

“WE’RE ALL AGING”: A DISCOURSE ANALYSIS OF OLDER ADULTS  
AGING EXPERIENCES IN HUMBOLDT COUNTY

By

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## ABSTRACT

### “WE’RE ALL AGING”: A DISCOURSE ANALYSIS OF OLDER ADULTS AGING EXPERIENCES IN HUMBOLDT COUNTY

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Age is an ubiquitous concept. One minute we are counting down the days until our birthday and the next minute we are ignoring the fact our birthdays exist. Society’s aging population is rapidly growing and is expected to double nearly double by 2050, this increase in population has led to a shift in treatment and attitudes towards both those who are aging and aging itself. There is currently a gap in the literature on aging experiences coming from those experiencing it, rather these experiences are often dictated by those in medical professions. To help fill those gaps this thesis explores how older adults conceptualize their aging experiences. I conducted 12 semi-structured in-depth interviews with 13 older adults who reside in Humboldt County. For my analysis, I utilized Foucauldian Discourse Analysis. Using this form of discourse analysis, I focused on the relationships of power expressed through language and knowledge that existed between older adults and their connections with both society and medical institutions. These interviews revealed an older adult’s aging experience is primarily dictated by their body. This understanding influences them to make more conscientious choices when it comes to caring for and addressing the changes of their aging bodies, for the body also influences how others see them. Everyone experiences aging differently and their

community involvement are dependent upon the individual, in which one's idea of successful aging may be different than someone else's definition. However, for medical professionals, successful aging can be seen as aging prevention.

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## INTRODUCTION

Age is an ubiquitous concept. One minute we are counting down the days until our birthday and the next minute we are ignoring the fact our birthdays exist. We refuse to acknowledge that we are aging and we begin counting backwards telling people we are 29 rather than 40. In the report *An Aging World: 2015*, it is expected for the aging population to nearly double over the next three decades (He, Goodkind, Kowal 2016). This growth in population has been classified as the “graying for America” (Estes 2001). This shift in population is a result of baby boomers reaching 65 and older (Biggs, Powell, and Wahidin 2005). By 2050, this population will make up approximately 17% of the world’s population (He, Goodkind, Kowal 2016). With this expected increase in population there has been a notable change in how older adults are treated negatively in our society, especially in Western Cultures. This negative treatment, being stereotyped and discriminated against on the basis of age is recognized as ageism. However, ageism can often go unnoticed because it has become normalized. The most common form of ageism projected towards older adults is through language. “those who are labelled ‘old’ are in the grip of power” (Biggs and Powell 2001).

Prior to this research, I worked with the aging population and would always listen to the stories individuals told and I became intrigued with how these older adults saw their lives. However, it was not until I read an article on Foucauldian Gerontology that I became fully immersed in how older adults saw age and how it influenced their lives. I, especially, took interest in the way older adults navigate the healthcare system.

“There has long been a tendency in matters of aging and old age to reduce the social experience of aging to its biological dimension from which are derived a set of normative ‘stages’ which over-determine the experience of aging” (Powell, Biggs, and Wahidin 2005:7).

With this tendency for aging to be situated in healthcare settings, this made me curious if older adults in Humboldt County felt as if they were mistreated when it came to accessing health care services. I especially focused on their access to services in Humboldt due to my previous knowledge of lacking medical services for all Humboldt County residents, not just for older adults.

The purpose of this study is to both explore and understand how older adults see their aging experience in order to help fill gaps within the literature around older adults’ aging experiences, especially those in rural communities. While there is literature that exists around aging in rural communities, this literature is often situated in bio-medicine and does not fully address direct personal aging experiences from older adults. The goal of this study is to not only help fill in gaps within the literature, but to also shed light on a topic that is often cast aside and not talked about due to the negativity that surrounds the idea of growing old. In order to do this, I asked: How do older adults conceptualize age and ageism and how does their conceptualization impact their: life, access to services, navigation of medical institutions, and own ageist discourses?

In these chapters, I explore how older adults describe their aging experiences in Humboldt County. Digging into the social discourses existing on aging and the body, these discourses are often situated around decline. The treatment of older adults has shifted and has become more noticeable as my participants have aged. My analysis

reveals how the influential power of ageist discourses around the body impacts older adults navigation through their communities and medical institutions. Also, addressing how older adults address the negative social discourses around age and how ageism can be addressed by those experiencing it.

## REVIEW OF LITERATURE

Aging, everyone experiences it, and with these experiences comes different attitudes. There are those who welcome it with open arms and there are those who reject even the slightest notion they are aging. Today, our society has experienced many advancements in technology aiding in increased lifetime expectancy. This has resulted in an increased population of older adults. This population shift has also led to a shift in attitudes on both the concept of aging, as well as the people who are aging. Some individuals fear growing older and all that it will entail. Some fear they will be treated differently, while some fear the unknown. These fears are not uncommon. The dominant narratives about aging tend to cast it in a negative light.

This literature review examines the discourse on aging, ageism and the impacts it has on growing older, and the idea of successful aging to counteract ageism. When it comes to the discourse on aging it seems to have a negative connotation and this seems to be especially rooted in medical institutions. Here I highlight six key themes: Foucauldian analysis and aging; ageism; ageist language; ageism and bio-medicalization; anti-aging, and successful aging.

### *Foucauldian Analysis and Aging*

Taking a Foucauldian approach allows for one to break down meaning and form knowledge of what is being said. This approach for examining age can be classified as “Foucauldian Gerontology” (Biggs and Powell 2003). It is both a theory and a method

used to analyze discourses used by various disciplines and professions to regulate the lived experiences of older adults and legitimize powerful narratives afforded to age by such groups (Biggs and Powell 2003). Discourse is defined as a way statements help to establish a common language for discussing a particular topic of knowledge within a certain timeframe (Hall 1997; Murdocca 2014). This language acts as a production of knowledge and its influences on how a topic is discussed (Hall 1997; Powell and Biggs 2001; Murdocca 2014). Discourse is never static, rather it is continuously fluctuating (Murdocca 2014; Hall 1997; Biggs and Powell 2003). Foucault believed the same phenomena cannot exist within multiple time periods, this is why as time shifts so do the meanings attached to various phenomena (Hall 1997).

Power is interwoven into our identity and behavior and within particular spaces (Murdocca 2014; Biggs and Powell 2001). Knowledge does not equal power, but it is a form of power (Hall 1997; Murdocca 2014). Knowledge only exists when there is meaning (Hall 1997). Raina and Balodi (2014) state when it comes to producing knowledge concerning old age it is important to highlight both the positive and the negative sides of aging to bring about societal awareness. The knowledge medical professionals hold is an instance of how much power they have over an individual (Biggs and Powell 2001). Foucault's tool kit contains the following concepts: Archaeology, Genealogy, and Technologies of Self (Biggs and Powell 2003; Hall 1997; Murdocca 2014). Foucault hoped these concepts would be used as a tool kit, always offering new ideas and posing new questions about the discourse (Hall 1997; Murdocca 2014). Archaeology looks at the discourses practiced within a certain archive. It also makes it

possible to look at relationships between the discourse or ‘statements’ being made and describe the institutions that perpetuate (Hall 1997; Murdocca 2014; Biggs and Powell 2003). Genealogy is the examining of contemporary social phenomena in relation to their histories, unlike Archaeology, it focuses more on the process of creating discourses (Hall 1997; Murdocca 2014; Biggs and Powell 2003). Technologies of Self are how individuals transform themselves in particular ways and use the knowledge available to them (Hall 1997; Murdocca 2014; Biggs and Powell 2003). Hall (1997) says language acts as a production of knowledge, and it influences the way in which a topic is discussed. In the case of gerontology, Gerontological knowledge is the discipline and understanding of how one inhabits the world (Katz 1996). Gerontological knowledge is created through the combination of aging as a social process and a discipline combining to give an overview of the discourse, perceptions and practices (Biggs and Powell 2003). When thinking about Gerontology it is important to have an understanding of Foucault’s concept of bio-power. Bio-power is the power reflected onto our bodies through self-disciplinary practices creating manageable ‘docile’ bodies (Pylypa 1998).

### *Ageism*

Ageism is one of the most subtle and common “-isms” occurring in our society today in many different forms. Negative attitudes and behaviors exist because while society is experiencing a demographic shift with more individuals living longer, there is no one discussing the impacts that come with aging (Martin 2018). This demographic shift is attributed to Baby Boomers entering the ranks of old age (Berger 2017).

According to Gendron et. al (2016), ageism is one of the most normative “-isms” for most cultures. It has existed long before Robert Butler coined the term in 1969 (The Anti-Aging Taskforce 2006). Ageism is a systemic prejudicial attitude directed toward one because of their age (Butler 1969; Gendron, Inker, and Welleford 2017; Levy 2018). Gendron, Inker, and Welleford (2017) go on to say ageism is often promoted without individuals even realizing they are doing so. According to Applewhite (2014) ageism is also perpetuated by policies discriminatory towards older individuals. Gerontology is surrounded by various discourses and within the bio-medical model; aging is perceived as a ‘problem,’ and it is tied to discourses of “decline”, and other negative associations (Biggs and Powell 2003). Signs of bodily decline can influence not only negative interactions from society, but also internalized ageist views based on the ageing experience (Calasanti 2005). While ageism is most commonly seen as prejudice toward older adults, The Anti-Aging Taskforce 2006 and Lin et. al 2004 also state it can be exactly the opposite; rather it is older adults having ageist attitudes towards younger individuals. Older adults are particularly depicted as fragile, incompetent, grouchy, forgetful, dependent upon others and society, vulnerable, and helpless (Raina and Balodi 2014; The Anti-Aging Taskforce 2006; Lin et. al 2004; Applewhite 2016). Ageism can be portrayed through age-stereotypes and these stereotypes can hold both positive and negative meanings (Raina and Balodi 2014; Gendron et. al 2016). Age stereotypes portraying ageism are often found in greeting and birthday cards, jokes, “over the hill” birthday gag gifts, television commercials, advertisements, etc. (Ferraro and Steinhour 2005; Wiener et. al 2011). These are just a few examples of how ageism is perpetuated

and institutionalized within society and how we view getting older in a negative light (Wiener et. al 2011). Nelson (2016) considers ageism to be more institutionalized than any other type of prejudice, and this is due to society not seeing this “-ism” like we do racism or sexism. In fact, ageism plays a role in a lot of institutional settings, which has led to an acceptance of ageism and minimal literature addressing how it can be reduced. (Levy 2016; Nelson 2005). Ageism is also embedded into institutions to the point individuals do not even recognize their advantages may be excluding older adults (Calasanti 2005). Ageist ideals have become embedded within our culture which has also led to us being socialized at an early age to not only project negative behaviors and attitudes on those who are older than us, but also on ourselves due to the very thought of us going through the aging process (Calasanti 2005).

### *Ageist Language*

As mentioned earlier, ageism is heavily rooted in institutions like health care and the workplace and be conveyed through various discourses. The use of ageist language is one of the primary ways ageism is expressed (Ferraro and Steinhour 2005). Being heavily rooted in institutions, academic discourse also reinforces ageist language (Ferraro and Steinhour 2005). Ferraro and Steinhour (2005) found ageist language is often perpetuated in academic research due to the prejudices researchers hold, which then negatively impacts the study’s results. When it comes to speaking to older adults, individuals, often use patronizing speech, talk excessively slow, and use a lower quality of language (The Anti-Aging Taskforce 2006). Ageist language can be both intentional and unintentional

and though it may seem positive it also is communicative of negativity and insults towards older adults (Gendron et. a 2016). “Elderspeak” is belittling language used towards older adults that questions the competency of older adults and it reinforces negative stereotypes about older adults (Applewhite 2016; Gendron et. al 2016). Other ways of using belittling language can be classified as over accommodation, which is younger individuals speaking to older adults in simple sentences, at a very slow pace, talking louder, and being overly polite (Wiener 2011). Ageist remarks can be in the form of compliments, like referring to an older woman as a young lady, this can perpetuate the idea of “old” being negative (Gendron et. al 2016). Gendron et. al (2016) also sees these remarks infantilizing older adults and their attributes. Ageist language projected through advertisements and the media typically depicts aging as a problem and generally reinforces negative stereotypes causing older adults harm. (Ferraro and Steinhour 2005; Gendron et. al 2016; Coupland 2009; Gelderloos 2015).

### *Ageism and Bio-medicalization*

Ageism is common and rooted in some of society’s largest institutions, impacting older adults’ health and affecting those who are also supposed to be caring for them. Ageist attitudes and mindsets are more likely to impact older adult’s physical and mental health (Martin 2018). Ford et. al (2018) found older adults are less likely to go to their care providers because of the treatment they expect to receive and because they attribute their health problems to aging. This attribution to health problems being seen as a byproduct of aging can be further classified as the bio-medicalization of aging (Estes and

Binney 1989). Bio-medicalization of aging, situates aging in discourses of ‘decline’ and ‘decay’ (Estes Binney 1989; Powell and Biggs 2003). The Anti-Aging Taskforce (2006) found that due to ageism older adults often do not receive the medical information they should, because primary care providers have an increasing unwillingness to divulge information. Within rural communities it is less likely for there to be specialized healthcare providers older adults depend on, and if these healthcare providers are present, there tends to be a lack of interest and care for the patient (Goins et. al 2005; Li 2006).

Ageism is rooted within the medical community, due to medical institutions focusing on the decline that comes with age and it is within these institutions where ageism is most commonly communicated through language (The Anti-Aging Taskforce 2006). Through power relations expressed through language older adults become an ‘object’ of bio-medicine (Powell, Biggs, and Wahidin 2005). Powell, Biggs, and Wahidin (2005) also discuss how within bio-medicine and the idea of the ‘bio-medical gaze’, older adults often become their bodies. Meaning whatever ailments an older adult may be experiencing, that is how they become classified and categorized by bio-medicine.

According to Ferraro and Steinhour (2005), ageist terminology is often learned in medical schools, which can lead to ageism being perpetuated through medical institutions. A common form of ageism that occurs in healthcare is when a medical provider dismisses a treatable symptom on an individual’s age or vice versa, treating a symptom that is just a common occurrence with age as a disease (Ouchida and Lachs 2015). Wiener et. al (2011) discusses how ageism is very much present within professions who are supposed to help older adults and most medical professionals often

hold ageist stereotypes toward their patients. It is common for medical students to decline working with older adults due to the stereotypes they hold about older adults; they see older adults as undesirable and less treatable (Wiener et. al 2011). According to Gawande (2014), the purpose of medical school is to educate how to prolong life, not tend to demise. This has attributed to there not being a set requirement for medical students to take classes on aging, which has led to a lack of geriatricians tending to the aging population (Gawande 2014). Aging is seen as something that is “fixable” by the medical profession and if an individual does not have symptoms that are considered to be treatable they are questionable (Gawande 2014).

### *Anti-Aging*

American society is repulsed by the thought of aging and is highly consumeristic and willing to use money to address their problems. In the case of aging, this opportunity is met through the anti-aging industry. Anti-Aging can be defined as techniques used to gain control of biological aging which influences bodily changes which are typically seen as unacceptable in Western society (Vincent 2008). Anti-Aging does not combat ageism, rather it reinforces it through the belief old age is a terrible thing to experience, so there must be solutions available to address aging woes (Coupland 2009; Calasanti 2005).

Anti-Aging is seen as a cure to aging woes, reinforcing the idea that advanced age does not align with beauty standards and these standards are synonymous with youth (The Anti-Aging Taskforce 2006). When it comes to aging, the body is most likely to undergo negative scrutiny from society due to visible signs of aging (Coupland 2009; Calasanti

2005). Bodily changes are common throughout all age categories, but it is during old age they become the most stigmatized (Calasanti 2005). Common visible signs of aging are sagging, wrinkles, and grey hair (Coupland 2009; Calasanti 2005). While bodily deterioration is a natural occurrence of aging, society projects a moral obligation upon aging individuals to address bodily upkeep to fight these signs of aging (Coupland 2009). There is a belief that individuals can control this time in their life and ward off disease and decline associated with aging through bodily upkeep (Coupland 2009; Calasanti 2005). The belief we can control aspects of our body feeds into the anti-aging industry and “others” those who do not have the ability to upkeep their bodies in ways society deems acceptable (Calasanti 2005).

### *“Successful Aging”*

Ageism can have adverse impacts on older adults. Rowe and Kahn’s (1998) concept of “successful aging” helps to counteract these impacts. Successful aging is challenging negative stereotypes and redirecting the way we view age, both as an individual and institutionally (Leedham and Hendricks 2005). A way to alleviate barriers older adults face when working with healthcare providers is to have healthcare providers adjust their approach and try to form a connection with their patients (Beard 2016). Raina and Balodi (2014) also suggested for healthcare providers to become more open with their patients about important topics and the importance of promoting health in older adults. Meaningful involvement in communities can allow older adults to help create an environment that assists in alleviating barriers they often face due to their age (Black,

Dobbs, and Young 2015; Warner et. al 2017). Engaging older adults within their communities gives them a sense of belonging, as well as an opportunity to address various challenges they face (Fang et. al 2016). Older adults who develop a mind-over-body outlook are more likely to have an easier time overcoming obstacles they have with ageing and a better outlook on life (Lin et. al 2004). A primary goal of successful aging is to remain both physically and socially active to help ward off unwanted side effects of aging (Katz 2000; Metze et. al 2015). Reflecting back on aging often being situated in discourses of decline, successful aging focuses on how one can avoid experiencing decline (Rowe and Kahn 1998). It is apparent successful aging is very dependent on an individual's physical and mental well-being (Raina and Balodi 2014). Schiffrin et. al (2004) makes a valid point when addressing what aging successfully means and its meaning being derived from those who are at different stages in the aging process. One of the ultimate goals of 'successful aging' is for older adults to be able to safely live independently in their homes for as long as possible (Metze et. al 2015).

Calastani (2016) makes the suggestion, in order to combat ageism through successful aging one must target the sources of ageism. Martin (2018) makes a call for a reframing of age, by challenging our attitudes towards aging. This reframing should begin earlier on in life because children as young as six can start forming negative misconceptions about aging (Martin 2018). Similar to Martin, Levy (2018), argues there is currently no real standardized aging education and this reinforces the myths and stereotypes that exist around aging and older adults. Through education and positive engagement with older adults this would influence a shift in perceptions around aging,

allowing opportunities for there to be more positive exposure and views on both the aging process and older adults (Levy 2018). Similar to Martin's call for re-framing, Holstein (2018), calls for the need to acknowledge aging will occur no matter how well we live our lives or attempt to maintain our bodies, physical and cognitive limitations will still occur. One of the suggestions Wiener et. al (2011) makes to combat ageism is the need for Americans to address the fear of death in order to help change aging discourse.

Although successful aging was created to counteract ageism and individuals believed they were aging successfully this did not remove ageism from their lives (Calastani 2016). Holstein (2018) recognizes many policies tend to exclude older adults and she makes a call to action for more inclusive policies serving all ages, while also calling to action those who are experiencing exclusion to join in the action and take a stand in attempts to restore their rights.

### *Conclusion*

Overall, age and language are clearly intertwined in a negative light and ageist language seems to be heavily rooted at the institutional level. Foucauldian Gerontology allows us to apply Foucault's concepts of Archaeology, Genealogy, and Technologies of Self to get a better understanding of the formation of Gerontological knowledge. Using an Archaeological method one can observe what is being said and in the contexts that it is being said; with the use of this method visibility can be created and awareness brought to the issues of using ageist language. Genealogy allows for us to put Archaeology into a practical effect and look further at the narratives around gerontology. Technologies of

Self are older adults taking the power they have as an individual and using it in the form of “resistance”.

Ageism is very much alive in our society and most often goes unnoticed due to it being rooted within our institutions. It would be safe to assume ageism is a societal norm that should not be normalized. While ageism can be both directed at younger adults and older adults, older adults are most impacted by the negative attitudes ageism brings as it will not be grown out of. It especially impacts them when they seek treatment they need and they are disregarded by those who are supposed to be there to help them. Even though successful aging has been created to help combat ageism, our society still has a long way to go when it comes to addressing the biases we have towards those who have come before us. Changing the way we speak about age may be the starting point we need to help begin deconstructing the prejudices we hold towards older adults and their age.

## METHODS

This study focuses on how older adults residing in Humboldt County conceptualize age and ageism and how these conceptualizations influence their experiences within their everyday life, community, and medical institutions. In order to find common themes, I conducted 12 interviews in Humboldt County, over an eight-month period between July 2018 and March 2019. I received IRB approval: IRB 17-219 allowing me to begin collecting data on May 18, 2018.

I began recruitment by distributing flyers to respective individuals at the Humboldt Senior Resource Center and Area 1 Agency on Aging, asking for flyers to be distributed to participants of each organization's various programs. In addition to distributing flyers, I also reached out to people who I knew who worked with the population I was trying to reach and asked them if they could pass my information along to any potential participants. While I distributed recruitment flyers, a majority of my recruitment occurred by word of mouth. During the time of my recruitment, I worked one-on-one with the population I was recruiting. Working one-on-one with my research population has given me the opportunity to better understand where participants are coming from. However, Lune and Berg (2017) make a point to say while it is important for an interviewer to not have the same knowledge as the participant it is good for them to be familiar with the knowledge to some degree. Keeping in mind those shared insider characteristics is not enough to capture the lived experience of my participants as noted by Hesse-Biber (2014).

To ensure their comfortability, I gave participants the opportunity to select the location of their interview. A majority of interviews occurred in public spaces, while a few interviews occurred in participant's homes. It is possible interviews that occurred in public spaces may have caused participants to be more reserved when it came to answering some of the questions; however, at the end of every interview participants expressed how much they enjoyed being a participant.

Between July 2018 and March 2019, I conducted 12 interviews. All interviews were one-on-one, except for one interview with a husband and wife who insisted their interview occurred together. Interviews were audio recorded and lasted between 15 minutes and one and a half hours. Participants were asked to choose a pseudonym and if they did not wish to provide a pseudonym, I provided one for them. Participants were between the ages of 67-88 years old and all but two participants were white. Two participants identified as mixed-race. The participants' race is an indicative of Humboldt County with 83.5% of the county's population being white (US Census Bureau 2018).

At the beginning of each interview, I reviewed the informed consent form with the participant and answered any questions they had. For my interviews, I created semi-standardized interview, where all participants had the same questions asked to them in the order they were listed (Lune and Berg 2017). If a participant did not understand the question, I would repeat the question to them. If there was still confusion, the question would be rephrased. Some questions required a little more probing based on the participants' answer (Lune and Berg 2017). My questions covered topics on how the participant thought about age and ageism, their involvement within the community, and

how they navigate their health and the healthcare system using transitions between each topical area as suggested by Lune and Berg (2017).

Throughout the interview process, I took notes to provide myself with key takeaways from the interview and if any questions came up that I wanted to ask my participant but could wait until the end of the interview. Interviews were concluded with asking the participant if there was anything else they wished to add and if they knew anyone who might be interested in participating to pass along my contact information, utilizing snowball sampling (Lune and Berg 2017).

For coding my interviews, I first utilized open coding allowing me to form an understanding of themes and categories I saw emerging from my data (Esterberg 2002; Johnson 2017). Once I did open coding, I went back through my interviews line-by-line using focused coding to further establish the themes and categories that appeared in my first round of coding (Coffey and Atkinson 1996). I also utilized emotion coding to help better frame the attitudes, emotions, and values of my participants (Johnson 2017).

While working with this population, I have grown accustomed to referring to them as older adults. The reason for this use of terminology I picked up from a class I took on aging. As this study touches on discourses there is often ageism embedded within the language we use when referring to older adults, in addition to the negative discourses on aging. There are individuals who do not prefer to be called a senior or elderly because they don't identify with what these labels entail. By using the term older adults to refer to my research population, I'm hoping to eliminate or reduce negative discourses.

For my analysis, I utilized Foucauldian Discourse Analysis. Using this form of discourse analysis I focused on the relationships of power expressed through language and knowledge that existed between older adults and their connections with both society and medical institutions. For my theoretical framework I utilized Foucauldian Gerontology (Biggs and Powell 2003). To some extent this framework is an expansion of Foucauldian Discourse Analysis that is directly situated within Gerontology. Foucauldian Gerontology provides a way to understand how discourses used by various disciplines and professions regulate the experiences of older adults and legitimizes the powerful narratives that exist around age by medical professionals.

## DATA ANALYSIS

Within sociological literature the aging body and the effects of ageism are not researched in-depth, especially in rural communities. The body is at the core of the aging process and this both provides and inhibits older adults' abilities to navigate their life. However, in addition to the body, the 'gaze' is projected onto the body both by the individual and the collective society and this influences older adults' lives. This navigation is also affected by how they conceptualize their own aging and whether or not they have experienced or acknowledge ageism. I propose 'gazes' projected on an older adults' body directly influences how they navigate their body's changes, use their body as a tool to control their visibility within social spaces, form connections through community involvement, and navigate the lack of medical services available to them.

In order for the aging process to be successful it is important for older adults to retain independence and autonomy. From interviews it can be inferred that independence and autonomy hold valuable roles within this process, for it is independence and autonomy that give an individual the ability to be their own person. The body being utilized as a tool allows them to engage and successfully navigate their interactions with others, as well as their involvement within their community. When navigating the healthcare system, older adults are faced with more obstacles because it is often in these places the aging body is disregarded.

### *Centralization of the Body*

At the core of an older adult's aging experience is their body. Their bodies help dictate their choices and how they navigate through life. However, the body is also dictated by outside societal and medical influences, which removes control over the body from older adults and gives it to those who have power, i.e. medical institutions. All twelve interviews mentioned to some extent how their body has played a centralized role in their aging process. Not only do they talk about their physical bodies, but also how their mentality has influenced their perceptions of the aging process. The body is described in the interviews as becoming a multi-functioning tool providing the ability to participate in day-to-day life tasks.

One participant, Sophia, 78 addressed how aging has impacted her overall well-being and has taken away some of life's simple enjoyments.

*"... Age has given me wisdom and that is wonderful. I like that idea, I only wish I could remember more. My memory is slowly going and I'll be talking to a friend or a person on the phone and suddenly I can't remember the most simple word and usually my friend will agree with me because she can't remember either and we both laugh about it. [laughs] That's hard, that's very hard, like my mother I used to remember everything and I used to memorize, that hurts because I can't keep it in my head, and I used to be able to memorize beautifully."*

As Sophia has gotten older she has begun to recognize aging has both allowed her to grow through wisdom, but it has also eroded her ability to memorize, which negates her ability to gain wisdom; this is a skill she values and has attached this to her ability to function in her day-to-day life. While everyone experiences age, no one person experiences aging the same way. Some may become limited by age, while others have more positive experiences. For older adults who experience limitations and loss of abilities as a result of the aging process this can be interpreted as a disability. However,

aging is not a disability, rather the experience of dis(ability). Schalk's (2018) use of dis(ability) rather than disability allows for one to recognize the separation, but also the relationship between disability and ability. Schalk's use also shows their focus on more specific parts of the disability system, while disability recognizes just disability and impairment (2018). When older adults experience the inability to complete a task this can be seen as experiencing loss at that moment. For Sophia, in addition to losing her ability to memorize and remember things, she described how aging has transformed her body and its associated impacts; she highlighted how the changes in her body have begun to affect her:

*"I never paid too much attention when I turned forty or fifty, or sixty. I couldn't believe that I turned 70, that was a really big thing for me, not that I made a big deal of it....It didn't bother me at all, but my 70s, I saw a real change in myself, I think I became more biased, not able to do things, my mood, I just cannot accept, what my body is doing to me, that is very hard, very hard. I mean it is hard for me to change a lightbulb, to reach up to the ceiling and change things around. **My daughter is coming today to help me rearrange photos; I have a lot of art that is unframed, and I'd like to see them on the walls a bit more, so I can view what I have and that is hard because I can't get up there and nail a nail...I just can't. It is strenuous for me; I go out in the garden almost every day to check on what has grown and what the deer have eaten [laughs] and I'd love digging holes and I can't do that.**"*

Like Sophia, other older adults have noticed how aging has begun to take a toll on their bodies and have discovered they can no longer do things they enjoy. They require assistance to do what they perceive as normal, everyday tasks. As their bodies weaken, they become more dependent on others, and this is viewed as a loss of autonomy and overall independence. This increased dependency and loss of autonomy has an overall impact on whom an older adult is as an individual. Being brought up in Western culture,

individuals are taught the importance of being able to do tasks on their own and to be independent. With age, the loss of independence and autonomy can be seen as taking a step backwards and returning to childhood where they are once more reliant on others for help. Arluke and Levin (1982) describe this as a 'second childhood' where older adults lose the very things a child gains growing up. Sophia only started to notice her body was changing at 70 as tasks became increasingly difficult. Throughout her interview, Sophia was very open about how aging has impacted her and how some days are better than others. She said, "oh my god sometimes I feel like I'm twenty and then when I can't do something my age hits me." In this case, the realization that the body is weakening is not comprehended until a task becomes impossible to attempt or complete. The body becomes the central indicator of aging and is actualized in inability. Sophia's recognition of her age and feeling her age when she experiences the inability to do tasks she once could, like nailing a nail, digging holes in the garden or even forgetting the simplest word shows a disconnect between the mind and body. This disconnect was apparent within many of my interviews where participants discussed how they often felt their age or younger until they experienced the inability to do something.

The loss of independence ends up playing a large role in how older adults see their lives becoming constricted. For Sophia aging is "a loss of independence, a fear of tomorrow... Like I said the loss of independence is one of the biggest things that age has done to me at least." Sophia's loss of independence as she has gotten older has had a big impact on her ability to do simple daily tasks and has made her more dependent on her daughter.

*“A lot of your freedom is taken away. I used to go out on a moment’s notice and do whatever I wanted, I had my car, but my daughter has since taken my car and... **I have to completely lean on her. I HATE it, I hate my independence taken away.**”*

Surgeon and writer, Gawande said, “whatever the limits and travails we face, we want to retain the autonomy—the freedom—to be the authors of our lives. This is the very marrow of being human” (2014:140). Gawande said it best when it comes to the importance of having autonomy and independence. These ideals are not only ingrained into us, but they are at the core of who we are as individuals. Sophia feels the aging process has taken away life’s enjoyments and has increased her reliance on her daughter. However, she wants nothing more than to be able to do things for herself, like Gawande says she wants to be able to continue to be the author of her life. Autonomy allows one to be able to lead their own life, rather than have it led for them (Gawande 2014).

The ability to be able to do things for oneself not only provides individuals with the sense of independence, but being able to do things for oneself coincides with cultural values. Independence is linked to freedom in Western culture. Asking for help can be seen as weakness and a loss of control, thus giving up one’s autonomy and creating dependency. Sharon, 76, has also begun to notice physical changes in her body that come with age and how she is no longer able to do the things she was once able to do or had the desire to do.

*“One of the things that happens as your body starts to get older is it starts to give out, which is an unfortunate unpleasant reality that [happens] to everybody and when your body starts giving out that means **your life changes because you can’t do things that you’d like to do, that you wanted to do before, and of course for some people life can be really severe...**”*

As I mentioned earlier, no one aging experience is the same. How one ages is dependent on various factors: lifestyle, health, choices, etc. For Sharon even though she has experienced inability to complete tasks she once could, she did not speak on feeling a loss of independence and autonomy. Being able to exercise one's independence and autonomy gives one the ability to live their lives freely. As Gawande (2014) discusses how autonomy provides the ability to be the authors of their own lives, Sharon displays how she has become the author of her life through the choices she has made addressing the changes of her body. In her interview Sharon discussed how she remains active in many aspects of her life, but she has had to begin to prioritize her choices due to not only having the time, but also her energy has decreased as he has gotten older.

Many of my participants were conscientious of their bodies' decline and chose to take matters into their own hands with ways to alleviate their aging woes through various exercise regimens. Exercise and health regimens can be viewed as a form of control older adults project on their bodies due to the influence of medical institutions (Powell, Biggs, and Wahidin 2005). The body serves as a site that takes up these regimens in order to ward off the aging process. For it is within these medical institutions that age is viewed as decline of the body. To some extent this becomes a primary means of mediating the pace of aging and an attempt of taking control over aging, as well as reclaiming autonomy. Not only does this reclamation of autonomy allow older adults to prevent falling into categories projected on them by medical institutions, but it gives older adults the ability to be their own person rather than become their body's deficits. Zada, 74, has found a routine for staying physically active as she has gotten older:

*“Things just naturally go wrong or stop working or diseases happen or whatever and statistically it happens more as you get older, so in my sixties, well actually in each decade in my life I’ve had something serious [laughs], but in my sixties I had cancer. Now in my 70s, I mean I’m just, your body changes and so you become aware for instance...I feel kind of selfish, because I spend about 2 hours a day on average taking care of my health, which feels very selfish because I could be doing other things, but you know, in the mornings I get up and I stretch, do certain stretches for 23 minutes and then I do the exercises with the lady on television for 23 minutes. On Tuesdays I walk with a friend around the Head and Friday afternoons I dance. On Sundays, I bike into meetings from the bus. Today, I biked in from the Lazy J. If I add up all that physical activity, it averages 2 hours a day, which seems like a lot, but **I know that the stretching and exercising I do every day...If I don’t do it I really feel it.** I think when you’re younger you can get by with sort of natural health, but as you get older you have to be aware and I’m working. I try particularly hard on my knees because I’m aware my knees are probably going to be the thing that is going to give out sooner and I don’t want knee replacements so I do certain exercises and I never thought about that kind of thing in my 50s and 60s.... [laughs]”*

Zada recognizes her body has changed causing her to make deliberate choices and adjust her lifestyle in order to combat the bodily aches that come with age. Zada feels guilty and selfish for spending, what she perceives as, an exorbitant amount of time caring for her aging body. However, she recognizes the importance of keeping her body functioning, thus justifying her prioritization of her health regimen. Other older adults like Jess, 75, have also begun to make changes with addressing their health. In order to make changes to their health, this requires older adults to become familiar with both their bodies and the effects age has on their bodies. She said,

*“Oh quite a bit, I am much more careful. I am more aware of what I eat, exercises, and I had to learn. You know with arthritis, I had to learn about moving and you know, not staying in one place too long and I have to be careful when I get up because I get a little lightheaded and my doctor said that is just a part of getting old, so I deal with that. I take care of my teeth because that all...I know as I age **it’s all going to deteriorate** and I know all I can do is try to prevent it, which is what I do, but I don’t lose weight [laughs]. I am a stress eater and if there is stress, I eat, that is just how I go.”*

Throughout her interview Jess talked about how her increased awareness of her health and her desire to stay active was partially attributed to watching her grandmother steadily become inactive as she aged and developed dementia. This awareness and knowledge of how the aging process can contribute to older adults being more self-conscious in how they see themselves and the choices they feel they should make in order to sustain their life. Conscientiousness within aging is an important aspect for older adults to understand what is going on in their lives. Thinking about Leonard's "contradictory consciousness" (1984), this allows for there to continuously be a process of adapting to the negative discourses focused on decline that come with age, but also critically questioning these discourses. The contradiction within this consciousness can contribute to older adults being devalued by the way older adults are seen, but also allows them to see all of the positive things they have been a part of within both their family and their community (Grenier and Leonard 2005). The attention to health and caution when it comes to addressing the changes in their body was addressed in all twelve interviews. However, the ways they chose to supplement their aging bodies varied. While no one's experience of aging is the same, participants discussed how their aging experience became most notable when they recognized how their body inhibits their interactions, which in turn influenced how they addressed their bodies changes. Many participants discussed how they began noticing a lot of these changes after they turned 70. For example, Jess said, "*I don't get on ladders anymore because my biggest fear is falling.*" She has become familiar with her bodies limitations and this has influenced her in making choices to best

address the changes her body is making. Zada also voiced her decision to avoid using ladders or climbing onto roofs once she turns 75,

*“I’ve said okay this is the last year I’m getting on the roof to clean the roof, my roof needs [to be] cleaned twice a year because I live in the woods and when I’m seventy-five I’m no longer getting on the roof, somebody else is going to do it so get ready (laughs).”*

In addition, Zada discussed how she has recognized her body changing and how it has motivated her to be proactive and assert her autonomy when it comes to making decisions. She has chosen to be proactive in her decisions concerning her life, rather than having the opportunity to make these choices taken away from her later on in life. These can be seen as preventative behaviors allowing her to avoid stressors that may come later on in her life (Ouwehand et. al 2006).

*“I would say that my 70s, you know has been the time that **I have had to consciously adjust, knowing what I can do and what I can’t do.** But in terms of the way people treat me, of course in my family it’s one thing, I get treated well in my family and if I ask for help in the family, then you know I get the help and of course I warn them ahead of time and I’ve been warning them for a couple years now, the family reunion in June, somebody else is going to be taking that over when I turn 75. I’m 74 now, so next year is the year (laughs)... ”*

It is through this decision Zada has exercised her ability to make an informed decision based on the acknowledgement that her body is not what it used to be, and it is time to be proactive in what she is willing to take on. This recognition of bodily limitations provides older adults the opportunity to make educated choices in regards to their health and activities. Older adults like Sharon and Jess, acknowledge the need to stay active to help combat the effects of aging; in addition to staying active, they have opted for more holistic approaches when it comes to treating the aches and pains age produces.

*“I don’t really like the pains and aches that come along with aging, but I go swimming every morning. I go to HealthSport with a friend at 6:30 every morning, we put in forty minutes, so that keeps me from taking a bunch of meds I might take otherwise...”*

Jess turns towards swimming both as a form of exercise that is less painful and she recognizes it also allows her to better manage her body’s aches and pains. It is these aches and pains attributing to the understanding their body is changing. It was not like it once was and this has resulted in more obstacles throughout the aging process. Sharon also acknowledges her aches and pains turning to a more holistic approach to avoid taking more medication than needed.

*“ I don’t know if it is my age, maybe up to a certain point, like I don’t know why bother, I’m not going to be around much longer. You know, I do try to take care of myself. I don’t worry about it, I’ll put it that way. As I told my doctor who wanted to do a test, I don’t go looking for trouble. I’m a herbalist, I try to find herbal solution and herbs have been used for thousands of years and they obviously work because our ancestors survived to give birth to us. I’ve studied a fair amount of herb stuff and I’ve tried to use that as much as I can for maintaining my health, and I’m very aware of nutrition and the need for exercise. Other than that, I probably leave things be.”*

Drake, 70, expresses his desire to stay healthy until the end.

*“I’m aware that I’m probably good for another 10-15 years at the most, if I’m lucky and I want to stay healthy to the end. I don’t want to... You know... [be] **helpless and in a nursing home**. So, I ride the bicycle and swim in order to stay **a step ahead of the grim reaper**.”*

Drake’s goal of “stay[ing] a step ahead of the grim reaper” says a lot about the importance of keeping his body healthy until the end. While it is not possible for anyone to completely control how their bodies are changing or stop them from aging, older adults like Drake do have the ability to mitigate these changes. At one point during his interview he said, *“I’m like an old car; my parts are wearing out.”* This recognition of the body

being like a machine connects to the idea of the body acting as a tool older adults utilize throughout the aging process until there comes a point where their tool is beginning to become worn. Biggs supports this, saying: “the following assumptions impinge on biological aging that the human body is a machine, and overworked machines and human bodies ‘wear out’ and ‘decline’” (1993:23). In many of my interviews, participants discuss not only the aches and pains, but the experienced loss of not being able to do things they once could. While Drake discusses staying ahead of the grim reaper and death, he and other participants have experienced what can be considered as small deaths. These small deaths being the loss of their autonomy, independence, and participating in the things they used to love.

The desire to stay healthy and active was echoed by all 13 participants. In addition to staying active, participants emphasized the importance of paying attention to their diet. These participants all discussed how they have witnessed their body changing and this has led to them making changes in how they approach their health and further address the changes of their bodies. As Joe, 88, has gotten older he has developed an increased awareness of how his body has changed and has realized he should have started giving his body the attention he does now when he first started noticing these changes:

*“It seems like I’m going to the doctor more often than I ever used too. Although, I started probably having problems at fifty-five/sixty, although they weren’t as serious compared to today and I had a different philosophy for doctors and hospitals. They were for somebody else, I shouldn’t be concerned and I didn’t eat what I should have probably and take care what I should have. Now, **I recognize I got to do things differently.**”*

Joe has begun to recognize not only does he need to do things differently and pay more attention to his health, but this has also led him to seek medical attention/assistance as his health and body continues to change. Joe's realization and guilt he feels for not recognizing he needed to be making wiser decisions sooner connects back to the guilt and selfishness Zada experienced. The body within Western Modernity is constantly being objectified through discourse and produced into both 'manageable' and 'docile' bodies (Grenier and Leonard 200:103). It is within these instances they reflect upon the importance their body plays within in the aging process and the need to be vigilant and conscientious when making choices concerning their bodies.

The body is the driving force of aging; without it aging would not be seen as a prominent aspect of life. It is often the body is seen as a physical aspect that is deemed natural by biology, but it is more than that. The body is a medically objectified object continuously being reproduced within medical discourse. This objectification takes what once was seen as a subject of bio-medicine and molds them into something regulated, classified, and categorized. When you think about the body, not only is it at the center of the aging process, but it is also an indicator of this process. While older adults recognize the changes within their bodies as a result of age, society recognizes the visible changes resulting from age. It is these visible changes, such as greying of hair or walking with a walker that also influence the categorization and classification of old age. In addition, it is shaped by discourses of Western culture (Powell and Biggs 2004). These social discourses used to focus on the wisdom that empowered older adults now are focused

around how their lives have declined and they are no longer who they used to be (Lin, Hummert, Harwood 2004).

While aging is an inevitable process, the body is seen as a manageable object individuals can control through exercise regimens, medication, etc. By being able to express control over their bodies older adults are given a sense of autonomy and the feeling they are changing their lives, enjoying the feeling of individuality and being in control (Nelson 2011). It is this feeling of control over bodily changes that also reflects back on the anti-aging industry and feeds into the belief aging is a negative process (Calastanti 2005). It is through the body older adults developed an understanding of the role it has within the aging experience. This understanding influences them to make more conscientious choices when it comes to caring for and addressing the changes of their aging bodies, for the body also influences how others see them.

### *Perceptions and Treatment*

The body is a visible part of aging that often plays a role in how older adults are perceived within society. As older adults begin to recognize the changes occurring within their bodies, so does society. Common changes older adults experience are facial sagging, wrinkles, grey hair, and the use of assistive devices, such as canes and walkers. It is often these bodily changes are seen as unacceptable and receive negative scrutiny from society (Coupland 2009; Calasanti 2005; Vincent 2008). Due to natural body deterioration and the stigmatization, there becomes an obligation for a body to meet certain standards (Coupland 2009). This recognition can influence how older adults are

spoken to, treated, and in some cases disregarded. As discussed in the literature, there has been a demographic shift where life expectancy has increased, but there remains a lack of conversation and understanding around how to treat these individuals as they age (Martin 2018). Ageism can be described as negative acts or discrimination against someone based on their age. Ageism has become institutionalized in the United States which often allows for it to go unnoticed (Nelson 2016). Within Western culture, youth and vitality are often favored, while old age is disregarded and seen as a negative time in someone's life, for it signifies the beginning of the end (Nelson 2011; Applewhite 2016; Berger 2017).

When asked about ageism, most participants stated they were unfamiliar with the term, but through further conversation they revealed they have experienced or witnessed some form of ageism. Participants who discussed their experiences/possible experiences with ageism talk about instances where others would use language that often belittled or infantilized them. Other instances participants talked about was how their society around them is so fast paced they are often looked over and feel invisible. Jess discussed her experience with feeling this way as a result of "cart rage".

"I think one of the biggest things has happened in this community, not this community, this whole country; courtesy has gone by the wayside. Courtesy is not there anymore. I do feel sometimes actually scared because in Costco I got a woman pushed a cart right up against my ankles and oh my god it hurt; I can't tell you how much it hurt I almost cried and she was like oh my god I hurt you are you hurt and I was like yes I'm hurt, yes I'm hurt and she apologized and then she went on and we met again at the checkout counter and I said are you okay? And I said no it still really hurts and I was just not going to let her off the hook, that happens to me **I get scared in stores** because and I read something the other day again that said about "cart rage" in stores and it's true; **it can be really scary when you've got a group of people who are in such a hurry and they are angry and they are angry because I can't walk fast anymore** and I stay on my side of the aisle and I try to let people go through, I know that and I'm not in a hurry, and I'm not in a rush, so

**I try not to hold people up, but it still gets really scary because these people are in such an amazing rush, so yes, physically sometimes I am quite intimidated by that because I know I can't fight back, I can't you know, I'm not strong enough to defend myself in some of those situations."**

While some participants expressed their experiences of ageism, there were a few who believed they did not experience ageism, but still acknowledged its existence. However, not all participating older adults discussed negative treatment, but rather positive treatment and honoring of older adults. In addition to her experiences with cart rage, Jess also touched on one of the primary ways ageism is expressed, through ageist language,

*"Ageism... Don't call me sweetheart at the grocery store. Don't call me honey. Don't call me dearie. I don't like that and most of my friends don't either, you know. There are people who think it's cute and think oh well they are just trying to be nice...blah blah blah blah blah..., but what is nice? Somewhere in this world they forgot about the fact, well I think it is cute, but do THEY [older adults] think it is cute? And we don't because **it is demean[ing], it makes us smaller, it makes us less than**. So, being equal citizens and one of the things is we are much healthier now, we are much more capable of doing things now..."*

This example Jess provides also can be described as *elderspeak* (Applewhite 2016).

*Elderspeak* is defined as "the belittling 'sweeties' and 'dearies' that people use to address older people—does more than rankle. It reinforces stereotypes of incapacity and incompetence, which leads to poorer health, including shorter lifespans" (Applewhite 2016:20). Applewhite's description of *elderspeak*, aligns with what Jess is saying about others talking down to her and her peers making them feel they are less than and cannot support themselves. As discussed in my literature review, ageist language is not an uncommon experience for older adults, in fact, it is one of the most common ways ageism is expressed. The use of ageist language is often seen as belittling and an over-accommodation; depending upon the situation it can be considered as both intentional

and unintentional (Gendron et. al 2016; Wiener 2011). Ageist language can occur in any setting and it often leaves older adults feeling infantilized. This feeling is also carried over into other everyday experiences. This feeling of infantilization also reflects back on Arluke and Levin's concept of "second childhood" (1982). Within this 'second childhood' older adults internalize how they are being treated and this creates a recognition that they are no longer as independent as they once were, just as they were when they were children.

While talking with Stanley, 70, he shared with me a story about going through checkout lines at the grocery store and provided an interesting perspective on how older adults are viewed and treated and even puts himself in the shoes of the cashier when it comes to working with older adults:

*"...I see the way they treat other people. And especially older people, they brush them aside if they can. I don't think they mean to, **I just think it's part of human nature to just throw the older person under the bus...**I mean I don't know about you, but the older guy, if I get a older man that was kind of hesitant or kind of slow, not because mentally being a retard but because he was slower, but you know what I'm saying, If he couldn't go quick enough to keep up with me, I didn't want to deal with him. And I think that is the way life is you know."*

Stanley himself was involved in retail and began to notice towards the end of his career how he became practically invisible to customers and was often passed over.

*"... I was working real hard and younger people went right past me and went for the younger person. They thought I was the old man; I got that feeling a lot, you know. I had my cronies that would come in and remember me, you know and be like hey, you back and all that kind of stuff. Yeah it happens, it definitely happens."*

This feeling of invisibility Stanley described was a topic of discussion for all of my participants and it was viewed in different perspectives depending upon who I was

talking to. Older adults discussed either the negativity of feeling invisible to others, while others basked in the opportunity of not being noticed. The majority of older adults either expressed they did not experience feeling invisible or if they did, it did not bother them. Based on Stanley's views and other interview participants' perceptions, the aging body being passed over has become in itself a tool. The body becomes a tool that functions to either become visible or invisible. Some participants engage with this aspect of their bodies in which their actualized reality of their body is seen as negligible and thereby physically invisible to onlookers. When talking to Zada about being invisible within society she said,

*“Actually there are certain advantages, I think as women get older because biologically it makes sense, men are attracted to women and I know that they don't think this way, but I think it is hormonal that women who would appear to be healthy for reproduction, you know? As women get older we move away from that and so men, especially young men, but men would be less attentive. Now there are certain advantages to that you could actually have men friends when you're older and not having to be aware of ulterior motives or additional motives or whatever. So, I don't know about feeling invisible but not being seen as much in that sort of sexual way, which I know for some women that really bothers them, but for me it was like a relief and I really enjoy having men friends.”*

Zada recognizes her body's ability to be invisible as an advantage allowing her to have friendships free of distractions. Thinking back to the 'gaze', while older adults typically are projecting this gaze onto themselves or having this gaze placed upon them from to others. Zada has recognized due to her body's changes she no longer feels what could be classified as the male gaze. The male gaze portrays women as sexual objects for men's pleasure (Mulvey 1975). Through her body's changes, Zada has been freed from this male gaze allowing her not to worry how others saw her. Sharon, Zada, and Drake share

similar views about their visibility and how they preferred for there not to be much attention and furthermore to not be seen. This sense of invisibility is dependent upon their will to be seen; in a way, this supplements their fading autonomy and sense of independence as they control their visibility. Sharon sees the invisibility as an opportunity; she would rather not be looked at. “Invisible, oh yes, and I love it!...Yeah, it is great...Who wants to get looked at?” For some participants they see their personality also as a tool assisting the way they interact with the world around them and how they are perceived. For the purposes of this analysis, I define personality as introverted and extroverted; their personalities being who they are as individuals and how they choose to assert their autonomy and how their personality aides them in understanding how others perceive them. For Drake, he tends not to pay attention to the way others see him:

*“... The thing is my personality is such that; **I don't seek attention to begin with**, so if I'm being ignored because my age I won't notice it because I want to be left alone.... One of my favorite things on this Earth is to come to the coffee shop and have a cup of coffee and read the paper and be left alone; that is happiness to me.”*

Drake's introverted personality provides himself with an opportunity to go about the day, uninterrupted, and he desires nothing more than being at peace, with no inclination or worry about how others may perceive him because of his age. This sentiment was also echoed by Sharon. Sharon attributes her introverted personality for the ability to remain unaware of ageist acts because, like Drake, she prefers to not pay attention to how others may perceive her. Within their interviews, both Sharon and Drake imply they have introverted personalities, which allows them to keep to themselves. When asked about experiencing ageism, Sharon said,

*“Ageism...actually no, but then again that is the kind of person I am, **I don’t really look for a lot of external validation from other people.** Maybe if I did, it might be different, but I don’t. I have my own inner values.”*

Both Drake and Sharon’s personalities provide an opportunity to remain unaffected by any negative treatment that may be directed towards them because of their age. This relates back to how other participant’s use their body as a tool allowing them to exercise their autonomy and their ability to choose whether or not they wish to recognize how society sees them, especially in regards to visibility/invisibility. This ability to exercise one's autonomy and control their visibility opens up opportunities. For Drake and Sharon exercising their autonomy allows them to go about their lives without having to worry about how others see them and in doing so they have the ability to avoid the negative discourses that exist around aging.

While invisibility aides’ older adults and gives them the opportunity to go unnoticed within society, there are instances where they recognize they are potentially being treated differently due to their age. These instances range from positive to negative. While it was mentioned earlier that Zada recognized people, primarily men are less attentive to her. She also recognized her visibility within her family and the treatment that comes with it.

*“There is a certain **honoring of elders** and it always kind of cracks me up, like I tell my kids who have been raised in the culture. It’s like anyone who has gray hair is kind of put in that category of having special treatment and I remind my children that some people aren’t elders, they are just old (laughs) I mean I’m not knocking being honored it is nice, seems funny.”*

When it comes to the honoring of elders this is often intertwined with an individual’s culture and also in the way they were raised. Zada acknowledges how her family treats

her well and this has a lot to do with the values instilled within her family. Family is a primary form of socialization where an individual learns about values, such as how to treat others. In Zada's case, her family was taught to honor elders. Within some cultures age is valued and elders are honored as holders of wisdom. Sophia has a different perception of how older adults are treated here in the United States:

*"...I don't like the way older people are treated today, I think we're not treated like the values that they should see in us. Gosh, in Japan you are treated like an heirloom, umm...In other countries, older people are treated with respect, I don't think [we are] in this country..."*

While Sophia's perception is different from Zada's, it also aligns with it in showing how important values are when it comes to the treatment of others. Their perceptions are supported by Joe:

*"...there wasn't a course on how to treat older people in school or anything like that. It was just expected, you saw your parents treating their parents a certain way and handling problems a certain way and you just grew up to assume that your day might be coming and you might have to do the same thing. Kinda like the Oriental people do things..."*

The treatment of older adults is a value instilled within an individual at an early age from their family and these values are rooted in one's culture and traditions and varies based on culture. Ageist ideals have become embedded within our culture which has also led to us being socialized at an early age to not only project negative behaviors and attitudes on those who are older than us, but also on ourselves due to the very thought of us going through the aging process (Calasanti 2005).

To some extent, all participants recognized ageism exists, no matter if they have experienced it or not. Some participants recognized how age has changed the way they

are seen within the community and for some this meant they were often passed over as if they were invisible. For most of these participants this did not seem to bother them nor did they seem to notice it. However, there are times when older adults had an experience they were not entirely sure about. For Beverly, 86, this was one of those instances:

*“...We were walking downtown Eureka [and] these guys were walking down the street towards us and Frank and I had to move off out of their way [and] they kept going. Maybe that is ageism, I thought how rude they were...”*

This experience Beverly had is an example of ageism and her reaction to this event says a lot about how ageism is perceived within our society. Within Western societies, ageism is often dismissed and in most cases is not even recognized (Applewhite 2016). Western societies, especially American culture, are seen as “grotesquely youth-centric” (Applewhite 2016:7). As Applewhite mentions, American culture is predominantly focused upon and values youth. This focus on youth connects back to the literature on anti-aging. While older adults physically experience bodily decline during the aging process, those around them are witnesses to these changes. Due to society’s value of youth, anti-aging remedies are seen as a way to address the biological changes of aging so an individual can give off the appearance they are younger (Coupland 2009; Calasanti 2005; Nelson 2011). As discussed in the literature, ageism is one of the most common “-isms” and is considered normal in most cultures (Gendron et al. 2016). Ageism can often times come across as a joke. These jokes are typically centered around being another year older like it is a bad thing or even addressing the changes experienced in both the body and the mind, making jokes at having senior moments i.e. memory loss (Nelson 2016). When ageism is recognized, it can have an impact on older adults quality of life and

overall health. For some however, it is possible for the behavior of these “guys” to be brushed off as normal or to be considered impolite. Recognizing this behavior helps to support Beverly’s indecisiveness whether this is a type of ageist behavior.

While Beverly was indecisive around whether or not she experienced an act of ageism, she did reflect on how she has become more aware of how people have become more attentive to what they assume older adults need. She said “...*more and more people open doors for me, it is very nice I appreciate it, at first I thought this was kind of strange, I appreciate it now.*” While appreciative of the gesture now, Beverly was unaware of why so many people were opening doors for her. This can be recognized as just a kind gesture people do for each other no matter their age. However, she acknowledges this behavior has increased as she has gotten older. While opening doors can be seen as a kind gesture to anyone, Beverly’s acknowledgement of this behavior increasing as she has gotten older can reflect on the fact that as the body ages these changes become more visible to society. Dwayne, 83, also recognized how this behavior has increased as he has gotten older, “*Oh yeah, they are opening doors for me and if I drop something there’s always someone there to pick it up all the time...*” However, Dwayne also credits the community he lives in for being more positive and accepting of older adults.

Older adults utilize their body’s abilities as tools to help themselves navigate through life. This utilization provides the ability to choose whether or not they wish to acknowledge how others may perceive them, giving themselves the opportunity to be visible/invisible within society. As older adults develop an understanding of their bodies

abilities this helps aid how they are perceived in the public eye. This carries over into how involved they are within their communities.

### *Social Connections and Involvement*

To ensure older adults are successfully aging, it is important for older adults to engage in their communities, which can provide them a sense of belonging (Fang et al. 2016). This sentiment was echoed by many of my participants, especially Jess. For Jess, being involved within the community has provided her with a multitude of options. As her grandchildren were growing up she talked about spending time with them and teaching them the values of camping. But as they got older they moved away and this sparked Jess's interest in looking for community elsewhere. This led her to find a group of ladies who she now regularly participates in what she calls "granny camping".

*"Well we are all over seventy....I moved to town, then I met Barbara and a whole bunch of other women through all the things I joined up with and I found enough of them that wanted to go camping. So there is five or six of us. We all have our own equipment, we had five tents last time. I have a picture somewhere of our little tent village. We call it Granny camping because about the second time we went up there, there was this really young ranger who came around about ten o'clock, quiet time, quiet time... You know we were having our wine and we got our fire, we are laughing and giggling, but we weren't yelling or screaming, or setting off fireworks or anything; pretty soon about twenty minutes later he comes back by and he says it's quiet time, I can hear you cackling all the way up, that is what he said, I could hear you cackling all the way up to the ranger station. (laughs) So we started calming down. Can you imagine that? I think we scared him. He was maybe twenty-five...maybe. (laughs), but we weren't causing trouble we were just laughing. (Laughs), but yeah we camp, we do it just do it to prove we can do it and we love doing it, it is just so much fun...."*

Jess attributes the extroverted side of her personality for a lot of the choices she makes in life. This has influenced who she forms social relationships with, she seeks social relationships with those who reflect who she is as an individual. She said,

*“...I’m really connected and you know I think in my crowd, I’m just kind of attracted to people who are relatively like me. We just attract each other because you know, who wants to go camping, also a select few people when you are seventy-five and we have people who are disabled, but it doesn’t interfere.”*

It is through these connections Jess has established a sense of community. This establishment of community makes it possible for her to have meaningful involvement and has provided her the opportunity to alleviate barriers she may have faced if she did not have this support system/community (Black, Dobbs, and Young 2015; Fang et al. 2016). For Jess, her community has helped her in times of need,

*“...When I had my knees done, I had them done separately. People came and took me to the doctor, took me here, took me there. We have a community bright purple walker, a really fancy one that we found at a yard sale and it’s parked at my house now, but it is our shared walker. Whoever gets impaired gets this walker and I have my dad’s old school one, the really simple one. I just got back that one from someone who borrowed it... We share a lot of stuff like that, again it is **community that we created ourselves**, but I think that I tend to be attracted to more proactive people, maybe in different ways than I am, but still proactive...”*

She has immersed herself within the community and surrounded herself with like-minded individuals. This has provided her the opportunity to overcome things like her knee surgeries. Jess recognizes the importance of community and does her part to contribute and help others when the need is present. Community has a lot to do with who one surrounds themselves with. Zada has found community within the activities she participates in and the people she surrounds herself with,

*“I dance with people on Friday afternoons most of whom are older than I, who dance better than I do (laughs), but mentally in some ways **I feel that my experience has been really, really helpful in having a more balanced perspective in life, having known a lot of people.**”*

Zada’s recognition of how having a sense of community has aided her life is a prime example of how she has been able to have meaningful involvement and this can in return promote the idea of aging successfully. Zada has also found community through her involvement with various organizations within the community,

*“I belong to one organization called Senior Action Coalition, the people who regularly come...there about 5-6 per time pretty much; one of the things we’ve talked about is the need to recruit some people who are a bit younger than us, who are in their sixties who have more time, whose kids are grown and all that, maybe they aren’t working anymore, but we’re needing to find younger people. Actually, several organizations I belong to we are talking about that. In the extreme weather shelter, the two of us who are really active and doing that are in our early 70s and we need to find some younger people who can take that on.”*

Zada acknowledges age plays a prominent role in involvement within the community and the need for there to be younger adults getting involved. Sharon echoes Zada’s recognition of there being more older adults involved within the community than young adults:

*“What I’ve noticed, the only people who seem to be doing any work within this community are the old people and it is because we are retired and we have the time to do it. Young people have families and two jobs, they don’t have time to give to the community, so yeah, it is a positive effect, not a negative one. You know in many ways it is a cool time of life?”*

According to Morrow-Howell, older adults are more likely to commit more hours to volunteering than younger adults, which can reflect upon older adults having time available to them to volunteer while younger adults have other timely commitments (2010). In many of my interviews there were comments made about how fast-paced our

world currently is and younger adults are too busy with life to be involved. In their interviews Sharon, Jess, and Zada all talked about their involvement and volunteering in the community as a way to stay actively engaged in their communities. Their involvement and volunteering further supports the goals of successful aging through social participation, benefitting both their health and well-being (Chen 2016). However, there were also older adults within my interview who strive to be involved but have come across barriers. For Sophia, she has a strong desire to be involved within the community. However, due to accessibility and the notable body changes, she recognizes the community is not very conscious of how bodies change and decline as they age. As a result this influences how they interact with their physical community around them, not just social interactions. She said,

*“I wish more things were made accessible for the elderly. We don’t always have that, people think that age, everything that has taken places, done for them, walks easier, because the incline isn’t so steep, you know things like that, but there hasn’t been a lot done....Not having a car...I can’t participate in some community offerings, which I would like to experience. Yeah, **mobility stops me a lot from doing things in my community** that I would love to do...**I think I would just like more accessibility to things. I feel left out of the community**, but I have a membership at the Botanical Gardens and I’m going with a friend this Wednesday and we’re going to tackle the Botanical Gardens because she has health issues too and we are going to face them and go enjoy ourselves, so I’m looking forward to that.”*

While accessibility is difficult for Sofia, she recognizes her body and loss of autonomy as a barrier to opportunities; she does find some sense of community with her peers who are experiencing the same hardships she is going through. Beverly has also acknowledged how her body has influenced her participation within the community. She said,

***“I don’t participate in the community as much as I used too, I think it is because I don’t have the energy to get out and go, I don’t like driving at night, myself, but I don’t like taking other people because I don’t feel that comfortable driving. So I think that is one of the ways age has gotten to me.”***

Community involvement and social interactions appear to be held highly among a majority of my participants. All participants either discussed how they were actively involved within the community through various organizations and boards and those who were not involved voiced a strong desire to be able to participate within community events, but have a difficult time participating due to the role the aging process has played on their bodies. While social involvement was important, there are also appeared to be the same disconnect I discussed earlier between the mind and the body. For participants like Jess and Zada who consider themselves very actively involved within the community, they both talked about how as their body has aged they no longer have the energy to maintain their level of involvement. This realization of their decrease in energy reconnects the dissonance between their mind and body, recognizing their body’s limits and their age. Beverly also acknowledged early on her decrease in energy has led to decreased involvement within her community.

Being involved in one’s community is an important part of ‘aging successfully’ (Fang et. al 2016). This allows for them to have opportunities to not only stay involved within their communities, but also form social bonds. Participants made it apparent the role their body’s influence has on how active and engaged they are in their communities. For some their bodies became a barrier to just how engaged they could be, whether it was due to communities not being accessible enough for participants to be able to easily

navigate these areas or a loss of energy as they have gotten older. The thought of communities not being accessible for the aging body mirrors the same kind of disregard older adults receive within medical institutions. For those who see themselves as introverts this can also act as a barrier of accessible communities. However, due to these individuals introverted personalities they may not choose to actively engage in their communities. As mentioned earlier, everyone experiences aging differently and engagement in one's community is dependent upon the individual, in which one's idea of successful aging may be different than someone else's definition.

#### *Navigation and Perceptions of the Medical Industry*

Disregard for older adults is generally found within medical institutions and it is within these institutions, we often see age being treated as a disease because of the way medical institutions are founded on the bio-medical model (Kane, Ouslander, and Abrass 2004). Estes and Binney (1989), further describes this as the “biomedicalization of aging,” which socially constructs aging as a process of incremental physical decline. This process further is under the control of biomedicine. Negative discourses of ‘death’, ‘decline’, and ‘decay’ help perpetuate ageism within medical institutions leading to older adults being cast away. In some cases, the aging body is seen as an opportunity for bio-medical science to step in and address the signs of ‘decline.’ Bio-medicine exists to help individuals live longer (Powell, Biggs, and Wahidin 2006). However, when we look closer at medical institutions we can see the control they have over the aging body. This control is distributed through both socially constructed narratives about medical

institutions and the procedures that take place within these institutions. Biggs and Powell expand on this, “It appears...that established and emerging “master narratives” of biological decline on the one hand and consumer agelessness on the other co-exist, talking to different populations and promoting contradictory, yet interrelated narratives to age. They are contradictory in their relation to notions of autonomy, independence, and dependency on others; yet linked through the importance of techniques for maintenance...via medicalized bodily control” (2003:3). The bio-medical model influences negative conceptualizations of age due to its acknowledgement of the body’s changes, which projects a medical gaze onto an older adult allowing them to make connections between older adult’s symptoms with associated diseases. It is within this instance an older adult becomes their body (Powell 2006). The model addresses the aging process by projecting the medical gaze on to the mind and body, seeing how they are declining. Medical institutions have long patterned after this model and seldom deviate. My interviews mirror this model by discussing how they have recognized how their body is declining. As highlighted in the section on centralization of the body, participants discuss how they have been conscientious of the ways their bodies have begun to decline, when they have noticed they are no longer able to do things they once could. In some cases, they have projected their own gaze onto their bodies the ways they have felt the need to address the changes of their bodies with various exercise regimes (Powell, Biggs, and Wahidin 2005). Older adults who visit the doctor are more likely to have their symptoms overlooked due to doctors viewing them as side-effects of aging. The aging body, its abilities and limits, are a central role within medical institutions, just as the

aging body is a centralized part of the aging process. To medical professionals aging is seen as something “fixable” (Gawande 2014). Looking at the bio-medical model and its focus on aging, bio-medical science is seen as a solution. However, only if there is potential for these individuals to return to aging successfully.

Humboldt County is a rural county located in Northern California with an estimated population of 136,373 people (US Census Bureau 2018). The location's rurality can impact individual's access to various services, especially medical. These resources are limited primarily due to the location of the county and being isolated from other areas. With this in mind and the rurality of Humboldt County, I wanted to look at how my participants viewed the medical industry here in the county, in addition to seeing if their age contributed in not seeking/accessing medical services. When asked about healthcare services in Humboldt County, Sharon talked about how she sees it as a “joke”. She said,

*“...Medical, don't get me started on that...my friends and I have this joke...If you come to Humboldt you will have beautiful scenery, nature galore, you'll have lots of art, lots of entertainment, it's a wonderful place to live, but if you get sick here, you will die here [laughs]...because **there is no medical here.**”*

This recognition of there being a lack of medical services says a lot about Humboldt County's rurality. It is not uncommon for there to be fewer options available for older adults who live in rural communities. This lack of options typically increases when a specialist is needed, which Sharon has had firsthand experience with:

*“Well...**I think everyone gets denied because there are not enough providers to go around**, and I think that affects young people as much as old people. It affects mothers with kids, it affects everybody and if you need a specialist, God help you. I needed a specialist, I was ready to go down to Santa Rosa, I was postponed... I*

*was supposed to go last year and I postponed it because of the fires and then something came up...So no matter what you do...it is a problem for everybody I'd say."*

As discussed in the literature, there tends to be an inadequate amount of specialized healthcare providers older adults need, due to lack of interest and care (Goins et al. 2005; Li 2006; Gawande 2014). It is not uncommon for individuals to find gaps in medical services within rural communities, especially in Humboldt. There are smaller quantities of specialized medical providers in rural communities due to a lack of interest, care, and also these areas lack incentives. Medical providers are more likely to work in more populated cities because these areas generally have stronger economic infrastructures and have the ability to provide services to a wider population than rural communities (Goins et. al 2005). Rural communities are more likely to have weaker economic infrastructures due to being located in a rugged area, which often leads to less people coming into the community, resulting in fewer hospital beds and providers available to the community (Goins et. al 2005). Due to Humboldt County's rurality, a common occurrence residents seeking medical services experience is long emergency room waiting times due to the shortage of available hospital beds. These shortages can be attributed to weak economic infrastructures which make it difficult for hospitals to have enough staffing to address the needs of their patients. Emily, 77, echoes Sharon's recognition of there being an inadequate amount of medical professionals to go around. She said,

*"No doctors for me, all I see is the nurse practitioner and that's for the community, and his heart doctor just left, so he does have two really good doctors, but in this community they just come and leave."*

The lack of primary care providers has required Emily to seek medical treatment through a local nurse practitioner. This can result in inadequate care for those who are seeking treatment and burnout for the practitioner. When talking about accessing medical care, Dorothy, 67, expressed when it comes to her accessing medical care her age is not a barrier but she said,

*“...I don’t seek a lot of medical care just because I don’t like to, I really don’t like doctors and I don’t like our medical community, it’s a business, I think of it as, I don’t like....No, **it’s like an industry** and I mean, I don’t really like that...**I don’t think people are individuals that much, once you get involved with the health, I mean some places are better than others....**”*

This reasoning best supports what the bio-medical model is about. This also coincides with older adults being less likely to seek services from care providers because of the fear they will be treated negatively (Ford et al. 2018).

For participants who did seek medical care they found they had a better opportunity of receiving care when they had access to either insurance or Medicare. While Dwayne comments that insurance prices are a little hefty, he still is provided the opportunity to be able to go to the doctor when it is needed and receives quality treatment.

*“... “I go anywhere anytime I want, I go to any doctor I want. **I pay a healthy price** for it...Oh yea, insurance, \$1,200 for each of us.*

Being a veteran, Dwayne acknowledges he has more of an opportunity for accessing medical services he needs through the VA (Veterans Affairs). While Emily made the comment earlier about her husband Rick having doctors here while she relies on the nurse

practitioner, her husband recognizes the advantage they have to accessing services compared to others,

*“As far as being denied services, **we have good insurance; that makes a big difference!** People who don’t have Medical or Medicare supplement have a problem. They don’t get as good as services; that is my opinion.”*

It is through these services and healthcare plans other participants like Sharon and Drake, are able to increase their access to medical services when needed. Sharon said, *“I have Medicare, which is no small thing.”* When talking to Drake about his access to services and whether he had any difficulty receiving medical services he said, *“I don’t think so, cause I’m eligible for Medica[re] now, so that actually increases my access. Medicare was great, a big burden off my shoulders.”* Having the ability to access services through Medicare or services from the VA help to bridge the gaps in medical care for these participants, but this does not fully erase the gaps in medical service providers in Humboldt County.

Humboldt County has an apparent lack in medical services and providers available to older adults, which has made it difficult for participants to gain access to medical services they need. However, they appear to be able to better navigate these obstacles when they acquire assistance from the VA or Medicare. While an older adult's body poses as an obstacle for obtaining medical services within the literature that was not the case for participants of my study. However, it is apparent the biomedical model still has an influential hold over their attempts to access medical services.

Through each of these sections of analysis, the body remains to be a prominent figure within the aging process and the way older adults conceptualize their experiences

navigating not only as their body's changes, but also their navigation of their communities and medical institutions. As older adults have aged their bodies have changed both biologically and visibly and these changes have been placed under surveillance of not only themselves, but also those within their communities and medical professionals. This surveillance has cast a 'gaze' upon their body influencing how they see themselves within the aging process.

This 'gaze' dictates the control they express over their body in trying to manage bodily changes through exercise and increased consciousness of what they consume. Visible signs of aging influences whether or not they are seen within the community, which further influences their ability to be involved within their communities. Overall, the 'gaze' projected on the aging body from medical professions encapsulates older adults being seen as their bodies.

## CALL TO ACTION

With a rising aging population there has notably been a change in behavior surrounding the treatment of older adults. As stated earlier, ageism is one of the most institutionalized and normalized “-isms” in our society today and at the foundation of this treatment is the aging body. The time is now to take action, to create discussions and bring an awareness to these unnoticed behaviors. One of the ways this can be done is through Ahmed’s (2017) concept of the feminist killjoy.

It is time for older adults to be able to reclaim their identity, which means it is time for older adults to reclaim their bodies. This can begin through the disruption of normal social interactions, shifting aging discourse from a negative to a positive perspective. While Ahmed applies the concept of the feminist killjoy to various social oppressions, it can also be applied to the concept of ageism. A feminist killjoy is one who speaks of a problem and then becomes the problem. However, the feminist killjoy is one to speak because she sees the problem. When we see things going on in the world, such as racism and sexism, we become faced with a dilemma on how we choose to act, or if we choose to act at all. If we choose to act we face the consequences for speaking up. Not only in society can we become the feminist killjoy, but also within our institutions. The most important institution to become a feminist killjoy in is the medical institution, with their discourses rooted in decline. Medical institutions are most notorious for reinforcing ageist views and for a feminist killjoy to speak up within these institutions would be the

first step in shifting the discourse on aging bodies away from discourse situated in decline.

A lot of feminist work is focused around addressing issues with racism, sexism, and oppression and trying to battle these at an institutional level becomes just as challenging as it is out in society. Ahmed discusses how the feminist killjoy often finds them self-questioning whether to speak up or not, for if she speaks she may be disregarded; however, the reason she chooses to speak is because these issues need to be addressed. “Sometimes: we have to teach ourselves not to shrug things off, knowing full well that by not doing something we will be perceived as doing too much” (Ahmed 2017:36). Shrugging things off will not address an issue and in some cases this may perpetuate the present issue. Applying the concept of the feminist killjoy to ageism gives one the opportunity to address inequalities experienced by older adults. Ageism is one of society’s most common “isms” to fly under the radar and typically remains unaddressed, therefore it is important for the feminist killjoy to speak up.

While there are a number of people who disregard the idea of ageism existing, perhaps due their own experiences afforded to them by privileges they may have, aging does have an influence on the way one’s body is perceived within society due to the stigmas placed on the body’s natural changes. Perhaps, the feminist killjoy would be the most influential to address the problem of ageism before it even enters the medical institution.

The body is a semblance of who we are; it is representative of all we have gone through and has an influence on what is still to come. So, how can we address this

centralization of aging bodies within society that projects a positive discourse? Our socialization influences the types of values, such as how to treat others we carry with us through life. At the beginning stages of socialization would be the most opportune time to introduce the feminist killjoy, in order to combat learning ageist stereotypes. “The combination of education and contact, when possible, would likely be a more powerful ageism reduction strategy relative to either strategy by itself; education provides the essential knowledge about aging and older adulthood, while positive intergenerational contact provides the essential positive exposure to older adulthood that is concrete and accessible” (Levy 2018:230). Through education and contact, the discourse around the aging body could be shifted, uplifting its roots out of a discourse rooted in decline.

Due to Humboldt County’s population being 83.5 % white, my research population was not as diverse as I would have hoped, which I feel is a limitation to this work, especially when much of the literature is based in cultural upbringing and values around aging. Based off this experienced limitation I would suggest for future work to be more inclusive of elders from Native tribes in Humboldt County. However, due to cultural differences, it is important to have a co-author who is knowledgeable and would be considered an insider. Another recommendation for future research would be to look further into death and dying discourses, especially with the bio-medical model being situated in the discourses of ‘death’, ‘decline’, and ‘decay’. With ageism rooted in these negative discourses and attitudes towards the thought of life ending, there tends to be a wariness towards the idea of death. Older adults who participated in my research did not bring up death directly, the topic was only touched upon when participants spoke of their

peers beginning to die and the small deaths they have experienced with their body's decline. While I did not ask questions directly on death and end of life, participants did allude to these topics, which is why I feel it is important for future research to dig deeper into these discourses and older adults' perceptions on these discourses.

As the aging population continues to steadily increase it is important to recognize no aging experience is like another. Aging discourses are primarily situated around 'death', 'decline', and 'decay' and these discourses are continuously perpetuated by medical professionals. However, providing an individual's conceptualization of their aging experience allows one to directly view the power dynamics that exist between an older adult's body and the ways they navigate through their lives.

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## APPENDIX: INTERVIEW GUIDE

Guiding Research Questions: How do older adults conceptualize age and ageism and how does their conceptualization impact their: life, access to services, navigation of medical institutions, and own ageist discourses?

### Demographics/Background:

1. How old are you?
  - a. How old do you feel?
2. How would you describe yourself?
  - a. Race
  - b. Gender
3. What was your life like growing up?
4. How has your life influenced who you are now?
5. What is your life like now?
6. How were older adults in your family treated when growing?
7. Do you feel the same values still exist today?

### Personal Views on Age & Ageism:

8. How has your experience changed since turning \_\_\_?
9. How would you describe ageism?
10. Do you feel ageism exists?
11. What is an instance where you saw age impact you or someone you know?

### Community:

12. How has your age changed your participation?
13. Have you ever felt invisible or different because of your age?
  - a. If so, would you mind sharing about your experience?
14. How do you think others see you?
15. How do you see your peers?
16. In anyway do you feel your access to any services within the community has been impacted by your age? → What has your experience been like trying to access services?
17. Have you ever been denied services within Humboldt?

### Health & Healthcare:

18. Have you ever felt that you were treated unfairly in a healthcare setting due to your age?
19. Has anyone ever expressed concern about your health simply due to your age?
20. How has age influenced the way you see your health?
21. Has your age kept you from seeking medical care or advice? If so, why?

### Moving Forward:

22. Are there any other comments you would like to make about the experiences you've had with age or ageism?
23. Is there anything I should understand better or anything you would like to add to the interview?
24. Is there anything you would like to ask me?