# Age Identity and Communication

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Communication plays a substantial role in influencing understandings and self-presentations with regard to age. While the immutable passing of time (and rising chronological age) is at the heart of life-span development issues, our age group identifications and the age groups into which we are categorized are not deterministically organized by chronological age. Rather, age identities and categorizations are considerably more malleable. Gender or ethnicity category distinctions remain relatively impermeable over time, and the boundaries between such groups remain fairly rigid and clear for most people (people who are multiracial "passing" as members of other groups, or who are transsexual/transgendered, constitute exceptions here). In contrast, age group memberships change with time and divisions between age groups are fuzzy and highly negotiable. As a result, they are perhaps more open to social construction (→ Discursive Psychology). This provides opportunities to study the communicative practices that people employ to manage their age identities. Negative age stereotypes and prejudicial (ageist) attitudes are also common. Despite the fact that most of us will (or hope to) get old, many young *and* old people hold negative views of older adulthood (Kite et al. 2005). Hence, age presents unique opportunities and points of interest for identity scholars.

## INTERGENERATIONAL PROCESSES

One approach to age identification and communication has been to examine intergenerational processes driven by age categorizations (→ Intergenerational Communication). Grounded in → social identity theory (Tajfel & Turner 1986) and communication accommodation theory (Shepard et al. 2001), this work has looked at how age stereotypes lead to patronizing speech from young to old (Hummert & Ryan 2001). Younger people who stereotype older adults as deaf or mentally impaired sometimes use a speech style similar to baby talk (→ Intergroup Accommodative Processes). This is often dissatisfying for older adults, and can yield negative outcomes for older people as they are assumed to be incompetent by those overhearing such speech.

Theoretical development in the study of intergenerational communication has centered on the communication predicament of aging model (Ryan et al. 1986). Some work has broken down the components of the patronizing speech style, identifying which may be functional for impaired older people, which are perceived as nurturing, and which serve no useful function (Kemper & Harden 1999). Identity issues are relevant because intergroup age stereotyping processes are closely related to age identities – social identity theory demonstrates that negative stereotypes reinforce positive ingroup identities (→ Prejudiced and Discriminatory Communication).

Other intergenerational processes have been tied to life-span identifications: storytelling (Nussbaum & Bettini 1994; → Storytelling and Narration); attribution (Erber & Prager 2000; → Attribution Processes); reproaching (Miller-Day 2004); disclosing painful experiences (J. Coupland et al. 1988), and intergenerational conflict (Zhang et al. 2005;

→ Conflict and Cooperation across the Life-Span). The specific processes described in most of this research are culturally limited. Research needs to pay attention to cultural variability in age-identity-related communication processes (Harwood 2007). For instance, Zhang & Hummert (2001) describe a process of *laodao*, a specifically Chinese pattern of repetitive complaining from old to young.

## MANAGING AGE IDENTITY IN DISCOURSE

A second area of research has examined how age identities are raised, manipulated, avoided, and negotiated in naturalistic language use (→ Identities and Discourse). This includes work examining the disclosure of chronological age (DCA) in older adulthood (i.e., when older adults tell others exactly how old they are). N. Coupland et al. (1989) discuss two functions for DCA. First, it serves a disjunctive function, positively contrasting current health status with what might be subjectively expected (e.g., "I'm doing well for 73"). Second, it serves an accounting function, explaining a negative state as a function of age (e.g., "I'm not as fast as I used to be; at 73, you can't expect too much!"). N. Coupland et al. note that accounting and disjunction both serve self-presentation functions for the individual. The speaker is framed as doing either better than, or at least as well as can be expected given their age. However, both draw on an underlying presumption of decline and decrement that occurs with age – they reinforce assumptions about aging and decline.

Beyond DCA, J. Coupland et al. (1991) have identified other ways in which age categories can be invoked in discourse. For instance, an age-related role can be mentioned (widow, student, retiree), or descriptions of the past or of changes over time can be made (e.g., noting that you remember when a residential subdivision was just a field). These authors argue that such comments are (like DCA) strategic activities that invoke age for particular discursive purposes. They are, then, *generational alignments*, ways in which we align ourselves with particular age groups or generations for particular purposes. The uniquely fluid nature of age groups lends itself to this process, but similar processes could be identified with other groups (e.g., at certain junctures it may be useful to emphasize womanhood, while at other times it may be strategically marginalized in talk). More coverage of a wide variety of links between discourse and life-span position is provided in N. Coupland & Nussbaum (1993).

## AGE IDENTITIES AND THE MEDIA

Age identities are also shaped by media presentations and portrayals. Research examining media underrepresentation of older people has demonstrated the lack of value placed on this group (Robinson et al. 2004). Interestingly, most samples of → television examined also underrepresent very young people (children and adolescents). Hence, both ends of the life-span tend to be marginalized in "mainstream" television. Such findings appear to be cross-culturally relatively stable. Quantitative analyses have also considered the *quality* of old-age portrayals in the media, noting that older people are often portrayed negatively (→ Stereotyping and the Media).

Less work has considered the complexities of age portrayals from a qualitative perspective, although there is some work examining age representations in websites (Harwood 2004), skin care and tanning discourses (J. Coupland 2003), Internet chat rooms (Lin et

al. 2004), and on specific television shows (Harwood & Giles 1992). Further work is needed to examine the ways in which aging is used in cosmetics advertising (e.g., anti-wrinkle creams) and how age is marked in → news stories.

Older adults engaged in counter-stereotypical activities (sky diving, robbing banks) are often described in ways that could be interestingly unpacked by discourse scholars. Advertising portrayals also deserve more attention. For instance, the grandparenting relationship is being used in interesting ways in a number of recent print advertisements in North America: ads have appeared with the implicit message that using the product/service will result in enhanced relationships with grandchildren. These are undoubtedly designed not just to appeal to grandparents, but also to capitalize on the more general positive affect associated with grandparenting. Hence, a life-span-related role identity is being used to trigger affect that is then associated with a product. The extent to which such strategies are effective, and their effects on perceptions of the role relationship (e.g., idealization of grandparenting as a result of the ads) lead us to very interesting empirical questions (→ Advertising).

## AGING AND HEALTH

Aging is often treated as synonymous with ill health and decline, often with profound implications (N. Coupland & Coupland 1990; Hummert & Nussbaum 2001; → Health Communication). Aging is also a contested issue within health-care itself. N. Coupland & Coupland (1999) describe some of the ways in which anti-ageist medical philosophies are invoked by physicians in dealing with older patients (→ Doctor–Patient Talk). These philosophies are well intentioned and for many patients may serve to move them out of a mindset where aging and ill health are seen as inextricably linked. However, N. Coupland & Coupland (1999) also note that some patients may find comfort in attributing health problems to age – it may be psychologically functional to see a problem as "normal for my age" rather than abnormal (and therefore pathological). Anti-ageist discourses can also themselves be seen as ageist at times, for instance when they reinforce ideas that older adults need protection from ageism, are unable to think critically about their own life-span position, and need to be shielded from certain "realities."

SEE ALSO: ▶ Advertising ▶ Aging and Cognitive Processing ▶ Aging and Message Production and Processing ▶ Attribution Processes ▶ Conflict and Cooperation across the Life-Span ▶ Discursive Psychology ▶ Doctor–Patient Talk ▶ Health Communication ▶ Identities and Discourse ▶ Intercultural and Intergroup Communication ▶ Interethnic Relationships in Families ▶ Intergenerational Communication ▶ Intergroup Accommodative Processes ▶ Language Attitudes in Intergroup Contexts ▶ News Story ▶ Prejudiced and Discriminatory Communication ▶ Social Identity Theory ▶ Social Stereotyping and Communication ▶ Stereotyping and the Media ▶ Storytelling and Narration ▶ Television

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