the most “newsworthy” things that older people have to talk about. By discussing these things, they are making the conversation as interesting as they can.
Self-handicapping:	We often provide “disclaimers” before doing things (e.g., “I’m not feeling well, but I’ll take the exam anyway”—if you flunk the exam, it wasn’t your fault; it was because you were ill). By disclosing painful information, older people may be telling their audience that they shouldn’t expect “too much.” The PSD serves as a disclaimer, making the older adult’s current level of functioning more impressive than it otherwise might be.
Self-stereotyping:	Some older people who do PSD may be trying to behave as is socially expected. That is, older people may actually try to conform to how they think they are expected to talk, one aspect of which is talking about health, loneliness, and the like.
Social comparison:	PSD occurs when older people talk to one another. At times, this may serve a function of figuring out how well/poorly you are doing relative to others in your age group. By disclosing when your husband died, you may get a reciprocation, which will let you know whether your husband died earlier or later than your conversational partner’s husband. In this sense, disclosure serves as a technique for getting the other person to disclose, and thus finding out information about that person, and hence giving you information to understand your own experiences.

look bad are called face threatening, and actions we engage in to minimize such threats are called face protection. If we are engaged in the process of trying to make ourselves look good to others, we would be engaged in face

enhancement (P. Brown & Levinson, 1987). Face is an important concept in discussions of identity because the way we view ourselves and the way others view us are often determined by which identities we claim and which identities others *think* we might claim. As is discussed next, we might also strategically talk about certain identities in order to protect or enhance our face.

One of the most fundamental ways in which we reveal our age identity in conversation is by telling people how old we are. However, telling people our age is something that we don't always do willingly. Indeed, for a large chunk of adulthood, age is something of a taboo topic—traditionally it has been rude to ask people (especially women) their age, and disclosing age is fraught with uncertainty, and even deception (“36. . . again!!!”). However, in older adulthood, a somewhat different pattern emerges, and we see age being disclosed quite a bit in conversation. N. Coupland, Coupland, and Giles (1989) provide extensive discussion of some of the reasons for this, as well as providing some nice examples from their data. N. Coupland et al. argue that telling other people your age in older adulthood serves two functions for the individual, both of which relate to the idea that there is a relationship between age and health. First, for people who are suffering from illness or disability, telling other people your age can serve an **accounting** function. Consider the following example (from N. Coupland & Coupland, 1995): “[I’m] not on top of the world, but none of us are, are we, no, but when you come to eighty-three years of age you can’t expect to be like a spring chicken, can you?”

Acknowledging problems or deficits is never something that people find easy—it tells other people that you are in a sense imperfect. As discussed above, social scientists would refer to this as a face threatening situation. So how do older people protect themselves from such face threat? One way is by telling their age. In the example above, the listing of the age (83) sets into motion a sequence of inferences. This woman is 83, that’s old, old people tend to suffer from physical impairments (notice how the stereotype is involved.), and so it’s understandable that she’s not doing so well. Any potential judgment that this woman is particularly impaired is offset by the underlying assumption that all people of 83 are somewhat impaired. Thus, disclosing age is face *protecting* in this instance: Problems that I have are explained by my age and therefore do not reflect any fundamental flaw with me as a person.

The second function that N. Coupland et al. claim for age disclosures is a disjunctive function. Consider the following example (from N. Coupland et al., 1989): “I lead quite a busy life although I’m eighty-six I’m not young . . . I was eighty-six last May!”

In this case, the speaker is telling us something positive about herself. While leading a busy life might not be remarkable for many people, by disclosing her age (86) she is invoking the stereotypes of decline with age described earlier, and thus she is making her activity level more admirable. This is called “disjunctive” because typical expectations about 86-year-olds are apparently in opposition (disjunction) with the behaviors this person is engaging in. The result is face *enhancement* for this person—she is “beating the odds.”

These face-management functions of **age disclosure** are interesting for a couple of reasons. First, they reveal that age is actually a resource (N. Coupland et al. call it a “token”) that can be used at any point in a conversation to protect or enhance face. Age is not being disclosed randomly, but rather it is being used strategically when it is needed. The second interesting thing about these two uses of age (disjunctive and accounting) is that both rest on the *same* assumptions about the aging process. That is, they both rely on the hearer understanding and believing in a normative association between age and health. If the receiver of these comments did not believe that old age and ill health go hand-in-hand, then the use of age here would not make sense. One unfortunate implication of this is that for older people, use of this kind of strategy is useful for them as individuals, but it reinforces negative perceptions of old people more generally. When older people say that they are “doing well for their age,” they make themselves look good, but simultaneously they make old age look bad.

Why I Study Communication and Aging

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The physical, psychological, and social changes of old age threaten the identity of aging women and men. Communication predicaments lead them to question whether they have begun to fall over the anticipated precipice. I am seeking ways to empower older adults so that they can find their inner voices

and then their social voices to show us the many ways to age successfully.

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Summary

Beginning with a description of the communication predicament of aging model, this chapter has covered the key relationships between attitudes and stereotypes of aging, and communication behaviors. I talked about how negative stereotypes may lead to patronizing speech (overaccommodation), as well as the reasons why underaccommodation (e.g., painful self-disclosure) might occur in intergenerational settings. Age identity and categorization emerge as important elements determining how and why people behave in the way they do when talking to people of different age groups. Throughout, one message is that as identities and stereotypes influence communication, negative attitudes and stereotypes tend to get reinforced in a self-fulfilling prophecy.

Keywords and Theories

Age identity	Face
Age stereotypes in interaction model	Independent/dependent behavior
Age adapted speech	Modified speech behavior
Blame the victim effect	Normal adult speech
Communication accommodation theory	Overaccommodation
Communication predicament of aging model	Painful self-disclosure
Disclosure of chronological age	Patronizing speech
Elderspeak	Secondary baby talk
	Underaccommodation

Discussion Questions

- What might be some ways to break the communication predicament of aging? (Look back at your answers to this question after you've read Chapter 7!)
- What are some other reasons why older people might disclose painful information? Can you think of other things that older people do in conversation that appear unusual to younger people? Why might they do those things?
- How does younger people's communication reflect their age identities? Are there ways that teenagers talk that are a reflection of their age group?
- Are there any aspects of young people's communication that are underaccommodative to older people?
- Do older adults ever patronize young people?

Annotated Bibliography

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Ryan, E. B., Giles, H., Bartolucci, G., & Henwood, K. (1986). Psycholinguistic and social psychological components of communication by and with the elderly. *Language and Communication*, 6, 1–24. The classic paper in which the communication predicament model was introduced. This article includes a lot more than just the CPA model and is essential reading for those interested in the history of how communication and aging has been studied.