# 29 Discourse and Aging

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## 0 Introduction

Consider Ruth Watkins, Gerald Miller, and Viola Green. Dr. Watkins is a single 83-year-old retired university administrator. Her considerable difficulties with hearing and walking barely slow her down; her community activism centers on environmental and child welfare issues. Mr. Miller, a 95-year-old self-educated businessman, just last month stopped going to work everyday upon discovering he has pancreatic cancer. His three children, ten grandchildren, and fourteen great-grandchildren have decided to come together next week to help celebrate "Pa's" full life before he dies. Mrs. Green is a 72-year-old retired kindergarten teacher who has recently moved into a private nursing home. Her children had struggled for a couple of years to keep her at home, but the confusion and wandering of Alzheimer's disease proved to be too powerful. Mrs. Green's current joy comes from looking through old personal papers and photographs and talking with the smiling faces of friends and family members she seems not to place.

Now consider the scholar caught up in the endless fascination of exploring the interrelationships between aging and discourse: does Dr. Watkins's hearing loss affect how she interacts in city council meetings? Will her shift to e-mail as a primary form of communication change how she keeps up with friends? Has Mr. Miller's talk at work changed over the course of 80 years as a businessman? How will he interact with his oncologist as he faces decisions regarding his cancer? What does Mrs. Green enjoy talking about? What seems to frustrate her? Would she be better off in a specialized care unit where she can talk with other individuals who have Alzheimer's disease?

As recently as the early 1980s, that researcher's bookshelves devoted to this juxtaposition of interests would have been nearly empty: *Language and Communication in the Elderly: Clinical, Therapeutic, and Experimental Aspects*, edited by Obler and Albert (1980), and *Aging, Communication Processes and Disorders*, edited by Beasley and Davis (1981), would have taken their place next to Irigaray's (1973) study of dementia in France (*Le langage des dements*), Gubrium's (1975) *Living and Dying at Murray Manor*,

and doctoral dissertations by Lubinski, "Perceptions of oral-verbal communication by residents and staff of an institution for the chronically ill and aged" (1976), and Bayles, "Communication profiles in a geriatric population" (1979). File folders containing the published report of a case study on language function in dementia by Schwartz et al. (1979), a discussion of senility by Smithers (1977), and an analysis of baby talk to the institutionalized aged by Caporeal (1981) would have almost completed the literature available at the time.

In the year 2000, however, that same scholar's bookshelves and file drawers are overflowing with studies. The 1980s and 1990s were filled with scholarly activities extending and deepening the understanding based on the small amount of early groundbreaking work.[1] A quick glance displays a dizzying array of topics and approaches. Some scholars[2] describe the language and/or communicative abilities that accompany aging, looking both at healthy individuals and at those dealing with health problems that directly affect language use, such as Alzheimer's disease and aphasia. Others[3] assume that people's language choices help to construct their social identities (including an elderly identity or patient identity) and relate these choices to issues of mental and physical health. Still others[4] recognize the critical importance of communicative relationships across the life span and investigate talk among friends and family members, both at home and within health-care facilities.

In this chapter, I discuss the multiple disciplinary perspectives and approaches that underlie this diversity (section 2), tracing in some detail the different modes of inquiry (section 3) and areas of inquiry (section 4) that characterize the literature on discourse and aging today. Before moving on to those discussions, however, I turn first to consider the notion of old age (section 1).

## 1 Who Is Old? Conceptualizations of Old Age

Researchers who work with elderly individuals come to the nearly immediate realization that age is much more complex than a simple biological category. Chronological age tells only a small part of anyone's story – and, in fact, can be quite misleading at times. Finding that simple chronological age did not correlate well with the facts of linguistic change in her research within the Labovian paradigm, Eckert (1984) turned to differences in speakers' aspirations, roles, and orientation to society to account for their linguistic behavior. Later, Eckert (1997: 167) argued that researchers must direct their focus "away from chronological age and towards the life experiences that give age meaning."

People often feel older or younger than their chronological age (Boden and Bielby 1986; cf. discussion of "disjunctive aging" in Coupland et al. 1989). Sometimes this difference between perception and calendar years can be traced to what Counts and Counts (1985) call "functional age" – changes in a person's senses (e.g. sight or hearing), appearance, and mental and physical health, as well as activity level. Other times "social age" (Counts and Counts 1985) may be at play; e.g. people who are experiencing the same "rite of passage" in society may feel more alike in terms of age than their individual chronological ages would predict. To illustrate, 45-year-old first-time parents may feel more like 25-year-old first-time parents than like their 45-year-old

neighbors who just became grandparents. Likewise, a 60-year-old member of the graduating class of the local university may feel quite different from her 60-year-old friends who all graduated from college almost 40 years ago.

Finally, there is the possible influence of what Copper (1986: 52) calls "societal aging" (another term for ageism), where a generalized other is projected onto individuals which does not correspond to their own self-image. Randall (1986: 127) elaborates: "The dislocation created out of the contradictions between how I feel and look – and *what I know* – and how society perceives me – physically, socially, economically, emotionally – is a very real element in every day." Even well-meaning researchers in gerontology may unwittingly contribute to this situation by "expect[ing] that age will have a central significance and . . . look[ing] for its effects in our research of the elderly" (Ward 1984: 230) rather than striving to understand lives of the elderly "as they are lived" and highlighting age only when it is salient (see also Rosenfeld 1999).

Feeding into some of the disparities between perceived and chronological age is the extreme heterogeneity of the older segments of the population. Nelson and Dannefer (1992) observe that this increasing diversity over the life span does not appear to be specific to any particular domain; i.e. marked heterogeneity emerges as a finding across physical, personality, social, and cognitive domains. Elderly people can be expected, therefore, to differ greatly from each other in terms of memory, cognition, attitudes toward self and others, physical health, and communicative needs. Differences may also exist in terms of what kinds of people elderly women and men actually have to talk with, as well as where and how often this talk takes place. Issues here include social networks and attitudes of those in the networks both toward the particular individual in question and toward elderly people in general. Is the individual's lifetime partner (if any) still alive? Is his or her social network getting smaller and smaller as age-related peers die or move into nursing homes? Is the individual making new friends from younger generations? Is the individual talking a great deal to people who hold ageist attitudes?

This extreme variation makes it difficult to talk about normative language use. Wiemann et al. (1990) argue that, in order to be able to understand whether people are aging successfully, standards need to be ascertained for different stages of aging. At present, language used by elderly people is usually compared to the communicative, social, and psychological standards of typical middle age. As Eckert (1997: 157–8) points out, "Taking middle-aged language as a universal norm and developmental target obscures the fact that ways of speaking at any life stage are part of the community structuring of language use, and that the linguistic resources employed at any stage in life have social meaning for and within that life stage."

## 2 Embracing Multiple Disciplinary Perspectives

After reading the preceding discussion, one might feel a sense of anxiety and confusion when faced with the task of addressing the relationships between discourse and aging. Both Chafe (1994) and Moerman (1996), however, offer another possibility. Chafe, in an insightful discussion of data and methodologies related to linguistics

and the mind, argues that no single approach can be inherently the correct one. In his opinion, all types of data "provide important insights, and all have their limitations" (1994: 12). Each methodology makes a contribution, but "none has an exclusive claim on scientific validity" (1994: 18). Moerman (1996: 147) compares the field of conversation analysis to the swidden fields of Southeast Asia, which, in contrast to sessile farms planted with a single crop, support a great variety of mutually sustaining plants. Although they appear untidy in their early stages of growth, swidden fields are productive and supportive. Following Chafe and Moerman, then, I argue that, not only should no single disciplinary approach be understood as the dominant paradigm in issues of discourse and aging, but excluding any disciplinary approach a priori will almost certainly result in a less-than-complete understanding of such issues. The field is far too complex to be understood by looking through one set of filters.

However, simply agreeing that multidisciplinarity (possibly leading to interdisciplinarity) should be embraced does not get the job done. Any scholar who has worked seriously on issues that cross disciplines knows that such work can be a true challenge. Different dominant paradigms often point to different kinds of research questions that are thought to be both answerable and useful or important. These paradigms also influence which (and how many) participants and settings are included in research studies, what kinds of language data are collected and how, and what types of theoretical frameworks and analytical units are brought to the research, as well as what counts as research findings, and how those findings are reported.

With an eye to that goal – and in the firm belief that we can only welcome multidisciplinarity if we try to understand some of these differences – I now turn to a discussion of disciplinary influences in terms of the preferred mode of inquiry into issues of discourse and aging. Areas touched on include: theory-driven versus data-driven approaches, selection of informant(s), length and breadth of study, and contexts of talk examined. Section 4 then characterizes disciplinary influences on preferred types of research questions as evidenced by the state of the literature in this area.

## 3 Modes of Inquiry

### *3.1 Different starting points*

Possibly the most obvious paradigmatic difference relates to the choice of a theory-driven (top-down) or data-driven (bottom-up) approach to questions of discourse and aging. Researchers who align themselves with the natural sciences tend to take a theory-driven approach; they start with a question and motivation that derive from a theory which they deem important and relevant. Once the motivated question has been posed, they determine which and how many subjects are necessary to carry out the study as well as the context(s) of the subjects' language use. In this approach, the analytical tools necessary to the examination of language use are usually determined ahead of the actual data collection.

In contrast to the theory-driven approach, researchers who align themselves with anthropology tend to take a data-driven approach. This often starts with an interest

(which could be understood to be a motivation for the study – albeit a different kind than that emanating from theory) in particular subjects and/or contexts which leads to the collection of language used by these subjects within these contexts. The researchers usually have a general research question in mind, but this question is allowed to evolve as the investigation proceeds. Interesting patterns and unexpected language use by these subjects within these contexts lead the researchers to decide which analytical tools to employ; the analysis and the research question proceed hand in hand, each informing the other until the researchers are convinced that they have understood the discourse in an interesting and thorough way.

## *3.2 Who should be studied?*

Despite the complexity relating to the notion of age and the hetereogeneity of the elderly population discussed in section 1 above, many researchers working on questions of discourse and aging still select subjects for their studies based on chronological age, often in conjunction with various measures of health status. Time constraints frequently do not allow for the kinds of complex evaluations necessary to take into account individuals' *perceived* age, levels of activity and independence, etc., when selecting subjects. Sometimes researchers set up categories to distinguish between the young-old and the old-old or even the oldest-old as a way of taking into account observations that 65-year-olds are often different in many significant ways from 85-year-olds or those over 100 years of age (see especially Baltes and Mayer 1999). And, of course, in some studies, the researchers are specifically interested in chronological age, not perceived age, as it relates to a variety of other factors, and, therefore, select subjects based solely on chronological age.

## *3.3 How many subjects?*

Researchers deal with the issue of heterogeneity in different ways. Often researchers argue that the best way of compensating for wide variation within the population to be studied is to include very large numbers of subjects. The large numbers are seen as means to greater generalization of the findings of the study; i.e. in a large study, it is more likely that researchers will be working with a set of individuals who represent the larger population of elderly individuals in relevant ways. In a case study or one involving very few subjects, it is more likely that the individuals will not represent the larger population in these ways.

On the other hand, proponents of case studies and small-scale studies argue that the extreme variation that exists within the elderly population makes it likely that large-scale studies simply average out these large differences, and that the averages found, therefore, are actually not representative of large numbers of the elderly population in any meaningful way. Case studies and small-scale studies are seen as being able to investigate in a more in-depth fashion the interrelationships among a variety of discursive and social factors, leading to well-grounded research questions and methodologies that can be used in subsequent large-scale studies.[5]

## *3.4 Synchronic or diachronic?*

Some researchers separate their subjects into several age-based groups, carry out the tasks that will produce the discourse to be examined, and compare the "snapshots" of these groups. Although this cross-sectional study design is tempting in that discourse of different age groups can be elicited simultaneously, there are some potential problems with this approach. For example, differences found across groups may not reflect actual changes in individuals over the life span (therefore relating to aging), but instead may have to do with differential socialization of the groups regarding the importance of talk, gender roles and identities, etiquette, or with differing amounts of formal school education (which would not relate to aging per se). Even when similarities (not differences) across groups are identified, the researcher is faced with another type of challenge, in that he or she needs to differentiate those discourse patterns which are similar for both groups *for the same reasons* from those patterns which are similar *for different reasons* (see Hamilton 1992: 246–7 for an illustration).

The most obvious way to deal with issues evoked by the cross-sectional research design is to invoke a longitudinal design, in which each subject is followed over time, thereby acting as his or her own control. In this way it is possible to identify changes that take place over time within individuals' own discourse, rather than having to infer these changes in the cross-sectional design. Despite its advantages in this way, researchers involved in a longitudinal study must be alert to a possible skewing of data over time as some individuals stay with the study and others either opt out over time or die. Although the longitudinal approach can be employed in studies of individuals (see Hamilton 1994a) and single age groups, it is most effective in combination with the cross-sectional approach, where, for example, the discourse used by people in their 30s, 40s, 50s, 60s, 70s, etc., is tracked every five years.

## *3.5 Contexts of talk*

Discourse and aging studies typically examine language used within one or more of the following contexts: (1) standardized tests, (2) interviews, (3) conversations, and (4) real-life interactions "listened in on." Since differences inherent in these interactional contexts can result in differences in the discourse produced (and comprehended), some researchers have identified these contexts as being (at least partially) responsible for contradictory findings across studies.[6] It is with an eye to these differences that I now turn to a brief characterization of these four contexts.

### *3.5.1 Standardized test situation*

The discourse in this context tends to be tightly constrained. The language tasks are very clearly identified so that any deviation from what is expected can be characterized as outside the range of normal. In one such task, the speaker describes what is going on in a black-and-white line drawing of a kitchen scene, in which a child is standing on a stool and reaching for a cookie jar (Goodglass and Kaplan 1972). In another task, the speaker retells a well-known fairy tale, such as "Little Red Riding

Hood." One clear benefit of this context is that the researcher can find out a good deal about a wide range of discourse abilities and compare the results with a large number of other individuals who have previously taken the test within a limited amount of time. A disadvantage of this context is that its predetermined tasks limit the display of the test-taker's discourse abilities to just those under investigation. Another possible disadvantage is that the test-taker's performance on the test may bear little resemblance to his or her actual discourse abilities as displayed in everyday situations (ecological validity). For example, if the data elicitation relies a great deal on working memory or attention to task, older individuals may perform worse than younger ones (where the memory or attention problems have not reached the point where they are recognizable in real-life situations). Furthermore, if the task is one which is relatively abstract, older individuals might perform worse than younger individuals since they are "out of practice" performing these kinds of tasks, which are more typical of school than of everyday life.

### *3.5.2 Interview with the researcher*

The discourse in this context tends to be somewhat topically constrained and the participant roles and communicative division of labor fairly clear cut. The interviewer is usually understood to be in charge of asking the questions, while the interviewee is expected to answer them. Although there may be no "right or wrong" answers to mark the interviewee as being within or outside the range of normal (as is the case with standardized tests), subjects still know that they are not to veer very far off the proposed topics of discussion. One benefit of this communicative context is that the researcher can find out in a fairly quick and straightforward way what the interviewee has to say about a given set of topics. The use of open-ended questions allows the interviewees to frame their answers in whatever terms they feel are meaningful (in comparison to a questionnaire with predetermined answer options, for example). This freedom not only gives the researcher greater insight into the interviewees' way of thinking but also provides rich discourse for more microlevel analyses of language choices by the interviewee. One disadvantage of the interview (as compared with standardized testing) is that the open-endedness of the questions allows for the possibility that certain linguistic or communicative behavior will not be displayed.[7] Depending on the degree to which the interviewee feels uncertain about the purposes of the interview or feels uncomfortable talking with a relative stranger, the answers *about* communicative practice given in the interview may bear little relationship to what the interviewee *actually* does in practice.

### *3.5.3 Conversations with the researcher*

The language in this context is usually more free-wheeling than that in the interviews and testing situations discussed above. In conversations, topics come and go relatively freely, being initiated, elaborated upon, and closed by either party. This symmetry may result in the elderly individual displaying a fuller range of linguistic and communicative abilities than in a more asymmetrical context. Another benefit of undirected conversations is that the researcher can identify issues of importance to the elderly individual that might never have come up in a more topically constrained

discourse. Self-selected and designed conversational contributions can be windows on emotions and reflections that would probably have gone unnoticed within a more constrained context. One disadvantage of the conversation as well as the interview context (as compared with the testing situation) is the possibility that not all linguistic abilities judged to be relevant to the researcher may be displayed. Another disadvantage (as compared with the interview situation) is that it is more difficult for the researcher to maintain any sense of "agenda" when the elderly interlocutor may introduce new topics at any time, choose not to elaborate upon topics introduced by the researcher, etc.

In all three contexts just described – in tests, conversations, and interviews with the researchers – the testers/interviewers/conversational partners need to be alert to the possibility that they may unwittingly influence the language used by those whose discourse is of interest to them. Coupland et al. (1988) point out the subconscious overaccommodation by younger-generation interlocutors to the (falsely) perceived needs of their older-generation conversational partners. This overaccommodation can effect lower performance levels on the part of the older individual. My four-and-a-half-year longitudinal case study of Elsie, an elderly woman with Alzheimer's disease (Hamilton 1994a), is replete with examples of interactional influences – both positive and negative – on Elsie's talk.

### *3.5.4 Real-life situations "listened in on" by the researcher*

In these situations, the elderly individuals whose language is of interest are going about their business in a usual fashion and "just happen" to be observed; for example, on visits to the doctor and in support group conversations. One distinct advantage of this type of interaction, as contrasted with the contexts discussed above, is that there is no direct influence by the researcher on the language used by the elderly individuals. In cases where the researcher is in the immediate vicinity taping the interaction or taking notes, there may be a moderate indirect influence on the interaction due to the Observer's Paradox (see Labov 1972 for discussion of the fact that it is impossible to observe people who are *not* being observed). Another advantage in situations where the researcher is of a younger generation than his or her subjects (and, by definition, is involved in *intergenerational* encounters when talking with elderly individuals) is that it is possible to gain access to *intra*generational interactions such as conversations held among residents in a nursing home. Also the researcher can examine language used by elderly interlocutors with persons *they* have chosen to talk with in everyday life situations that are meaningful to *them*, as contrasted with interactions, such as the tests, interviews, and conversations, which usually take place outside their usual stream of life.

One possible disadvantage of "listening in on" real-life interactions has to do with the fact that the researcher is not part of the interaction. Because the talk is not constructed with the researcher in mind, it is quite likely that the researcher will not be privy to some of what is being talked about, will *think* he or she understands what is going on but actually does not, or will have a rather "flat" understanding of the discourse. These problems can be overcome to a certain extent through the use of playback interviews (see Tannen 1984), in which the original participants listen to the taped interaction along with the researcher. During or after the listening session, the

researcher can ask questions for clarification, or the original participants can make comments on their own.

## 4 Areas of Inquiry

As I mentioned in section 2, disciplinary differences extend beyond the kinds of considerations regarding design and execution of research that we have just been discussing; they go right to the heart of what kinds of questions and research topics are thought to be answerable and useful or important. In this section I identify three areas of inquiry that have served to center clusters of research in the area of discourse and aging and that I predict will continue to be important magnets for research in the future: (1) language and communicative abilities in old age; (2) identity in old age; and (3) social norms, values, and practices in old age. Of course it is impossible to draw clear lines around these areas; for example, a particular discourse practice (type 3) or marked change in discourse ability (type 1) can serve as resources for the construction of the speaker's identity (type 2). Decisions regarding where to place individual studies in this review were based on my understanding of each author's primary focus and goals.

### *4.1 Language and communicative abilities in old age*

Some scholars interested in the relationship between discourse and aging are drawn to questions relating to the relative decline, maintenance, or (occasionally) improvement of language and communicative abilities which accompany human aging. The majority of these scholars work in the disciplines of psycholinguistics, neurolinguistics, and speech-and-language pathology; their findings are typically based on the discourse produced and comprehended within standardized test batteries by large numbers of strategically selected elderly subjects. Some of these researchers look specifically at subgroups of the overall elderly population who are known to have difficulties with communication, such as individuals with Alzheimer's disease,[8] different types of aphasia,[9] and hearing loss.[10] Others attempt to characterize the decline, maintenance, or improvement of such abilities within the healthy elderly population.[11]

The long list of references in the notes to the paragraph above should not mislead the reader into thinking that these translate clearly into one set of unambiguous findings regarding discourse abilities and aging. This picture is still far from clear. Cloudiness in the form of contradictory findings across studies has several sources, including: insufficient differentiation among ages of subjects in some studies; the ceiling on age categories being set too low (for example, where 60 is used as the oldest age) in some studies; widely different discourse elicitation tasks across studies (see discussion in section 3.5); and a somewhat prescriptive predisposition within speech-language pathology which takes a negative view of what sociolinguists may see as a normal range of discourse variation (see Hamilton 1994c for discussion).

Despite the somewhat cloudy picture, many scholars point to the following changes that accompany healthy aging: (1) increasing difficulty with lexicon retrieval; e.g.

naming objects on command or coming up with words and proper nouns in conversation;[12] (2) decreasing syntactic complexity in spoken and written discourse production;[13] (3) increasing "off-target" verbosity;[14] and (4) decreasing sensitivity to audience when gauging given and new information (Ulatowska et al. 1985) as well as when using highly context-dependent linguistic features such as pronouns and deictic terms.[15]

Generally speaking, researchers whose studies are highlighted in this section are not satisfied with the mere identification of language changes that accompany aging, but frequently design their studies in such a way as to determine the cause of such changes (deterioration of the underlying linguistic system, problems of working memory, general slowing down of mental and physical processes, etc.). Such laudable efforts are often thwarted, however, by the complexity of what needs to be understood and differences in research design (as addressed in section 3) in the extant scholarly literature.

Near the end of their careful review of the state of research in this area, Melvold et al. (1994: 336) conclude: "We are only beginning to understand how and to what extent aging affects discourse." I believe that this picture will become ever clearer as researchers shift their focus from groups of elderly individuals selected by chronological age, health status, and educational background to carefully defined subcategories of elderly individuals carrying out specific discourse tasks in specific contexts (as one way to deal with the heterogeneity discussed in section 1). To this end, researchers trained in the areas of psycholinguistics and neurolinguistics are encouraged to (continue to) collaborate with linguistic discourse analysts in discussions of ecologically valid task design, possible influence of the researcher on subjects' language use, and the tying of discourse variation to features of its context.

## *4.2 Identity in old age*

Other scholars working in the area of discourse and aging are drawn to issues of identity.[16] These researchers tend to be trained in the fields of social psychology, sociolinguistics, anthropological linguistics, and anthropology. Generally, they are not primarily interested in characterizing language abilities and disabilities of elderly individuals (or, if they do so, these are seen as interactional resources in identity construction). Instead these scholars attempt to identify patterns and strategies in discourse by and with (usually healthy) elderly interlocutors and relate these to the ongoing construction of a range of identities for the speakers as the discourse emerges. Most of the findings are based on a small number of individuals in conversations, interviews, or naturally occurring interactions "listened in on," due to the intense microlevel analysis required in this work.

Though it is not usually stated explicitly in the scholarly literature, virtually all of the researchers working in this area assume that their subjects display a range of identities as they speak or write (e.g. mother/father, wife/husband, child, competent adult, professional, friend, patient, etc.), some of which have nothing at all to do with their age. Of course the notion of turn-by-turn construction of identities in discourse – of self-positioning and positioning of others – is nothing new in the analysis of naturally occurring discourse. What *is* somewhat different about this issue with regard to aging is how this construction of identities gets played out in intergenerational

interactions, where overt or subliminal ageism may be present,[17] especially within institutional settings such as nursing homes[18] or doctors' offices,[19] and exacerbated by any physical and/or mental health problems the elderly person may have.[20] It is in this way, then, that interactions between elderly adults and their personal and professional caregivers may actually be the sites where these elderly individuals (despite displaying a full range of identities in their discourse) come to see themselves primarily as patients or decrepit old people.

Ryan et al. (1986: 14) argue that mismanaged, demeaning, and deindividuating language by younger nursing staff to elderly nursing home residents, based on stereotypic notions of the communicative needs of these elderly residents (e.g. "Let's get you into bed," "shall we get our pants on?" in Ryan et al. 1995), may not only "induce momentary feelings of worthlessness in elderly people but may also lead to reduced life satisfaction and mental and physical decline in the long run."[21]

Lubinski's (1976, 1988) extensive study of the quality of the communication environment in nursing homes speaks of the gradual process of "institutionalization" of patients to an unreinforcing communicative environment. According to this view, communication attempts on the part of residents (especially those seen to be communicatively impaired or incompetent) with staff members or even with other more communicatively competent residents can be "extinguished through lack of response or curt, condescending replies" (Lubinski 1988: 295); through this process, these residents gradually come to expect little communication. Smithers (1977: 252) describes a similar type of socialization in which new nursing home residents' existing conceptions of self based on the world outside of the nursing home rapidly become "invalidated by a complex variety of discrediting and depersonalizing procedures that exist within the organizational framework" of the nursing home. Baltes and colleagues[22] have identified what they term the "dependency-support script" which is typically adhered to by caregivers of older adults within institutional settings. Baltes and her colleagues argue that behavior that is consistent with this script, such as dressing a nursing home resident or washing his or her face, is based both on negative stereotypes of aging and on a desire on the part of nursing home staff to enact an ideal "helper role."

In fact, Baltes et al. (1994: 179) report that, of all behaviors by older adults in institutions, dependent behavior is the "most likely to result in social contact and attention" from their caregivers. As Coupland et al. (1991: 70) argue, "the discourse sequences in which such self-presentations are embedded ('is my projected identity credible? credited? challenged? endorsed?') are likely to be key processes constituting the bottom line of people's self-appraisals."

It is not only the case, however, that elderly individuals who see themselves as relatively strong and independent are positioned as weak and dependent in interaction with others. It can work the other way as well, as illustrated by Taylor's (1992, 1994) studies of elderly individuals who actively construct themselves as old and frail (e.g. "I feel like a worn-out agent or man. Finished. Right near the edge of life" in Taylor 1994: 193). In these cases, younger conversational partners do not allow the elderly individual's frail identity to stand, but instead "redefine their disclosure as an issue of performance and competence (e.g. 'N'yer doin' a good job!'), shying away, perhaps, from what is threatening to those partners in an ageist culture: accepted mortality" (Taylor 1994: 193–4).

Whatever the outcome, here we see the great influence of conversational partners on the active, emergent, turn-by-turn construction of identities by/with/for elderly individuals in interaction. These provocative findings have wide-reaching implications, not only for family members, friends, and professional caregivers of elderly people, but for researchers engaged in data collection as well (see related points in section 3.5.3).

## *4.3 Social norms, values, and practices in old age*

Another group of scholars interested in the relationship between aging and discourse focuses primarily on characterizing discourse practices by elderly individuals that display or reflect the speakers' social norms and values. These researchers come from the fields of anthropology, sociology, sociolinguistics, and communication studies; they study discourse from interviews, conversations, and interactions "listened in on."

Perhaps not surprisingly, when we step back from the individual studies, we notice that many of the identified practices can be understood as responses to change; e.g. comparing "the way it is" with "the way it was", disclosing painful information about the self even in conversations with relative strangers and in initial medical encounters, complaining, gossiping, disclosing chronological age, viewing friendship differently in older adulthood, and using service encounters to socialize.[23]

In this sense, we can see that elderly people have formed solid expectations about how life is – and their place in it – by having lived it for so many years. Now perched near the end of life, change bombards them from all sides – from within and from without. Decreased vision, hearing, mobility. Problems remembering. Loss of friends and family. New residence in a retirement community or a nursing home. New technology: computers, the Internet, CDs, DVDs. Increased sexuality on television and in the movies. Different patterns of immigration and neighborhood demographics in their hometowns.

Boden and Bielby (1986) noticed that the elderly speakers in their study frequently made direct comparisons between "the way it was" and "the way it is" as topic organizers in get-acquainted conversations with age-peers (e.g. "I've seen quite a few changes in Santa Clara," "I have too. I don't like it as well as I did when I came here.")[24] Not knowing each other's personal life experiences, these speakers referred frequently to historical events, time periods, and social experiences they assumed they must have shared due to their chronological age. In their study of get-acquainted conversations (both age-peer and intergenerational), Coupland et al. (1991: 112ff) noticed that their elderly speakers were prone to disclosing painful information about their lives, including bereavement, immobility, loneliness, and health problems (e.g. "My eyes are not so good," "I've got two false hips," "I've got emphysema"). Although Coupland et al. do not relate this practice to the "way it was" practice identified by Boden and Bielby, the same kind of contrast seems to underline these disclosures, but on a more personal level ("the way *I* was" vs. "the way *I* am"). This kind of discursive practice is much more typical of the elderly women in Coupland et al.'s study than of the younger women: elderly speakers disclosed something painful in 27 of the 30 conversations that included at least one elderly speaker (Coupland et al. 1991: 112ff), whereas younger speakers disclosed something painful in only seven of the 30 conversations in which they were involved.

These contrasts also lie at the heart of many of the complaints heard and discussed by Cattell (1999) in her ethnographic fieldwork among elderly people in rural western Kenya and in Philadelphia, Pennsylvania. These complaints often centered on perceived differences between young and old generations regarding family obligations (e.g. "The young don't want to walk with us" or "They don't want to sit and eat with us") and perceived ethnic changes in residential neighborhoods and shopping districts (e.g. "We don't speak the same language. We can't even talk to each other" and "I never see anyone I know on 5th Street any more"). Cattell (1999: 312) argues that researchers should not dismiss such complaints as "just what all old people do," but should recognize the strategic use of this practice through which the complainers "assur[e] their physical security and reassur[e] themselves as persons in settings of rapid social and cultural change."

Comparing the past to the present. Disclosing painful information. Complaining. These discursive practices can be seen as reasonable responses to change, but ones that may be subject to misinterpretation when (over)heard by those who do not share the same experiences of changing physical environments, changing bodies, and changing relationships. Eckert (1984: 229) reminds us of the danger inherent in intergenerational research (and, I would add, in intergenerational encounters of all kinds): "The elderly, being the farthest from the experience of the young and middle-aged researchers, comprise the age group that is most subject to stereotyping in linguistics as well as other research."

## 5 Conclusions

The goal of understanding how discourse and aging are related to each other challenges us to understand how language is used by large numbers of elderly individuals in many and varied contexts, both experimental and natural. Much progress has been made since the early 1980s or so. As on a painter's canvas that had been blank, bold strokes have been made in several areas and the background sketched out. Clusters of carefully detailed work can be found. Connections are starting to be made between these clusters. The only way to get closer to completing the picture, however, is through continued research from multiple perspectives. Ironically, perhaps, the biggest potential barrier to this goal is precisely this multidisciplinarity.

How, then, to proceed? First, it can be assumed that disciplinary training will often lead researchers to study only certain kinds of problems and to propose the most effective way of approaching only these problems (and, of course, certain problems may indeed be more easily solved with a particular approach); we should take care, however, not to allow this situation to blind us to the possibility of the creative solutions that can be found if one is brave enough to cross disciplinary boundaries.[25] To this end, we need to stay informed about developments within discourse analysis as well as within fields related to aging that may impact on discourse, such as memory, studies of social relationships, and ethnographies of nursing homes, hospitals, and hospices. Such awareness will open our eyes to areas of possible collaboration across disciplines and facilitate subsequent cross-disciplinary discussion. In this effort to understand aging and discourse, we should not forget that, in order to gain a true

"insider's" perspective, we need to listen to voices of those who are old – either by incorporating them as coresearchers or at the minimum by finding out what they think in playback sessions or focus groups (see also Swallow 1986: 199; Copper 1986: 56).

Second, in order to make headway in understanding how discourse and aging are interrelated against the unceasing motion of the seemingly uncountable moving parts that represent the heterogeneity of the elderly population (see section 1), we need to continue to carry out studies of well-defined subgroups of the aging population who are engaged in specific activities in specific settings. It is only through studying particularity (Becker 1984) that we will come to illuminate more general issues. Each of these two areas – aging and discourse – is so large and multifaceted as to preclude any real understanding of their interconnections if each is not broken down into manageable parts.

Finally, despite the possible consequences of the previous paragraph, we need to take care *not* to lose sight of the human beings who are at the center of our research. Since scholarly literature typically reports findings regarding fairly narrowly defined discourse produced by *different* elderly individuals in *different* contexts, it is easy to forget that each participant in each study is a more complete human being than can be made apparent in any given context of language use. The Ruth Watkins whose ability to name objects in conversation was judged to be quite impaired by a standardized test is the same Ruth Watkins who writes the most persuasive letters-to-the-editor of all the environmental activists in her community. The Gerald Miller who hardly spoke a word in his visit to the oncologist is the same Gerald Miller who tells story after marvelous story to his squealing great-grandchildren. The Viola Green who cannot remember whether her husband is alive or not is the same Viola Green who can flawlessly recite a poem she learned in the seventh grade – 59 years ago.

In closing, then, the future of research into the interrelationships between discourse and aging looks bright if scholars continue to reach out to collaborators, both to experts in other disciplines and to members of the elderly population. Mounting evidence from multiple well-defined studies of particular groups of aging individuals will help us reach our goal: understanding how the biological, social, and psychological changes that people identify as aging influence the way these people use language and, conversely, how people's use of language can impact on the biological, social, and psychological changes that people perceive and identify as aging.

## NOTES

1 More regular venues are also available now for discourse analysts who would like to present their work to other researchers interested in gerontological issues. The largest multidisciplinary conference on gerontology in the United States, the annual meeting of the Gerontological Society of America (GSA), welcomes both qualitative and quantitative analyses of discourse and has as part of its organization an informal interest group on language and communication. Additionally, the International Conference on Communication, Aging, and Health

meets regularly and sees itself as providing a forum for sharing state-of-the-art research as well as contributing a coherent interdisciplinary research agenda on communication, aging, and health.

2 E.g. Obler and Albert (1980); Bayles and Kaszniak (1987); Ulatowska (1985).

3 E.g. Coupland et al. (1991); Giles et al. (1990); Hamilton (1996).

4 E.g. Hummert et al. (1994); Nussbaum et al. (1989); Lubinski (1981).

5 See Caramazza (1986); McCloskey and Caramazza (1988); Caramazza and Badecker (1989); Moody (1989); and Caramazza (1991); Hamilton (1994a) for further discussion of this issue.

6 See, for example, Bower (1997: 266–9); Hamilton (1994a: 17–19); Light (1993: 907–8); Melvold et al. (1994: 334).

7 It has often been noted, for example, that individuals with early stages of Alzheimer's disease can "mask" the degree of their communicative problems, such as naming difficulties, by cleverly giving answers in such a way as not to point to the problem areas.

8 E.g. Bayles (1982); Bayles and Kaszniak (1987); Ripich and Terrell (1988); Hamilton (1994a, 1994b); Blonder et al. (1994); Ramanathan (1997); Obler et al. (1999); Emery (1999).

9 E.g. Brownell and Joanette (1993); Ulatowska et al. (1999).

10 E.g. Villaume et al. (1994).

11 Obler (1980); Obler et al. (1985); Ulatowska et al. (1985, 1986); Kemper (1987, 1990); Light (1988); Kemper et al. (1990, 1992); Glosser and Deser (1992); Emery (1999); Barresi et al. (1999).

12 Bowles and Poon (1985); Nicholas et al. (1985).

13 Walker et al. (1981, 1988); Kynette and Kemper (1986); Kemper (1987).

14 Sandson et al. (1987); Gold et al. (1988, 1994); Arbuckle and Gold (1993).

15 Obler (1980); Ulatowska et al. (1985, 1986); Kemper (1990); Kemper et al. (1990).

16 Bower (1997, 1999); Coupland and Nussbaum (1993); Coupland and Coupland (1995); Hamilton (1996); Paoletti (1998); Rosenfeld (1999); Sabat and Harré (1992); Taylor (1992, 1994).

17 Ryan et al. (1986); Baltes and Wahl (1992); Baltes et al. (1994).

18 Lubinski (1976, 1988); Smithers (1977); Grainger et al. (1990); Grainger (1993); Shadden (1995).

19 Coupland et al. (1992, 1994); Coupland and Coupland (1998, 1999).

20 Sabat and Harré (1992); Hamilton (1996).

21 See also Caporeal (1981); Culbertson and Caporeal (1983); Caporeal and Culbertson (1986); Kemper (1994); Orange et al. (1995).

22 See, for example, Baltes and Wahl (1992, 1987); Baltes et al. (1991).

23 Comparing: Boden and Bielby (1986). Disclosing to strangers: Coupland et al. (1991); Okazaki (1999). Disclosing in initial medical encounters: Greene et al. (1994). Complaining: Cattell (1999). Gossiping: Saunders (1999). Disclosing age: Coupland et al. (1991); Giles et al. (1994). Viewing friendship differently: Nussbaum (1994). Socializing: Fredrickson and Carstensen (1991). Wiemann et al. (1990).

24 Examples from Boden and Bielby (1986: 78). Transcription has been simplified.

25 For example, when I began my investigations of natural conversations with an elderly woman who had been diagnosed with Alzheimer's disease in the early 1980s (as written up in Hamilton 1991, 1994a, 1994b, 1996),

most scholars I talked with indicated to me that I should carry out my research within the paradigms recognized by psycholinguistics or neurolinguistics. The existing theoretical frameworks and methodologies in those literatures did not, however, allow me to capture what I sensed was potentially most significant about my subject's communicative abilities and how they were interrelated with my own communicative behavior in our conversations. In the face of these comments and recommendations, I had to continually ask myself what a sociolinguistic approach to this problem would look like and, indeed, whether it was possible. I found as time went on that such a crossing of the boundaries was not only possible but fruitful.

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