EXPANDING OUR CONCEPTUALIZATION OF AGEISM: MOVING TOWARD AN
INTERSECTIONAL LIFESPAN APPROACH

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EXPANDING OUR CONCEPTUALIZATION OF AGEISM: MOVING TOWARD AN INTERSECTIONAL LIFESPAN APPROACH

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ABSTRACT

Ageism is a form of age-based discrimination most frequently studied in terms of unequal treatment toward older adults (Butler, 1969; 2005). Ageism is unique from other forms of discrimination as anyone can experience it if they live long enough (Palmore, 2001); this presents concerns for aging women, by the virtue of their longer lifespan, and the potential intersection of experiences with ageism with experiences with sexism, racism, and other forms of inequality (Kochanek et al., 2011). A focus on attitudes and prejudice toward older adults in the literature has resulted in limited empirical understandings of experiences with ageism, with research on ageism lagging behind research on racism and sexism. Utilizing both lifespan development theory (Baltes, 1987) and intersectionality theory (McCall, 2005), the purpose of this study is to utilize phenomenological methods to describe experiences with ageism across adulthood and to answer the following research questions: (1) How, if at all, is ageism gendered?, (2) How, if at all, does the experience of ageism differ across the lifespan?, and (3) In what ways does understanding how experiences with ageism are shaped by gender and age add to our conceptualization of ageism? A total of 70 participants, 22-87 years old, participated in story circles and in-depth interviews exploring how they have been treated due to their age and gender.

Using phenomenological methodology, participants' responses were analyzed and clustered into three broad thematic categories: (a) context matters, (b) short-term reactions to discrimination, and (c) long-term reactions to discrimination. The results suggest implications for theory and policy development as well as clinical interventions.
DEDICATION

As the first college graduate in my family, it has not always been easy for them to understand why I have been in school so long. They lovingly assume the longer I'm in school, the smarter I have become and this has made me work harder to live up to their expectations. It has also propelled me to surpass my self-imposed limitations so I can serve as an example for my nieces and nephews that look to me to lead the way and demonstrate what is possible when you invest time arming yourself with knowledge. Thus, I dedicate my dissertation to my family. If I can do it, any of you can do the same.
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CHAPTER I

PURPOSE OF THE STUDY

"There are still traces of discrimination against race and gender, but it's a lot different than when I started out. It just comes quietly, slowly, sometimes so quietly that you don't realize it until you start looking back."
- Representative Eddie Bernice Johnson

Growing up, I did not have the opportunity to have regular contact with older adults. Three of my grandparents passed away while I was a young child and my remaining grandmother lived across the country. Everything I learned about what it means to be older came from my parents, my friends, and the media. Thus, my education was inundated with stereotypes that often came in the form of jokes, warnings, or advice. I remember my mother telling me that she did not want to live past 60 years old and repeatedly making me promise that I would ‘pull the plug’ if she was ever on life support. She also began to take ginkgo biloba vitamins in her early forties to help stay the memory loss she insisted she was experiencing. I began to think that 60 was the age when our bodies began the rapid decline leading to our ultimate and imminent death. Now in her mid 60s, my mother has raised bumps around both her eyes as a testament to the negative reactions possible from using anti-aging creams in the battle against the wrinkles and just last week she reiterated her desire to die before she gets 'old.'

My mother is not the only one generous enough to teach me what to look forward to as I age. In my early 20s, an older man once came up to me when I was working to tell
me that I needed to stop plucking my eyebrows or I would regret it when I was penciling them in when I was older. Years later, my niece concurred when she told me that I could be mistaken for her sister if I was wearing large sunglasses to disguise my eyebrows and the beginnings of laugh lines around my eyes that belied my age. Just a few months ago while reviewing a middle school girl's science project for a fair I was innocently asked if I needed to view her results in a larger font. She expressed concern that, due to my age, I was unable to read the print on her poster.

Ultimately, these experiences have taught me several things: (a) age is relative, and definitions of what it means to be 'old' vary; (b) aging means your body will stop functioning and your memory will become poor; and (c) as an aging woman, I needed to be ever vigilant because my appearance, like my age, is tied to my worth and needs constant attention and upkeep. The culmination of these experiences has also encouraged the internalization of common myths about the aging process (i.e., the eventuality of cognitive decline) that I have had to work hard to overcome throughout my graduate studies in aging.

Reflecting on my previous experiences is not simply a creative writing exercise to entice the reader. Qualitative researchers in general and phenomenological researchers in particular are asked to undergo a process where they address their own experiences with the phenomenon under study prior to reviewing relevant literature (Creswell, 2013; Dowling, 2007; Finlay, 2008; Moustakas, 1994; van Manen, 1990). This process is understood better philosophically than practically and thus disagreement within the field exists in terms of what is required of researchers undergoing this process (Finlay, 2008).
However, both Moustakas (1994) and van Manen (1990) recommend that researchers, "make explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories" in order to confront the potential biases of our pre-existing knowledge and experiences with the phenomenon (p. 47).

Moustakas (1994) states that researchers who undergo the epoché process by bracketing or setting aside prejudgments, biases, and beliefs about a particular phenomenon prior to engaging in research will be able to analyze data from a place of openness. Moustakas stressed the importance of this process because the tendency to reference previous experiences and knowledge as a researcher can potentially obstruct, discredit, and influence the interpretation of participant experiences. The goal of this process is to put aside researcher bias by spending time considering and writing out all prejudgments, biases, and preconceived ideas about the phenomenon. Thus, the explicit description of my personal experiences and the forthcoming review of the literature are needed to fully confront my personal biases and pre-existing knowledge of experiences with ageism.

Reflecting on my previous experiences and knowledge of ageism research, I understand that I came to the current research study with a particular set of assumptions about what the experience of aging, and ageism in particular, means in terms of an individuals' gender identity. I assumed based on my current knowledge of the field that for women this would entail a focus on experiences related to their changing appearance whereas men would focus on the changing functional capacity of their bodies.

A Call for More Research on Ageism
The population distribution of the United States is projected to change dramatically over the next 35 years. Presently, the 65 and older population has increased at a faster pace than the rest of the population and this trend are projected to continue through 2050 (U.S. Census Bureau, 2011). Additionally, the proportion of older women (16.4%) continues to exceed that of older men (13.3%) in the population, by virtue of women’s longer lifespan and decreased mortality in older ages (Kochanek, Xu, Murphy, Miniño, & Kung, 2011). Because women live longer than their male counterparts, they have more opportunities to experience multiple forms of discrimination based on their gender (i.e., sexism), age (i.e., ageism), and potentially race (i.e. racism; Palmore, 2001).

A meta-analysis of 134 studies by Pascoe and Richman (2009) analyzed the effects of individual perceptions of discrimination on physical and mental health; however, this meta-analysis only investigated racism, sexism, and undifferentiated forms of discrimination. Thus, although it is clear from a large body of research that has allowed for the testing of effect sizes across studies that experiences with racism and sexism are associated with negative physical and mental health outcomes (Pascoe & Richman, 2009), the same is not known for experiences of ageism as research on ageism is less developed than research on racism and sexism (Nelson, 2005).

For example, a simple PsychINFO search for "racism" resulted in 10,021 papers, "sexism" generated 3,231 papers, and "ageism" returned only 1,168 papers. While the number of studies on ageism has grown from 294 papers since a similar PsychINFO search was conducted by Nelson (2005), it is still substantially less understood and studied compared to racism and sexism. Thus, the current study will extend previous
research by describing experiences with ageism with a goal of developing a quantitative measure of experiences with ageism on par with those utilized in research on sexism and racism (Klonoff, & Landrine, 1995; Landrine, & Klonoff, 1996) and to spur increased research on ageism.

**Experiences of Ageism**

Ageism refers to discrimination towards individuals due to their age and is most frequently expressed by younger people towards older people rather than vice versa (Butler, 1969; Butler, 2005). Female participants in studies done by Hurd Clarke and Griffin (2008) and Woody (2014) defined ageism as both discrimination against older adults as well as society’s preoccupation with youth, which perhaps is a unique aspect of women’s perceived experience of ageism. Ageism is unique from other “isms” in that everyone who lives long enough can be subjected to this particular form of prejudice (Palmore, 2001); thus, increased longevity opens individuals up to increased experience with ageism.

Like other “isms”, ageism is reinforced by age-related stereotypes. Palmore (2001) described the most pervasive ageist stereotypes in society today are related to a loss of physical abilities, mental abilities, attractiveness, and sexual ability or interest. Particularly poignant for aging women are the perceived loss of sexual attractiveness because those are the major sources of women’s value in today’s Westernized society (Hurd Clarke, 2000); thus, it is not surprising that women have reported engaging in beauty work and age denials to distance themselves and gain power in response to ageism (Hurd Clarke, 2000; Hurd Clarke & Griffon, 2008). Nelson (2005) critiqued research on
ageism for focusing on stereotypes and ageist attitudes rather than on understanding experiences with, and effects of, ageism. In one of the few quantitative studies assessing experiences with ageism, Duncan and Loretto (2004) found that women over 40 years old were more likely to report experiencing age-based discrimination in terms of opportunities for promotion, while both men and women reported barriers to receiving training. Additionally, open-ended qualitative responses by participants lend support for experiences of ageism, for being perceived as old, in female participants in their 30s.

**STATEMENT OF THE PROBLEM**

Currently, research considering how an individual's experience of ageism is understood within the context of his/her multiple, intersecting identities, has been limited to predominantly qualitative studies with samples from specific subsections of the population (e.g., older women with intellectual disabilities; David, Duvdevani, & Doron, 2015; older Black lesbians; Woody, 2014). Quantitative exceptions (e.g., Averett, Yoon, & Jenkins, 2013; Duncan & Loretto, 2004; Garstka et al., 2004; Yuan, 2007) have done so without the benefit of validated measures to assess to full domain of experiences with ageism. A limitation that demonstrates how research on ageism lags behind both sexism and racism as studies on those forms of discrimination have benefited from empirically validated measures for over two decades (Klonoff, & Landrine, 1995; Landrine, & Klonoff, 1996).

Research has shown that evaluations of older adult targets in studies become increasingly negative with age (Hummert, 1990; 1993), with women receiving more negative evaluations compared to men (Hummert, 1994). Although this has contributed
to understanding how older adults are perceived and evaluated by others, the same is not known for how individuals understand and interpret their own experiences with ageism across adulthood, and how those interpretations may vary by gender. Further, past research has been limited to testing gender differences with experiences of ageism (i.e., Duncan & Loretto, 2004; Yuan, 2007), not understanding how experiences of ageism are shaped and contextualized by an individual's gender and how these experiences may change over their lifecourse. Thus, the major purpose of this study is to explore experiences with ageism across adulthood and to answer the following research questions: (1) How, if at all, is ageism gendered?, (2) How, if at all, does the experience of ageism differ across the lifespan?, and (3) In what ways does understanding how experiences with ageism are shaped by gender and age add to our conceptualization of ageism?
CHAPTER II

LITERATURE REVIEW

The following sections provide a general overview of the literature on ageism, beginning with the guiding theoretical frameworks. A discussion of the nature of discrimination, prejudice, and stereotypes in general, and how they relate to aging in particular, will be included. Additionally, literature on experiences with ageism, negative effects of ageism, the gendered nature of aging and ageism, and evidence of how aging identities intersect with other forms of discrimination will be summarized. Finally, this chapter will end with a description of phenomenology and the appropriateness of this methodology for addressing this study's research questions. This literature review will provide support for the importance of and the need for the current investigation.

The major purpose of this study is to explore experiences with ageism across adulthood and to answer the following research questions: (1) How, if at all, is ageism gendered?, (2) How, if at all, does the experience of ageism differ across the lifespan?, and (3) In what ways does understanding how experiences with ageism are shaped by gender and age add to our conceptualization of ageism? These questions will be guided by both lifespan development theory (Baltes & Baltes, 1990) and intersectionality theory (McCall, 2005).

Guiding Theoretical Frameworks
**Lifespan development theory.** Lifespan development theory views individual development as a process that continues across the lifespan, from birth through death (Baltes, 1987; Baltes & Baltes, 1990). Research on lifespan development focuses on interindividual similarities, interindividual differences, and intraindividual flexibility in development. Specifically, Baltes (1987) stated that development across the life course is characterized by: (a) continuous and discontinuous processes, (b) multidirectionality, (c) gains and losses, and (d) plasticity. Furthermore, it is best understood within the broader picture of: (e) historical embeddedness, (f) contextualism, and (g) multidisciplinary research.

A major proposition behind the theory is that development varies depending on the historical and cultural environments in which individuals develop, age-graded influences, nonnormative influences, and is typically conceptualized in terms of changes in educational, health, and employment opportunities (Baltes, 1987). There are numerous interindividual differences in development because not everyone develops the same or responds to biological or environmental changes the same way. Thus, applying the seven tenants of lifespan development to understand the gendered experience of ageism demands viewing discrimination based on age as a process that occurs throughout the lifespan, with multiple and unique factors influencing how each individual recognizes, interprets, and reacts to experiences with ageism. Young women may be treated uniquely due to their status as both women and young adults. Older men may be treated uniquely due to their status as both men and older adults. How individuals’ perceive or interpret how they are treated may vary based on the historical context they grew up in and the age
and gender norms associated with the societal/cultural context in which they currently reside.

The application of this theory in current research on ageism has been limited; researchers interested in experiences with ageism have typically utilized samples of older adults and middle-aged adults (see Duncan & Loretto, 2004 for exception). Although Baltes (1987) stressed that lifespan development recognizes that no single age period dictates development, when children or younger adults have been included in studies on ageism, it has been to investigate their ageist views and attitudes toward older adults (e.g., Hummert, 1990; Kite, Stockdale, Whitley, & Johnson, 2005; North & Fiske, 2015; Robinson & Howatson-Jones, 2014) rather than consider that they may have been discriminated against due to their age as well. Thus, it is unknown at what ages individuals experience ageism, if ageism is a continuous or discontinuous process, and if experiences with ageism result in gains and losses that vary by gender and/or age. Further, it may be that individuals operationally considered younger adults (i.e., 18-39 years old) have experienced ageism – not for being too young but for being considered too old.

Intersectionality theory. Although older adults may be at a disadvantage due to their experience with ageism, it is important to note that older women are simultaneously targets of both ageism and sexism (Barnett, 2005; Butler, 2009; Duncan & Loretto, 2004; Hurd Clarke & Griffin, 2008). Considering multiple forms of oppression is an essential part of feminist research and entails taking not only gender into account but also race, class, education, age, culture, ability, nationality, and other factors that help create
context and understanding (Calasanti, 2010; Cho, Crenshaw, & McCall, 2013; McCall, 2005; Risman & Davis, 2013). Viewing ageism from an intersectional lens does not mean simply looking at the aggregate experiences of both ageism and sexism, for example, but rather it is an increased understanding of the relationships between them and the institutions that support such injustice thus shaping the lives and trajectories of women in the United States (Brown, 1992; Calasanti, 2010). Additionally, intersectional researchers are tasked with not only looking for differences, but similarities as well (Cho et al., 2013).

Intersectionality researchers recognize that there are both macro and micro level systems of oppression that together shape the lives of women, particularly women of color (Calasanti, 2010; Collins, 2000). Calasanti (2010) discussed how intersections are dynamic and multifaceted social identities that vary with changing social contexts; thus, it is necessary to not only consider multiple intersections of inequality but also to understand that socially constructed ways of categorizing individual identities (e.g. gender, race, age) are visible and therefore have social meaning affecting how individuals are treated, making each individual’s embodied experience unique (Alcoff, 2006; West & Fern). Further, Thrasher, Clay, Ford, and Stewart (2012) stress the importance of considering the intersection of multiple forms of discrimination as individuals may not know what particular aspect of their identity (e.g., race, age, gender) is most salient to a given experience with discrimination.

Intersectionality demands that knowledge is sought from the margins such that those who are so often forgotten or left unrepresented in traditional psychological
research be purposefully and sensitively included and given a voice in the literature (Tomlinson, 2013). Rencher and Wolf (2013) reviewed the current and historical lack of representation of Black populations in health disparities research and have called for researchers to increase minority representation in research. In regards to intersectional research in aging, Calasanti (2010) calls for researchers to specifically attend to how relations between intersections of gender, age, and other areas of difference serve to shape and reinforce inequality.

**Prejudice and Discrimination: From Beliefs to Behaviors**

Understanding and conceptualizing prejudice and discrimination has come a long way since the publication of Allport's (1954) seminal book, *The Nature of Prejudice*; however, scholars in the field continue to credit Allport with laying the groundwork on which their work is built (Dovidio, Glick, & Budman, 2006). Fiske (1998) delineates the differences between stereotypes, prejudice, and discrimination by describing stereotypes as the cognitive component, prejudice as the emotional component, and discrimination as the behavioral component. Before discrimination can take place, the cognitive and emotional components must first be in place. An individual needs to have categories and schemas in place with which to sort and describe themselves and others individuals. Then they would need to associate positive, neutral, and negative attitudes with those categorizations. Finally, they would then need to make the decision to act on those beliefs and feelings in order for discrimination to take place. A more in depth description of the components of prejudice and discrimination will be discussed below.
Allport (1954) tackled the complex task of defining prejudice by spending an entire chapter describing key components that should be included in any definition of prejudice. He defined prejudice as a favorable or unfavorable attitude toward or a belief about an individual based on their group membership that: (a) lacks sufficient factual support, (b) is resistant to change in the face of contrary facts and knowledge, and (c) places the recipient at an unwarranted disadvantage. He explained that these prejudicial attitudes or false beliefs (i.e., stereotypes) are mutually reinforcing and may be either felt or expressed at an individual or group level via five distinct, increasingly hostile, types of discrimination: antilocution (i.e., verbal expression of prejudicial beliefs), avoidance (i.e., avoiding members of a disliked group), segregation (e.g., residential segregation), physical attacks, and extermination (e.g., lynching, genocide).

Allport (1954) first discussed the difficulty of ascertaining whether stereotypes were a consequence of or a motivating factor for prejudice. This is still a point of debate within the field today (Dovidio et al., 2005). However, Allport (1954) noted that stereotypes, in and of themselves, are not enough to justify prejudice. Allport described stereotypes as exaggerations of a belief associated with particular categories (e.g., age, race, gender, and class). In a review of literature on how previous knowledge influences future behavior and mental processing the authors, Quinn and Rosenthal (2012), discuss how the activation of stereotypes associated with a given category has the power to shape impressions of the target.

The Stereotype Content Model proposed by Fiske, Cuddy, Glick, and Xu (2002) outlines the commonalities between how groups are stereotyped based on underlying
dimensions of warmth (i.e., high versus low) and competence (i.e., high versus low). This model clusters stereotyped groups in four categories based on these two dimensions: (a) high competence and high warmth (e.g., in-group); (b) high competence and low warmth (e.g., Jews, rich people, and feminists); (c) low competence and high warmth (e.g., older adults, intellectually impaired, and disabled); and (d) low competence and low warmth (e.g., welfare recipients, poor people). These categorizations are driven by social status such that groups with high status receive higher competency ratings compared to low status groups. Each cluster is associated with a particular emotion: admiration with high competency and warmth ratings; envy with high competency and low warmth ratings; pity with low competency and high warmth ratings; and contempt with low competency and warmth ratings.

**Old as Other: Prejudice and Discrimination Towards Old Adults**

Allport (1954) stated that, "One must first overestimate the things one loves before one can underestimate their contraries" (p. 25). He noted that love-prejudice was a natural predisposition to the hate-prejudice that permeates the literature; an individual cannot hate an out-group until they have identified with and loved an in-group. He asserts that this in-group love-prejudice only becomes problematic when out-group directed hate-prejudice follows. Further, Calasanti (2005) discussed how power and status are shaped and determined by age-group membership with younger age-groups benefitting from the stigma and marginalization of older age-groups; thus, it is not surprising that older adults across multiple studies tend to distance themselves from identifying as or being identified as "old" (Calasanti, 2005; David et al., 2015; Hurd
Additionally, participants in qualitative studies by Hurd Clarke (2008) and Woody (2014) defined ageism as a societal preoccupation with youth. Taken together, perhaps this points toward the development of ageism as being predisposed by the love-prejudice formed in young adulthood toward youth.

Ageism is not typically categorized by researchers in terms of the five types of discrimination outlined by Allport (1954), as the extreme forms, such as the extermination of older adults, is difficult to prove even with an abundance of evidence (Gilleard, 2008). However, evidence supports the use of antilocution (e.g., Killick et al., 2015), avoidance (e.g., Palmore, 2001), segregation (e.g., Palmore, 2001), physical attacks (e.g., Killick et al., 2015), and extermination (e.g., Gilleard, 2008). In fact, a review of 15 studies on elder abuse, an extreme form of ageist discrimination, by Killick and colleagues (2015) found themes of both physical and verbal assault present across multiple studies. Alternately, Palmore (2001) describes ageism in terms of the institutions where it is present, as well as the forms: employment (e.g., hiring, promotions, firing, retirement); government agencies (e.g., covering preventative care for children and young adults); family (e.g., elder abuse and neglect); housing (e.g., age segregated neighborhoods), and healthcare (e.g., less aggressive treatment).

**Age-related stereotypes.** Although still unknown whether stereotypes are a consequence of or a precursor to prejudice, stereotypes can be thought of as tools used to justify age-related discrimination and prejudice. The social cognitive perspective, reviewed by Hummert (1999), posits that age stereotypes can be understood as organizational schemas that shape individual perceptions with the age category.
Importantly, the social cognitive perspective recognizes the salience of age-based stereotypes as shaping perceptions and behaviors. Views and stereotypes of older adults are multidimensional and complex (Kite et al., 2005). Although stereotypes can be either positive or negative, most researchers have focused on negative age-related stereotypes as they are more commonly used as a justification for discriminatory treatment toward older adults (Ng & Feldman, 2012).

Although researchers have found evidence of positive stereotypes associated with aging and older adults (e.g., wisdom, warm), older adults are more likely to be viewed as incompetent, even in the presence of evidence to the contrary, and associated with emotions of both pity and admiration (Cuddy, Norton, & Fiske, 2005). The stereotype content model suggests that older adults that fall into the incompetent and warm cluster will be associated with feelings of pity. This can be a cause for concern as treating older adults as less competent can result in dependency, helplessness, and a self-fulfilling prophecy (Cuddy et al., 2005). Alternately, associating older adults with competence and warmth, resulting in feelings of admiration, are relatively less common.

Previous researchers utilizing stereotypes generated by younger adults have found support for the following positive stereotypes: John Wayne conservative (e.g., tough, wealthy), liberal matriarch/patriarch (e.g., mellow), perfect grandparent, and sage (e.g., wise; Hummert, 1993; Schmidt & Boland, 1986). Negative stereotypes identified in the literature include: mildly impaired (e.g., forgetful), severely impaired (e.g., fragile), shrew/curmudgeon (e.g., demanding), recluse (e.g., set in ways), despondent (e.g., sad and lonely), vulnerable (e.g., poor), nosy neighbor (e.g., busy-body), and bag
lady/vagrant (e.g., burden to society; Hummert, 1993; Schmidt & Boland, 1986).

Although there are more negative age-related stereotypes, Hummert (1990) found that young adults did not rate negative stereotypes as more typical than positive stereotypes, whereas older adults viewed all stereotypes as less typical of older adults in general (Hummert, 1993).

As older adults may have rated the typicality of age stereotypes generated by younger adults lower than younger adults as they hold different aging stereotypes, Hummert, Garstka, Shaner, and Strahm (1994) conducted a follow up study to identify stereotypes of older adults held by middle-aged and older adults. The complexity of age-related stereotypes is significantly higher in middle-aged adults compared to younger adults, and in older adults compared to both middle-aged and younger adults. Meaning, middle-aged and older adult participants reported more stereotypes for older adults than younger participants did. Suggesting their conceptualization of older adults and aging have expanded as they have aged.

Across all three age groups, there was support for the following positive stereotypes: golden ager, perfect grandparent, and John Wayne conservative. Further, there was support for the following negative stereotypes across all age groups: severely impaired, despondent, shrew/curmudgeon, and recluse. Additional positive and negative stereotypes were identified by the middle-aged and older participants, contributing to their increasingly complex view of aging. For example, middle-aged and older respondents reported eager to learn from experience and scared of becoming sick and incompetent as stereotypes of older adults; however, none of the younger adult
respondents reported these stereotypes. Further, less than 5% of younger adult participants reported trustworthy, timid, well-groomed, independent, and determined stereotypes but these were all written and endorsed by middle-aged and older participants. Thus, middle-aged and older participants had a broader, or more complex, view of what older adults look like.

Across younger, middle-aged, and older adults, negative stereotypes were more likely to be assigned to old-old age ranges in stereotypes generated by younger adults only as well as stereotypes generated by young, middle-aged, and older adults (Hummert, 1990; 1993; 1994; Hummert, Garstka, Shaner, & Strahm, 1995). However, whereas younger adults were more likely to assign positive stereotypes to young-old age ranges and older adults were more likely to assign them to the old-old categories when the stereotypes were generated by younger adults only (Hummert, 1990; 1993), positive stereotypes generated by young, middle-aged, and older adults were rated as more typical of young-old age ranges across all age groups (Hummert et al., 1995).

A meta-analysis of 131 studies, by Kite and colleagues (2005) identified five different categories that encompass stereotypes of older adults: (a) evaluation (e.g., generous), (b) competence (e.g., intelligence), (c) attractiveness (e.g., wrinkled), (d) behavior/behavior intentions (e.g., willingness to interact with), and (e) general age stereotypes that do not fall into the other categories (e.g., old-fashioned). The authors analyzed 232 effect sizes, categorized into one of the five categories, and found that older adults, compared to younger adults, were rated more negatively across all categories. When more individualized information was provided regarding the older adult target, the
effect sizes were smaller, but still significant. The authors suggest negative evaluations of older adults are not necessarily related to their age; rather these evaluations are tied to the social roles most commonly inhabited by older adults. Although there was a preference for the younger targets by all respondents across the competence, evaluation, and behavioral intention categories, there were significant differences by respondent age. Specifically, for the two categories with middle-aged respondents, middle-aged respondents rated older adult targets as less competent and evaluated them more negatively compared to both the younger and older adult respondents. Younger adults also demonstrated preference for younger targets in the competence and behavioral intention categories compared to the older respondents; however, this was reversed for the evaluative category such that older respondents evaluated the older targets less favorably compared to the younger respondents. These findings suggest that older adults have internalized ageist stereotypes and attitudes.

A more recent meta-analysis of 418 studies by Ng and Feldman (2012) investigated six common stereotypes about older adults in the workplace: (a) less motivated, (b) less willing to participate in training and career development activities, (c) less willing to change, (d) less trusting, (e) less healthy, and (f) vulnerable to work-life imbalance. The authors did not look at a seventh stereotype, older workers are worse performers than younger workers, as a previous meta-analysis they conducted found no factual supporting evidence for that stereotype (Ng & Feldman, 2008). Similarly, the authors found insufficient support when analyzing data throughout the literature that older workers as less motivated, less willing to change, less trusting, and more vulnerable
to work-life imbalance. They also suggest the stereotypes that older workers are less healthy and less willing to participate in training and career development activities are over exaggerated due to weak correlations and effect sizes in their analyses. Further, the only evidence that supported older workers having poorer health was blood pressure and cholesterol levels; however, the authors noted it was unlikely that cardiovascular disease would present before retirement.

**Development and maintenance of attitudes toward aging.** Views of aging vary across the lifespan (Robinson & Howatson, 2014); however, negative age-related stereotypes can influence how older adults are perceived (Hummert, 1999), which may lead to negative attitudes and stigma surrounding the aging process. A recent review of 69 studies by Robinson and Howatson-Jones (2014) found that, across the literature, children begin to demonstrate ageist attitudes at the same age they begin to discern age, 6 years old. Additionally, children defined old as 60 years of age and older. Children's attitudes toward aging are influenced by the quality and familiarity of their relationships with older adults, their parents, representations of older adults in the media, and the methods utilized by the researcher studying their attitudes.

How children describe older adults depends both on the research methods employed as well as the age of the child in question. Children over 10 years of age are more likely to incorporate psychological and behavioral attributes while younger children are more likely to focus on physical appearance such as grey hair and wrinkles (Robinson & Howatson-Jones, 2014). For older children, the more structured the research method employed, the more negative their description of older adult psychological and behavioral
attributes are (e.g., forgetful, moody, impatient, helpless, sad, and lonely). More recent research in this field has begun to utilize a variety of methods, and has found support for positive perceptions of older adults as well (e.g., wise, happy, nice, kind, helpful). Taken together, this research demonstrates the development of both positive and negative attitudes toward aging early in life and that those attitudes become more complex as we age.

Nelson (2005) discussed two theoretical perspectives to explain the development and maintenance of ageist attitudes and behaviors: the functional perspective and terror management perspective. The functional perspective posits that ageist attitudes protect the individual from anxiety and threats to self. Alternately, the terror management theory suggests that ageist attitudes are used to create distance between the individual and older adults to avoid dealing with their impending mortality. Terror management theory posits that anxiety results as individuals become aware of their own mortality and struggle for physical and psychological self-preservation (Burke, Martens, & Faucher, 2010). This anxiety can be somewhat alleviated with investment in a belief system that allows for literal or symbolic immortality after death. This belief system is comprised of cultural values and standards that need to be honored in order: (a) to maintain a positive self-image and (b) for a valued part of the individual to continue after biological death.

Martens et al. (2005) argue that ageism is a manifestation of an individual’s anxiety and fear about aging and the inevitability of death. In a meta-analysis of 277 experiments that investigated the impact of priming participants by making them aware of their own mortality, a generally automated and unconscious process that motivates
behavior, found no difference in the effects between men and women; however, there were some within study differences (Burke, Martens, & Faucher, 2010). Notably, when primed, men found opposite-sex targets less attractive, increased patriotic word access, rated risky behaviors as more enticing.

A recent meta-analysis of 37 studies by North and Fiske (2015) found evidence of cultural differences in attitudes toward older adults. The authors explain two theories to explain negative attitudes toward aging adults in the literature. The first theory is that industrialization may be breaking down the reverence previously reserved for older adults, particularly in Eastern cultures, as the need and value of storytelling and wisdom decreases with increased modernization. A second theory is that the increased proportion of older adults globally raises concerns for intergenerational equity as larger amounts of older adults place a burden on societies in terms of increased healthcare costs and decreased labor participation.

North and Fiske (2015) found that, overall, Eastern cultures hold more negative views of aging compared to Western cultures. This effect was strongest in behavior/behavioral intent measures versus attractiveness measures. Additionally, the effect is significantly moderated by geographical location within the West, with Anglophone countries (e.g., United States) in the West demonstrating more positive views of aging compared to non-Anglophone countries (e.g., France). Further, in support of the intergenerational equity theory, proportionally larger increases in the older adult population within a country predicted higher levels of negative views of older adults. However, in contrast to common beliefs that older adults are revered in collectivistic
cultures, individualism predicted more positive views of older adults. The authors posit that this may be due to an association of collectivistic values with the need to support older adults, contributing to concerns regarding intergenerational equity, while individualistic values are associated with individual responsibility for self-support rather than relying on others.

**Experiences with ageism.** Lived or embodied experiences are understood as a reflexive awareness of an experience (van Manen, 1990). Thus, lived experiences are temporally confined, only constructed and assigned meaning upon reflection, and limited by the symbolic language available to understand, process, and express said experiences. Extracting meaning from lived experiences requires intentionality; participants must purposefully recognize and bring meanings embedded within their experiences into conscious awareness to describe for the researcher (Moustakas, 1994). Settersten and Hagestad (2015) discuss how the subjective experience of aging, in particular, is shaped by multiple factors: (a) shared meanings, (b) socialization across the lifespan, and (c) both the structural and cultural context. However, Nelson (2005) critiques ageism research for focusing on the development and maintenance of ageist attitudes and beliefs rather than on understanding the experience and effects of ageism for the target.

Qualitative studies exploring experiences with ageism have gravitated toward specific populations that are not representative of the general population and do not allow for generalizations from the sample to the aging population. For example, Woody (2014) conducted a qualitative, phenomenological study that utilized in-depth, face-to-face interviews with 11 lesbian and four gay African American adults 58-72 years old to
assess the intersections of age, race, and sexual orientation in the lives of these aging individuals. The author identified seven themes within the data: (a) sense of alienation in the African American community, (b) deliberate concealment of sexual identity and orientation, (c) aversion to LGBT labels, (d) perceived discrimination and alienation from organized religion, (e) feelings of grief and loss related to aging, (f) isolation, and (g) fear of financial and physical dependence.

All of the participants noted that they felt alienated from the African American community, particularly organized religious settings, because of their sexual orientation. Many described experiencing discrimination from their family, community, school, and workplace in the form of name calling and exclusion. Participant narratives illustrated the difficulty of disentangling the cause of discrimination due to their various identities. A lesbian noted that it is obvious to outsiders that she is both a woman and Black; however, her sexual identity is not apparent in her appearance. When this participant discussed her various identities, namely her gender, race, and sexuality identity, her age was not a salient factor in her description of her multiple identities. In fact, all of the participants prioritized their racial identity over their gender and sexuality, and contextualized their experiences within the African American community. This tendency to view ageism as secondary to more salient forms of discrimination was echoed in a quantitative study of 394 lesbians 51-86 years of age by Averett and colleagues (2013). The authors found that perceived discrimination due to age was reported less across all categories (i.e., within family relationships, social situations, shopping or dining out, employment, housing, and healthcare).
However, not all participants neglected their aging identity, as another woman voiced her dissatisfaction with the status quo by noting that as an older Black woman she did not have the reverence that men do and that being a lesbian in addition to an older Black woman resulted in further stigmatization. Others described feeling isolation due to age-related changes such as limitations due to physical impairments, cognitive decline, limited similarly aged peers, chronic illnesses, and/or limited transportation ability. Furthermore, many noted that they feel like they do not fit in with “youth oriented culture” and reported being the recipient of stares and rude comments.

**Effects of ageism.** Because of not only the prevalence of age-related stereotypes, but the belief in them, older adults can be blinded from the realities of aging even when they are going through it themselves. Believing in and internalizing ageist stereotypes can have destructive effects on older adults who have succumbed to the powerful influence of out-group favoritism and in-group bias. For example, a study by Levy, Slade, Kunkel, and Kasl (2002) followed 660 adults, 50 years and older, who completed a survey on self-perceptions of aging as part of the Ohio Longitudinal Study of Aging and Retirement (OLSAR). The study consisted of a survival analysis 23 years after the initial data collection to determine if self-perceptions of aging, as measured by the Attitudes Toward Own Aging subscale of the Philadelphia Geriatric Center Morale Scale (Lawton, 1975), predicted mortality. The authors found that older adults who held more positive views of aging lived an average of 7.6 years longer than older adults with a negative view of aging. Moreover, Bodner, Cohen-Fridel, and Yaretzky (2011) demonstrated a link between quality of life and aspects of internalized ageism (i.e., preference for separation
of older adults and ageism towards same aged peers) in older adults, finding that older adults living in the community had lower levels of ageism compared to their counterparts in housing specifically for older people.

The internalization of negative age-related stereotypes has also been shown to effect performance in a meta-analysis of 37 studies of age-based stereotype threats (ABST; Lamont, Swift, & Abrams, 2015). Lamont and colleagues defined age-based stereotype threats as negative age-based stereotypes that, through automatic or primed processes, make older adults susceptible to confirming said stereotype with performance declines on cognitive, memory, or physical tasks. Across the 37 experimental studies, the authors found support for an ABST effect that became non-significant the further apart the manipulation was in the study procedure from the dependent variable measurement. This relationship was moderated by stereotype-based, not fact-based, manipulations. Further, effect sizes were significantly larger for cognitive tasks compared to memory tasks.

A large national sample of 2,492 participants from the Midlife Development in the United States survey in 1995-1996 found that experiences with ageism was associated with increased age, employment, and white racial identification (Yuan, 2007). Perceived age discrimination significantly predicted psychological distress, and this effect was significantly moderated by gender such that women reporting perceived age discrimination experienced significantly higher levels of psychological distress than men. Race, age, and social class did not significantly moderate this relationship. Additionally, perceived age discrimination also significantly predicted lower positive well-being.
Conversely, a comparatively small sample of 59 young adults and 60 older adults in the United States found more reports of perceived age discrimination by the younger adults compared to the older adults (Garstka, Schmitt, Branscombe, & Hummert, 2004). However, Yuan (2007) used two items to assess experiences with discrimination while Garstka and colleagues (2004) used a 4-item measure. Further, age-group identification was found to mediate the relationship between perceived discrimination and psychological well-being, such that higher levels of age-group identification predicted higher levels of psychological well-being (i.e., self esteem, life satisfaction) in older participants only. In fact, perceived discrimination was not related to psychological outcomes in younger adults, a finding the authors attributed to the temporary devaluation of their age status.

**The Intersection of Age with Other Forms of Discrimination**

Another form of discrimination that is less understood is weight-based discrimination. This has been examined most frequently within the work context; Vanhove and Gordon (2014) conducted a recent meta-analysis of 59 independent samples to test the interaction of weight discrimination with sex, race, and age on employment outcomes (i.e., employment status, income). They found support for sex and age differences in weight-based employment discrimination, such that women experience higher rates of discrimination. Additionally, both young and older workers experienced significantly higher levels of discrimination than middle-aged workers. No difference was found between young and older adult workers. There were no significant differences based on race alone; however, white women experienced significantly higher levels of
discrimination than white, Black, or Hispanic men but not Black or Hispanic women. Further, white men experienced significantly higher levels of discrimination than Black and Hispanic men, but not Black or Hispanic women. It should be noted that across race, women experienced higher levels of weight based discrimination than their same-raced male peers. Thus, this study highlights the complexity of understanding the interactions between multiple forms of discrimination.

Another meta-analysis by Chan and colleagues (2008) investigated the interaction of sexual harassment and age across 49 studies to determine the effect of sexual harassment and age on job-related, psychological, and physical outcomes. The authors found that higher levels of sexual harassment was related to lower levels of job satisfaction, job commitment, job performance, well-being, and health; furthermore, higher levels of sexual harassment was also related to higher levels of job and work withdrawal (e.g., avoiding tasks, resigning), work stress, general distress, and health symptomology. These findings were found to be stronger in workers less than 40 years of age compared to those over 40 years old.

**Gendered Aging**

Calasanti (2010) called for increased theorizing of the intersection of gender with age in the field of gerontology in an article published in *The Gerontologist*. She discussed how gender is constructed and maintained via dynamic relational processes that often go unseen at both the individual and institutional level. In fact, even the categorization of gender typically illuminates biases and misunderstandings as gender has historically been assumed to be dichotomous (i.e., female or male) and biologically
determined rather than understood as socially and culturally constructed (Risman & Davis, 2013; West & Zimmerman, 1987). West and Fenstermaker (1995) describe "doing gender" as an elaborate compilation of "perceptual, interactional, and micropolitical activities that cast particular pursuits as expressions of manly and womanly natures" (p. 9). Gender has been described as: (a) an outcome of relational processes (West & Fenstermaker, 1995) and (b) a structure that creates and justifies division at the individual, interactional, and institutional levels (Risman & Davis, 2013; West & Fenstermaker, 1995). As research and theorizing of gender progressed, researchers began to understand that expressions of manly and womanly attributes and behaviors, classified as masculinity and femininity, do not exist on a continuum, rather they exist as separate constructs (Bem, 1981).

Research on whether a double standard of aging exists for older women has been mixed (Duncan & Loretto, 2004; Hummert, 1994; Kite et al., 2005). A meta-analysis by Kite and colleagues (2005) tested the moderating effect of target gender on attitudes toward aging. Contrary to the expectation that older women would be evaluated more negatively than older men, the authors found competency ratings for older women to be more positive than older men although the authors noted the difficulty of assessing whether a double standard exists because the answer varies based on the dependent variables. For example, older women were rated more poorly on evaluation and behavior/behavioral intention measures compared to older men in the same meta-analysis. However, a meta-analysis of research on age-based stereotype threat found no evidence of a moderating effect of either gender or age on experimental effects of ABST
(Lamont et al., 2015). Further, when Kite, Deaux, and Miele (1991) asked younger and older adults to describe 35 year old and 65 year old male and female targets, target age was found to be more important in terms of how targets were described than sex. Although masculinity was rated significantly lower for the older targets across traits, role behaviors, and physical characteristics, ratings of femininity were only significantly lower for the older female target in terms of physical characteristics. The authors did note that their results may be limited as their older targets were 65 years old, and a double-standard of aging for women may not emerge until old-old age ranges.

Demonstrating the validity of the limitation cited by Kite and colleagues, Hummert (1994) found evidence that women in old-old categories were rated more negatively than men. Specifically, Hummert found evidence that older women were evaluated more negatively than older men when photographs containing physiognomic cues (e.g., wrinkles) were used to group the typicality of stereotypes. Young adults were asked to pair 24 photographs of older adults with the stereotype they associated with the older adult in the photo. The photos were previously sorted into young-old, middle-old, and old-old in a pilot study. Hummert found young-old women were paired with positive stereotypes 82% of the time while old-old women were paired with negative stereotypes 86.4% of the time. There was no difference between positive and negative pairings for photographs middle-old women. Alternately, there was less of a difference between the positive and negative pairings for photographs of men across the three age-groups (67.4% versus 32.6%, 63.2% versus 36.8%, and 41.3% versus 58.7%).
A quantitative study by Duncan and Loretto (2004) investigated experiences with ageism in the workplace for a large sample of 1128 participants working for a large employer in the United Kingdom. The authors found reported experiences of ageism vary by age and gender, with more experiences with ageism reported for adults under 25 years old and above 45 years old; additionally, women over 45 years of age had the most reported experiences with ageism in the workplace. Further, women were more likely to note inequality in terms of access to promotions, while both male and female participants reported barriers in terms of access to training. Participants were also asked to describe their experiences with ageism via open-ended responses that were categorized by the researchers. Participants that attributed their experiences of ageism to their young age described experiencing the following: differences in pay and/or benefits, negative attitudes, less promotions, and restricted job deployment. Participants that attributed their experiences of ageism to their older age described experiencing the following: fewer promotions, less opportunities for training, and negative attitudes.

Women's qualitative responses indicated experiencing ageism, for being young and old, due to perceptions of lower competence (Duncan & Loretto, 2004). Importantly, women's qualitative responses indicated they were the recipients of ageism for being older and younger in their 30s. For example, a 35 year old female participant discussed occasions where she was described as an "old maid," an "old fucker," and was asked "Which was greater, our team's combined ages or [their employers'] bank balance" (p. 107). While all but two of 27 men in their 30s reporting experiences with ageism
attributed it to their young age, the 25 women in their 30s reporting experiences with ageism were split between attributing it to being young (n = 13) or being old (n = 12).

**Understanding Experiences Using Phenomenology**

The goal of a phenomenological study is to describe and make explicit the common meanings of everyday lived experiences as they naturally occur by gathering first-person accounts with the phenomenon under investigation from an individual or several individuals (Creswell, 2013; Moustakas, 1994; van Manen, 1990). The goal is to describe both how and what the participant experienced (Moustakas, 1994). There are two main approaches to phenomenology: (a) transcendental or psychological phenomenology and (b) hermeneutic or interpretive phenomenology (Creswell, 2013; Moustakas, 1994; van Manen, 1990). Transcendental phenomenology differs from hermeneutic phenomenology as the goal of transcendental phenomenology is to simply describe experiences with a phenomenon while researchers utilizing hermeneutic phenomenology go beyond description to provide an interpretation of the meaning of experiences as they are constructed within a given sociopolitical context (Creswell, 2013; Moustakas, 1994). Transcendental phenomenology has been critiqued for neglecting the historical, cultural, and social contexts that contribute to how an individual perceives an experience; a limitation that is addressed in hermeneutic phenomenology (Moerer-Urdahl & Creswell, 2004).

At times, the terms are not always distinguished by researchers in the field (van Manen, 1990) and some researchers, including Moustakas (1994), have questioned whether true transcendental phenomenology is possible, as the recall of an experience is
essentially the individual's interpretation of said experience. Going beyond description, hermeneutical phenomenology recognizes the role of the researcher as key in the interpretive process of connecting and making meaning from participant experiences (van Manen, 1990). This will be important in the current study, because it is often difficult for participants with multiple intersecting identities to recognize how these identities interact to shape their experiences, as participants often credit the most salient identity in a given context (Averett et al., 2013; Thrasher, Clay, Ford, & Stewart, 2012; Woody, 2014). However, van Manen (1990) has been critiqued for not outlining clear steps for analyzing data using hermeneutic phenomenology (Creswell, 2013). Thus, the modified steps outlined by Moustakas (1994), described Appendix G, will be utilized as a guide for data analysis.

Moustakas (1994) describes three overarching processes that guide data analysis: (a) the epoché process, (b) the process of transcendental-phenomenological reduction, and (c) the process of imaginative variation. The epoché process is described as a purposeful effort on the part of researchers to confront and put aside their pre-existing knowledge and experiences with the phenomenon. The goal of the process of transcendental-phenomenological reduction is to create a description of the "what" of the experience via the following four steps: (a) continuing the epoché process, (b) giving each angle or horizon equal weight and consideration, (c) clustering horizons into overarching themes, and finally, (d) creating a composite level textural description. The goal of the process of imaginative variation is to create a description of the "how" of the experience by considering antecedent and contextual influences via steps that mimic the
process of transcendental-phenomenological reduction with one notable difference - the addition of the consideration of how structures (e.g., space, bodily concerns, materiality, relation to others, materiality) interact with perceptions of a phenomenon.

Prior to undertaking a phenomenological study, Moustakas (1994) recommends that the method aligns with the research question. In particular, he recommends that phenomenological research questions have the following characteristics: (a) overarching goal of understanding the nature and meaning of an experience; (b) avoids causal or predictive goals in favor of descriptive goals; and (c) encourages active and engaged cooperation from participants. Moustakas (1994) notes that interactive, informal interviews are the method best suited to this approach; however, van Manen (1990) discusses the utility of other methods of data collection to include: close observation, literary sources (e.g., poetry, stories, biographies, and autobiographies), diaries, and journals. Further, the pursuit of understanding lived experiences necessitates a retrospective study design (van Manen, 1990). Thus, the research questions, goals, and methods (i.e., Story Circles, interviews) proposed in the current study align with the goals of phenomenological research.
CHAPTER III

METHOD

Limited qualitative research exists where researchers have considered how an individual’s experience with ageism intersects with gender to create a gendered experience of aging (e.g., Halliwell & Dittmar, 2003). Additionally, studies of experiences with ageism in general have been limited in their narrow focus on specific populations of older adults (e.g., older women with intellectual disabilities; David, Duvdevani, & Doron, 2015; older white women; Hurd Clarke & Griffin, 2008; older Black lesbians; Woody, 2014). Overall, the purpose of this research was to answer the following research questions: (1) How, if at all, is ageism gendered?, (2) How, if at all, does the experience of ageism differ across the lifespan?, and (3) In what ways does understanding how experiences with ageism are shaped by gender and age add to our conceptualization of ageism?

Broadly, the purpose of this study was to understand and describe the age-related experiences of women and men across the lifespan as well as how they construct meaning from these experiences. Thus, interpretative qualitative inquiry focusing on inductive versus deductive methods of understanding these individual level experiences, specifically, phenomenology is the most appropriate method given the research questions guiding this study as it focuses on the description of multiple individuals’ embodied
experiences with a common phenomenon (Creswell, 2007; Moustakas, 1994; van Manen, 1990).

Participants

As lifespan development theory (Baltes, 1987) posits that development is multidirectional and lifelong, this study purposefully sampled individuals from across the lifecourse. A total of 70 participants, 22-87 years old, participated in this study. Forty-three participants identified as female and 27 as male.

The first phase of this study included a total of nine story circles: six story circles with women \((n = 43)\) and three story circles with men \((n = 25)\). A total of 54 story circle participants identified as white, 10 as Black, two as Hispanic, one as multiracial, and one participant did not disclose their race. The majority of the participants identified as heterosexual; however, one participant identified as bisexual and two as homosexual.

Please see Tables 1, 2, below for additional story circle participant demographic information.

Table 1. 
Demographic information of female story circle participants

<table>
<thead>
<tr>
<th>Story Circle One (34.52 minutes)</th>
<th>Age Range</th>
<th>Race</th>
<th>Income</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
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<td></td>
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<tr>
<td>Story Circle</td>
<td>Age Range</td>
<td>Race</td>
<td>Income</td>
<td>Education</td>
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<tr>
<td>Two</td>
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<td>$10,000-$19,999 (2)</td>
<td>Vocational (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Some College (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black (2)</td>
<td></td>
<td>College Degree (3)</td>
</tr>
<tr>
<td>Six</td>
<td>44-87</td>
<td>NA (1)</td>
<td>NA (1)</td>
<td>NA (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;$10,000 (5)</td>
<td>High School (3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$20,000-$29,999 (1)</td>
<td>Vocational (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>College Degree (2)</td>
</tr>
</tbody>
</table>

Table 2.
Demographic information of male story circle participants
The second phase of the study included a total of eight participants, 30-74 years old, five female and three male. Please see Table 3, below, for additional interview participant demographic information.

Table 3.
Demographic information of interview participants

<table>
<thead>
<tr>
<th>Interview</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Income</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview 1</td>
<td>65</td>
<td>Male</td>
<td>White</td>
<td>$20,000-$29,999</td>
<td>Vocational Education</td>
</tr>
<tr>
<td>(62.58 minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 2</td>
<td>30</td>
<td>Male</td>
<td>White</td>
<td>$60,000-$69,999</td>
<td>Vocational Education</td>
</tr>
<tr>
<td>(60.25 minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 3</td>
<td>64</td>
<td>Female</td>
<td>White</td>
<td>$30,000-$39,999</td>
<td>Vocational Education</td>
</tr>
<tr>
<td>(100.42 minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 4</td>
<td>32</td>
<td>Female</td>
<td>White</td>
<td>$100,000-$149,999</td>
<td>College Degree</td>
</tr>
<tr>
<td>(97.17 minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 5</td>
<td>67</td>
<td>Female</td>
<td>White</td>
<td>$10,000-$19,999</td>
<td>College Degree</td>
</tr>
<tr>
<td>(77.88 minutes)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Interview 6</td>
<td>37</td>
<td>Female</td>
<td>White</td>
<td>$20,000-$29,999</td>
<td>Vocational Education</td>
</tr>
<tr>
<td>(51.75 minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 7</td>
<td>74</td>
<td>Female</td>
<td>Black</td>
<td>&lt; $10,000</td>
<td>College Degree</td>
</tr>
<tr>
<td>(88.13 minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 8</td>
<td>37</td>
<td>Male</td>
<td>White</td>
<td>$150,000 or more</td>
<td>Some College</td>
</tr>
<tr>
<td>(56.57 minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
As described by Creswell (2013), a purposeful sampling approach considers the participants in the sample, types of sampling, and the sample size. Phenomenological studies historically have a limited sampling approach that focuses on small sample sizes of individuals who have experienced the phenomenon of interest. However, understanding how experiences with ageism may vary by gender and age necessitated a more diverse approach. Thus, participants were chosen first and foremost according the four essential criteria described by Moustakas (1994). Participants needed to meet the following criteria in order to participate in this study: (a) the participant has experienced the phenomenon under investigation; (b) the participant is interested in reflecting upon their experiences and the potential meanings underlying their experiences with the phenomenon; (c) the participant is willing to participate in a lengthy story circle and/or interview; and (d) the participant is willing to sign a consent form giving the researcher permission to record the interview and publish their de-identified data.

In addition to the criterion sampling strategy recommended by Moustakas, theoretical sampling was also utilized in order to build upon understandings of ageism within the framework of lifespan development and intersectionality theories. Theoretical sampling recommends selecting participants that can add to theory building (Creswell, 2013). Specifically, this requires first selecting a homogeneous group of participants (i.e., individuals who have experienced ageism). This strategy was used to select participants for the story circles. The second part of theoretical sampling entails selecting and studying a heterogeneous sample (i.e., participants who have experienced gendered ageism). This strategy was utilized to select individuals for in-depth interviews to allow
opportunities to understand the context surrounding when these experiences do or do not occur.

While recruitment efforts focused on locating individuals who met all of these criteria, there were select participants who choose not to share a story in their story circle; however, only participants who met all of the above criteria were selected for an in-depth interview. Participants selected for an in-depth interview also met the following criteria: (a) experienced a gendered form of ageism and (b) were able to give a rich, full description of their experience. Although this was a qualitative study, the chosen sampling methods allowed for greater theoretical saturation and to be more representative of the population of interest (i.e., women and men across the lifespan). A similar sampling method was utilized to represent women and men at ages across the lifespan in a previous qualitative study investigating gendered attitudes toward aging bodies (Halliwell & Dittmar, 2003).

Historically, sample sizes of phenomenological studies, which utilize criterion sampling strategies, vary widely but are typically small (Creswell, 2013). Creswell (2013) recommends samples between 3-10 participants. Alternately, theoretical sampling recommendations call for researchers to continue collecting data until theoretical saturation has been reached, with recommendations to include 20-30 individuals. To gain a better understanding of the typical sample size in recent publications, a review of all phenomenological studies published in the field of aging in 2015 was done, displayed in Table 3 below.
A total of 34 studies met the following gateway criteria: (a) explicitly utilized a phenomenological framework, (b) topic was broadly in the field of aging, and (3) published in 2015, between January and October. Two forms of data collection dominated: interviews and focus groups. Studies utilizing interviews, averaged 17 participants, ranged between 2-40 participants, with a median of 15 participants, and a mode of 9 participants. Studies utilizing focus groups ranged from 5-60 participants, with an average of 31 participants. Thus, the current sample size of 68 participants for the story circles and eight participants for the interviews are within the bounds of sampling expectations within the field.

Table 4.
Sample sizes of recently published phenomenological studies in aging

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>Data Collection Method</th>
<th>Journal</th>
<th>Impact Factor</th>
<th>Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Interviews</td>
<td>Journal of Family Violence</td>
<td>0.75</td>
<td>Band-Winterstein (2015)</td>
</tr>
<tr>
<td>6</td>
<td>Photos, Journaling, Serial Interview</td>
<td>Journal Of Women &amp; Aging</td>
<td>0.6</td>
<td>Borrero and Kruger (2015)</td>
</tr>
<tr>
<td>40</td>
<td>Interview</td>
<td>Educational Gerontology</td>
<td>0.42</td>
<td>Boulton-Lewis and Buys (2015)</td>
</tr>
<tr>
<td>2</td>
<td>Serial Interview</td>
<td>Journal of Adult Development</td>
<td>0.69</td>
<td>Boyczuk and Fletcher (2015)</td>
</tr>
<tr>
<td>2</td>
<td>Serial Interview</td>
<td>Journal of Health Psychology</td>
<td>1.75</td>
<td>Burton, Shaw, and Gibson (2015)</td>
</tr>
<tr>
<td>Page</td>
<td>Method</td>
<td>Journal/Conference</td>
<td>Impact Factor</td>
<td>Authors/Title</td>
</tr>
<tr>
<td>------</td>
<td>----------------</td>
<td>--------------------</td>
<td>---------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>12</td>
<td>Interview</td>
<td>Journal of Women &amp; Aging</td>
<td>0.6</td>
<td>Canham and Rubinstein (2015)</td>
</tr>
<tr>
<td>19</td>
<td>Interview</td>
<td>Journal of Advance Nursing</td>
<td>1.74</td>
<td>Chan and Lai (2015)</td>
</tr>
<tr>
<td>23</td>
<td>Interview</td>
<td>Ageing &amp; Society</td>
<td>1.23</td>
<td>Chan, Mgbstafsson, and Liddle (2015)</td>
</tr>
<tr>
<td>15</td>
<td>Interview</td>
<td>Journal of Adult Protection</td>
<td>0.46</td>
<td>Chane and Adamek (2015)</td>
</tr>
<tr>
<td>24</td>
<td>Interview</td>
<td>Qualitative Health Research</td>
<td>1.44</td>
<td>Chen (2015)</td>
</tr>
<tr>
<td>14</td>
<td>Pilot Interviews, Interview</td>
<td>Gerontologist</td>
<td>3.23</td>
<td>Chippendale and Boltz (2015)</td>
</tr>
<tr>
<td>8</td>
<td>Serial Interview</td>
<td>Ageing &amp; Society</td>
<td>1.23</td>
<td>Cook, Thompson, and Reed (2015)</td>
</tr>
<tr>
<td>19</td>
<td>Interview</td>
<td>Journal of Women &amp; Aging</td>
<td>0.6</td>
<td>David, Duvdevani, and Doron, (2015)</td>
</tr>
<tr>
<td>21</td>
<td>Serial Interview</td>
<td>BMC Women's Health</td>
<td>1.5</td>
<td>DiGiacomo, et al. (2015)</td>
</tr>
<tr>
<td>60</td>
<td>Focus Groups</td>
<td>Ageing &amp; Society</td>
<td>1.23</td>
<td>Forssell, Torres, and Olaison (2015)</td>
</tr>
<tr>
<td>15</td>
<td>Interview</td>
<td>European Psychiatry</td>
<td>3.44</td>
<td>Laranjeira (2015)</td>
</tr>
<tr>
<td>19</td>
<td>Interview</td>
<td>International Journal of Lifelong Education</td>
<td>NA</td>
<td>Li and Southcott (2015)</td>
</tr>
</tbody>
</table>
Procedure

This study utilized both story circles and in-depth interviews. Story circles are different from focus groups, as the purpose of story circles is to listen to each member's individual experiences and perceptions of a phenomenon (Behrman & Spickard Prettyman, in press). Each participant was given approximately three minutes to tell a story about an experience they have had with ageism, using the following prompt, “Tell a
story about a time you were treated differently, either favorably or unfavorably, because of your age." After everyone in the circle was given an opportunity to share if they so chose, group discussion and analysis by participants in the circle followed as story circles recognize participants as 'co-analysts' in the research process.

Story circle participants were asked to sign an informed consent (see Appendix A) and complete a demographic form (see Appendix B). The story circle process, as described to participants, can be found in Appendix D. Additionally, the story circle facilitator completed a log for each story circle (see Appendix C) to help pair stories after transcription with relevant identifying demographic characteristics, when possible. Each story circle was recorded by the researcher, then transcribed and checked by members of the research team. Story circles ranged in length from 34.52-85.57 minutes.

Utilizing the story circle method yielded multiple benefits: (a) this method allowed for a larger sample of individual experiences, (b) participants identified common themes from the stories, helping the researcher gain insights and ensure reliability of standard text analysis, (c) this method served a dual role as a method of recruitment for subsequent in-depth interviews with participants with compelling stories, (d) emerging themes from story circle analyses helped develop a semi-structured interview guide for the in-depth interviews, and (e) because each participant was given individual time to share their story free of interruptions, it helped ensure individual participation within each story circle was more evenly distributed than focus groups (Behrman & Spickard Prettyman, in press; Walker, Zelin, Behrman, & Strnad, in review).
Both story circles and interviews comprised of participants recruited from the community were, in line with feminist research advocating for research conducted within the intended social context (Hill, Bond, Mulvey, & Terenzio, 2000), held in the home of the primary researcher, the home of a willing research participant, or in a public community setting (i.e., community room in Belcher Apartments). The location varied depending on the preference of the participant(s). This helped alleviate the unfamiliarity and discomfort associated with research conducted in a formal university setting (Hill et al., 2000). Story circle participants were recruited via postings and in-person recruitment from local community organizations, large local employers, Facebook, and snowball sampling. As an incentive to participate, story circle and interview participants were paid $15 each for their time.

Eight participants were chosen for in-depth interviews, five women and three men. Six participants took part in previous story circles and two participants were chosen due to researcher knowledge of their unique gendered experiences, conformity to all interview recruitment guidelines, and lack of availability for scheduled story circles. In-depth interviews allowed the researcher to direct conversations with the participants in order to explore and better conceptualize participants’ experiences with ageism (Charmaz, 2006; Loftland & Loftland, 1995; Moustakas, 1994; van Manen, 1990). Interview participants were asked to sign an informed consent form (see Appendix E) and complete a demographic form. Interviews were recorded for accuracy by the researcher, then transcribed and checked by members of the research team. Transcripts were then mailed to each participant to give them the opportunity to review them to ensure they
believed their voice was accurately represented and to give them the opportunity to clarify any statements they made. This also allowed the researcher the opportunity to ask participants follow up questions after the preliminary analyses had been completed.

**Materials**

The demographic questionnaire asked for the following information: age, sex, gender, sexual orientation, education level, income, relationship status, and living status. The semi-structured interview guide, found in Appendix F and utilized during the second phase of the study, was based on both recommendations from Moustakas (1994) as well as emerging experiences from the story circles.

**Validity**

Creswell (2013) recommends qualitative researchers utilize at least two different strategies to increase the validity of qualitative research results. The current study utilized four different forms of validity checks described by Creswell (2013): triangulation, negative case analysis, clarifying researcher bias (epoché process), and member checking. The results include divergent experiences, when applicable, that are not indicative of thematic descriptions with the phenomenon (negative case analysis). Further, the results are triangulated between the data from both the story circles and interviews, and described within the context of existing theories and research in the field of ageism. The researcher also engaged in the epoché process throughout the study by utilizing memoing procedures outlined by Charmaz (2006) to continuously document and bracket biases that may have interfered with data analysis.
Finally, the current study utilized two forms of member checking. The first member check was built into the story circle format by asking the participants to be co-analysts in the research process and to collaboratively create themes based on the stories shared in their individual circle. This allowed the researcher the ability to compare participant created themes with researcher created themes (Behrman & Spickard Prettyman, in press). The second member check came after the individual interviews were transcribed. Each interview participant was given the opportunity to review their transcript to determine if there was anything they would like to change, add to, or omit from their original statements. This also gave the researcher the opportunity to follow up on any statements that warranted further investigation. None of the interviewees elected to modify any of their statements. However, four participants, three interviewees and one story circle participant were asked and responded to follow-up questions for clarification.
CHAPTER IV

RESULTS

This study utilized a two step methodological process that included both story circles and in-depth interviews designed to explore the research questions guiding this study: (1) How, if at all, is ageism gendered?, (2) How, if at all, does the experience of ageism differ across the lifespan?, and (3) In what ways does understanding how experiences with ageism are shaped by gender and age add to our conceptualization of ageism?

Data were analyzed using a five step process modified from Moustakas (1994) and illustrated in Appendix G: (a) researcher underwent the "epoche process" by describing and confronting their experiences with gendered ageism throughout the entire research process; (b) researcher developed a nonrepetitive, egalitarian list of “significant statements” that described participant experiences with ageism (horizontalization); (c) researcher deleted repetitive or overlapping statements, (d) significant statements were grouped into thematic categories (clusters of meaning); (e) researcher developed a composite level textural-structural synthesis of what experiences participants described (transcendental-phenomenological reduction) and how participants described experiencing ageism (imaginative variation).
The results will be contextualized and guided by both lifespan development theory (Baltes & Baltes, 1990) and intersectionality theory (McCall, 2005). Further, the themes or clusters of meaning will be discussed within three broad thematic frameworks: (a) context matters, (b) short-term reactions to discrimination, and (c) long-term reactions to discrimination.

**Context Matters**

A summary of the categories and subcategories within the context matters theoretical framework is presented in Table 5 below. A total of four main contextual categories were present within participant responses: (a) the work context, (b) the family context, (c) the healthcare context, and (d) other contexts. Challenges to individual level competency were present across all four contexts; however, the way it presented differed between categories. Other subcategories were also present across more than one context (i.e., benevolent ageism, age is relative, sexualization of the young, and institutional discrimination). A description of both how and what the participants experienced within and between these contexts will be described in the following paragraphs.

<table>
<thead>
<tr>
<th>Category</th>
<th>Sample Significant Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td></td>
</tr>
</tbody>
</table>
**Competency Challenges**

Older Woman: She did always make the ones of us who were older feel stupid, like, you know, we didn’t know anything, and we’re dumb, and like you know she was younger and she had work experience. [Interview 5]

Young Man: He just assumed because he knows I’m in my early thirties that my experience had been limited, and that I needed further explanation on what the topic of conversation was. [Story circle 9]

**Benevolent Ageism**

Middle-Aged Woman: What’s funny is if I have a problem with a student at all, whatsoever, the men in the department - Oh my god it’s like they’re, they get in this mode and they’re gonna go attack someone so I have to watch what I say. [Story circle 4]

Young Man: Some of them simply feel that, you know, I’m too old. That maybe I shouldn’t be lifting or I shouldn’t be doing something that heavy, that I might hurt myself. [Interview 2]

**Age is Relative**

Older Woman: I do think the teaching profession that was one of the few ages that 65 is still young. [Story circle 3]

Young Man: I think a lot of times people assume I’m younger than I am. Just because of some of the things that I’m capable of doing with the newer technology that usually you only associate that with the younger fresh out of college, you know, and then they hear, you know, I’m almost forty and I’m doing basically what they’re doing. [Story circle 9]

**Sexualization of the Young**

Young Woman: I felt very uncomfortable because the guy just mentioned how nice I looked and how it would be great to partner together and was looking forward to our next conversation and meeting and maybe doing lunch. [Interview 4]
**Preference for Young**
Older Woman: My age - it's not the image that the company wants to project. They want younger more, you know, that they think the people are more in tune with everything, more up to date on things if you have a younger. So, even like today with the audit and stuff they don't have me talk to 'em, they have the younger guys talk to 'em. [Interview 3]

**Institutional Discrimination**
Older Woman: Going to other interviews I found out it's terrible, cause they do judge you on your age and everything else even though they're not allowed to really ask you. [Interview 3]

Young Man: I was young, early twenties, and the current help desk director and manager was leaving, and I was in line to take it over. Well they brought in somebody else who was older, didn’t have any experience with computers or technology, and they gave them the position because they were older and I was young. [Interview 8]

**Pushed Out**
Older Woman: They don't go out of their way to tell me some of this stuff cause they figure I'm not gonna be here. 'Well this is a new part and we're gonna be running it soon, but you know you probably won't be here much longer...' [Interview 3]

Middle-Aged Man: You’re fifty three why in the world would you even think about opening up another business? why would you ever want to take that chance and do that because you’re that age and you’re gonna, should be retiring. [Story circle 5]
**Competency Challenges**  
Older Woman: ‘You mean you can’t do that? What do you mean you can’t go in and put that app in and change it?’ You know I get it all the time. [Story circle 4]

Older Man: She don’t think I can do it. She carries all the groceries in, she carries everything heavy in, we go to the store, I wait for something and she does it. And I tell her you don’t have to do that, I’m okay! But she thinks I’m really old and she don’t want to kill me I think. [Story circle 5]

**Benevolent Ageism**  
Older Woman: The ones that are probably the most negative are my own children. My sweet children because I live alone and they worry a lot. They’re always, ‘well, are you going there alone?’ They look at the weather, ‘the weather’s gonna be bad maybe you shouldn’t go out tonight.’ [Story circle 3]

Middle-Aged Man: My boys and I are close and, you know, we’ve always been physical with each other playing around, horsing around. And then they realized they were starting to get too big and too strong and I was getting kind of old and not as tough and they just stopped doin’ it. [Story circle 5]

**Age is Relative**  
Middle-Aged Woman: My niece came in and said, ‘auntie, will you please help me with my school project?’ I said, ‘sure, I would love to.’ And I said, ‘what is the project about?’ And she said, ‘the Titanic,’ and she goes, ‘I thought you would be a perfect person to help me with this because you were alive during that time right?’ [Story circle 2]
Social Clock Violations  Young Woman: Being a young mother you're, um, you're judged all the time. Um, and by judging, in school situations you're never taken seriously. 'How do you know what you're talking about? You're just a kid raising a kid.' A lot of times you're shamed. [Interview 6]

Young Man: There was an expectation that I’m in my 30s now, I should’ve had a kid a couple years ago and should be planning kid number 3 by now. No it wasn’t bad but you could definitely feel the pressure and feel the judgment and you could really feel that some people’s expectations were real. [Story circle 9]

Aging Appearance Notifications  Older Woman: I've had people just lately say, 'oh boy I didn’t really realize it but I saw I seen you the other day and you look exactly, you look so much like your mom, you know, especially with the hair and the color.' [Interview 5]

Young Man: My father, umm, for a receding hair line that I have. It’s starting to run away from my face. Its, its, it’s true. And uhh I comb my hair forward to slightly hide it, a little bit. Doesn’t really work very well. [Interview 2]

Forgotten  Older Woman: People get so tied up in their own life that they have a tendency to forget about you. So yeah. They just figure you're older and set in your ways and you're content and happy the way things are when a lot of times you really aren't. [Interview 3]

Healthcare
Competency Challenges
Older Woman: She's been through probably maybe like five or six doctors in the last almost that many years just because they won't listen to her... She's had some of her doctors tell her, 'just take the medicine. You don't need to know, just take it. Don't worry about what it does, just take it.' [Story circle 6]

Young Man: I’ve had Ritalin, you know, ADD all my life. I’ve got documentation for it. I’ve been taking this for years, you know. I was really offended and you know, talking to me like I didn’t know what I was doing or what I was talking about, you know, where I’ve dealt with this my entire life.

Sexualization of the Young
Middle-Aged Woman: When I was younger they, everybody wanted me to flirt. Now everybody doesn’t want to flirt. [Story circle 4]

Young Man: Four separate women at four different times walk into the room. Each one of them requiring me to take off my shirt so they could examine an area. Figured one okay that makes sense, two eh alright, three starting to get suspicious, four I was like what is going on here. I would assume it was because the whole uniform thing and I was in pretty decent shape at the time. [Interview 2]

Substandard Care
Older Woman: As soon as I told her I was pregnant, I mean, you know, she didn't even know anything about my history or my health or anything. She automatically just said because of my age she thought I was high risk and that, ah, it would be better for me just to, ah, have an abortion. [Interview 5]

Older Man: They treated me really bad. Wouldn’t let me get up, you know, after they took the restraints off of me, they wouldn’t let me get up to walk to the bathroom. You know, to use the restroom. [Interview 1]
Competency Challenges  Middle-Aged Woman: I was so offended because I was probably 26, I'd been working full-time, I had a career going, and the finance guy says to me, 'well what's the problem? Do you need to go home and talk to your daddy?' [Story circle 4]

Benevolent Ageism  Older Woman: I remember one time, uh, I was trying to put it in and someone came by and they said, 'hey, I think you need help. You can't do that by yourself, you're - that's just too big and just too bulky for your age.' [Interview 5]

Age is Relative  Middle-Aged Woman: When I'm with my friends, they think I'm a different... you know, they think differently towards me. But my kids and their age group... [Story circle 4]

Older Man: I think like if you go downtown Youngstown and you’re there like at midnight at one of them bars down there and everybody looks at you. They’ll look at you like a pedophile or something! They really will. [Story circle 5]

Preference for Young  Middle-Aged Woman: Society is so focused on youth and staying young and being young and everything. You don’t often see old people in ads or magazines and stuff. [Story circle 6]

Older Man: It’s just like you’re old, you know, and you’re like let’s put you out to pasture so to say. [Story circle 8]
**Institutional Discrimination**

Older Woman: The federal government, when they decided to combine housing, they didn’t really take the senior citizen, um, um, they didn’t really realize how hard it is for senior citizens to, to co-jion with the young people... The older women - they’re scared to even come out of their apartments at night, you know, cause you have a lot of young men and it’s not a good mix. [Interview 7]

Older Man: She said, ‘Well, I’m, you know you’re older, I figured you probably had a hearing problem.’ [Story circle 8]

**Age Attributions by Others**

Middle-Aged Woman: I was asked, ‘oh is that your sister?’ Okay, I don’t know if that’s supposed to be a compliment to her or I need to put more makeup on. I’m like no that’s - that’s my mom. [Story circle 2]

**Competency challenges.** Within the work context, the most commonly mentioned subcategory was competency challenges. Both the female and male participants noted feeling, as young adults, like their knowledge or expertise was questioned. One middle-aged woman who noted she had a "baby face" explained, "There would be times I would come home crying, they would be so mean to me. And, you know, it was well you don’t know what you’re doing. You know, you’re too young."

This idea that age is equated with presumed knowledge and experience was reiterated by several male participants who were regularly questioned about their age. In fact, in one story circle, all eight male participants said they had been asked how old they are by colleagues or supervisors at work. (None of the female participants reported ever being questioned about their age). Alternately, male participants also discussed how an individual’s role in the workplace is associated with age. Entry level positions are
assumed to be occupied by young adults and leadership positions are associated with middle-aged and older adults. A middle-aged man described how reactions to his age related to his current job role have changed over time.

Like, 15 years ago it was, 'how old are you?' I was like how old am I? (laughing) The context changes a little bit, um, early on was more impressed that you can do whatever you were doing, now it’s surprise that you’re not doing more than you are.

None of the men reported challenges to their competency as a middle-aged or older man; however, women reported challenges to their competency across the lifespan. An older women described going into a new career at the age of 57 and working for a younger supervisor, "She did always make the ones of us who were older feel stupid, like, you know, we didn’t know anything, and we’re dumb, and like you know she was younger and she had work experience." Both younger and older women working in male dominated workplaces noted that they felt pressure due to both their age and their gender.

A young woman described the way male clients did not take her as seriously as male colleagues.

Sometimes talking to men, they feel as though it’s more of a conversation… They’re just kinda more of like a pushover like oh yeah whatever, she’s just coming in here to talk about coffee or it’s a casual conversation. Not to where, hey, let’s get down to business and actually talk numbers.

This was echoed by a young male participant describing how he sees clients treat young women working sales positions in the field. He noted that it was difficult to put this type of discrimination into words, given that the behaviors are not as readily noticeable until compared with how young men are treated.

I’ve travelled with uh guys that are fresh out of school going to visit a dealer versus women that are just out of school also and it’s night and day difference
response from the dealers. Which I could put – which is what you’re looking for, to be able to put it in words... It’s just the demeanor. They feel like it’s more, um, it’s less formal if a woman walks in. They feel like they can just kind of kid around and um, we don’t really need to talk about business.

Thus, even though many participants noted feeling as if their competency was questioned as a young adult in the workplace, participants of both genders noted that it was more difficult for a young woman compared to a young man. As one male participant explained this difference within the context of working in the car industry, “Even though I may be young, I didn’t have to go make credibility about knowing automotive.” Although he admitted, “I know nothing about cars… but you’re assuming that I do know because I’m a man. While a woman is like they will assume they don’t know.” He went on to explain that, “Women have to demonstrate that there was an interest or even pretend that they didn’t know cars and allow the customer to teach them.”

Male participants discussed how they have not only witnessed the credibility of women questioned more than their male peers, but also how successful women were subjected to questioning about how they achieved their roles. In the words of one young man, "I actually believe I wouldn’t have the opportunities I’ve received if I had been a woman. I think they would have double questioned my motives." This was reiterated by another participant who said, "there’s a - a clear cut instance in our area with rumors flying about how one person got their job, and it’s a woman, of course." Similarly, another young man explained in his interview how women in the military are viewed and treated.

Women in the military get looked at as if they did favors or they were, they obtained a certain rank because they did something for someone or that they are just being privileged and it’s not looked at as if they worked hard to get where
they did. Even if they did. And sometimes they uh, get put into situations where they can't be successful in their career. Which is so frustrating to see happen. Um, we’ll get, uh, a woman come into the shop and she’ll automatically get put behind a desk working on computer things. Um, you know administrative type things when that is not the main focus of our job.

Competency challenges were discussed across all four contexts. In the family context, women described having their competency questioned in terms of their technological savvy. An older woman said her children commonly make comments such as, "You mean you can't do that? What do you mean you can't go in and put that app in and change it?" In fact, one middle-aged woman discussed how members of her family pushed her mother to get an iPhone, saying they, "revolted like we’re not gonna text you until you get an iPhone and she did!"

Both female and male participants noted their families did not think they were capable of making their own decisions when they were children and adolescents. Depending on the age of the participant, their experience was often marked by their gender as well as the time period in which they were raised. One older women discussed how she was "farmed out" to help other family members in the summers when her mother was hospitalized due to a severe mental illness in the mid-to-late 1960s, "They told me that I was too young to be at the house with my dad, three older brothers, me the only girl - it was inappropriate." She went on to say, "I didn't think it was fair. I didn't think it was right." An older Black woman spoke of the lack of options she had as a pregnant teenager in 1958.

My mother she was like, 'Oh you're not bringing any more babies in here. You know, you gotta get married or go to the Florence Cridlon Home.' Which was the home for unwed mothers back in that day. You didn’t have no choices then, you
didn’t know what that was. You're kids then you just did you they told you to do. And that was the end of that. Oh god, and I didn’t wanna get married, okay?

Competency challenges in healthcare were similar, in that participants did not feel like they were viewed as capable of making their own decisions or as knowing about their own health. One woman, recounting her experiences with her older mother, explained, "Some of her doctors tell her um there's just - just take the medicine... Don't worry about what it does just take it." She went on to describe how she felt the lack of explanation she received at her mother's appointments were related to, not only her mother's advanced age, but her own status as a woman.

I feel, I don’t know just kinda scared that she’s a little older and I’m the only, I have like 5 brothers and then me. I’m the only girl, but I’m the only one that’s here with her. And sometimes I don’t think they listen to me, cause I’m a woman. She was not the only woman to feel like healthcare professionals did not listen to them. An older woman told an emergency room doctor who was putting stitches in her hand that it was painful. He responded by saying, "you're too old to - you're too old to be acting like this." One older woman disclosed how she was offended that her doctor prescribed her anti-depressants after the death of her husband. She was, "a little hurt like he wasn't taking me serious. That it's just take a pill and get over it, really? Don't treat me like a quote 'crazy woman.'" She went on to explain, "I’ve talked to a few guys at work that have lost their wives and stuff... None of them were offered anything like that."

At the other end of the lifespan, younger adults described their doctors as assuming they did not know what they were doing. One young woman spoke about her experience at the hospital after delivering her first child at the age of 16.
Even at the hospital people, I would hear comments about uh she’s just a kid or she’s scared ‘cause she doesn’t know what’s going on. I was 16, but I wasn’t stupid. I knew exactly what was going on with my body.

This feeling of being treated like, as a young adult, they do not know what is going on with their own bodies and health was reiterated by a young man who went to a new doctor for treatment for Attention Deficit Disorder, "I was really offended and you know, talking to me like I didn’t know what I was doing or what I was talking about. You know, where I’ve dealt with this my entire life."

Competency challenges occurred in a variety of other contexts outside of work, family, and healthcare. Young adults buying cars or homes spoke about how they were treated by sales professionals like they were too young to competently make those purchases. For women, these competency challenges were gendered, as explained by a middle-aged woman, "I was probably twenty-six, I’d been workin’ full-time, I had a career going and the finance guy says to me, ‘well what’s the problem? Do you need to go home and talk to your daddy?’" The same participant went on to describe how she felt before engaging in a recent car buying experience, now in her 50s, "just walking in it’s just an uneasy feeling it’s like going to the dentist, you know. Or it’s even worse it’s like you…you feel so vulnerable. Because I think you do get treated a little bit differently."

She felt that, at one dealership in particular, she was treated differently, "this sales person is not listening to me... I was there for like two and a half hours."

There were similarities in the experiences of children/adolescents and older adults. When an older Black man was discussing how he was treated by a lawyer in court, he noted how the way he is sometimes spoken to is like how children are talked to.
I’ve encountered where there are people…not much younger then I am, but there are people who treat you like you’re a child. They tend to wanna say well you’re older, and you know, you, you know I could talk to you as if you’re a child.

When interviewed participants were asked to recount an experience of being treated unfairly as a child or adolescent, every participant was easily able to recall a vivid memory that, across the board, described a situation where they felt powerless. In the words on an older male participant who described being yelled at by a friend's father in front of a group of people, "I was a kid and he was an adult and he can get away with it." This mirrors the way the older Black man felt. When he spoke up to the lawyer who was speaking to him "like a child" and told her he was not going to answer her questions if she kept speaking to him like that, the judge informed him he did not have the power to make that decision. As an older woman put it, "I'll tell you that the older you get, you don't get the - I shouldn't say respect - but all of a sudden you're too old to know what you're talking about." A middle-aged woman in the same story circle expanded upon her comment by saying there is "a point when you're too young and you don't know anything" either.

Age and gender are not the only identities participants discussed as impacting how their competency is viewed by others. A middle-aged Black man explained how living with a disability also factors into the way he's treated.

I do notice personally a lot of times what, cause I’ll have my wheelchair, my wife will be pushing the wheelchair. People won’t look at me, they’ll look at, they’ll, they’ll look at her. It could be about me, but they’ll be lookin’ at her.

He explained that he thought it was important to talk about the impact of disabilities when discussing age, "I thought it was sort of interesting that you didn’t have on your
um, on here anything about disability. 'Cause usually disability and age tend to be like [hand gesture linking hands].” This point was reiterated by an older Black woman who explained, "I get looked as, is that I’m too young to have all the aches and pains that I have." Although she is 74 years old, she is often mistaken for looking decades younger. She states, "I don't like being judged because, well, 'you're not old enough to have that.'" She feels like her complaints to her doctors and friends are not taken seriously since she does not look like she should be in pain because she does not look "old enough to have that."

Not all participants felt that their competency was challenged across contexts. Men described being sought after as a mentor by younger co-workers. Some young men who went back to college after spending some time in the workforce described how their fellow students would treat them like a mentor and went to them for advice.

It was almost like I was a second professor at times. Um, when they couldn’t understand what the teacher was teaching them they would come to me because I was more approachable, you know, I’m a student as well so maybe he can teach me.

This was a stark contrast to a young woman in the same context who described a very different reaction she received from her peers.

I went back to school when I had my son so I was older than a lot of the college students and I know for certain and was told that sometimes college students hated it when they had classes with me because I would ask questions. Or I would give more feedback, and they just wanted the class to end, so it was annoying with them to have class with me.

An older woman described mentoring younger female co-workers at her work, but that she was not sought out as their mentor, rather she purposefully has taken the time to
mentor them and to create an environment where they are comfortable approaching her with questions.

**Benevolent ageism.** The competency challenges and benevolent ageism subcategories are connected. Benevolent ageism generally occurs when individuals are perceived to lack the competence to complete a task by a co-worker, family member, or an outsider. For instance, an older man described how his younger wife treats him.

My wife treats me differently because of my age. She, well, she does everything for me. She don't think I can do it. She carries all the groceries in, she carries everything heavy in. We go to the store, I wait for something and she does it. And I tell her, 'you don't have to do that, I'm okay!' But she thinks I'm really old and she don't want to kill me I think.

There are similarities and differences in how women and men view benevolent ageism, particularly in how they attribute the intentions behind these helping behaviors. An older man described helping behavior in the workplace as a sign of "respect." That younger workers view it as, "you're old now, you've put in your time and I'm gonna do this for you." One young man, who is considered old for his workplace, noted that he used to think younger co-workers offered help due to his status and rank, but has changed his view after reflecting on the activities they offer him assistance with.

Before really thinking about it I had always attributed it to, um, a bit higher of a rank and not as much as age, um, although hindsight I’m starting to think there is bit more of a connection there. Um, simple things like, uh, like taking out trash, or I guess any action that would be (sighs) really anything with lifting, carrying anything that might be heavy, um, I’ll have one of the, uh, the younger guys come over and offer help.

Thus, because his younger co-workers are helping when a task requires a physical component, rather than a mental component, he sees it as more related to his age. The
tasks the middle-aged and older men described younger people assisting them with at work were also physical in nature.

Women noted receiving offers to open doors, carry items, and serve as a protector across the lifespan and related it to their gender more so than their age. However, women did discuss experiencing benevolent ageism within the family and other contexts. As an older woman noted, "tables have turned" and she experiences, sometimes unwelcome, offers of help and protection from her children.

As I’m aging, I think most of my experiences are positive. The ones that are probably the most negative are my own children, my sweet children because I live alone and they worry a lot. They’re always ‘well, are you going there alone?’ They look at the weather, 'the weathers gonna be bad maybe you shouldn’t go out tonight.'

A middle-aged man described similar treatment from his wife.

It’s little things now. If I got down to gram’s house and I’m there, she wants me to text at a certain time to make sure I didn’t fall off the ladder or, you know, because she doesn’t maybe think that I can get up and down or this and that.

One participant noted that this type of helping behavior sometimes only occurs once an individual's age becomes more prominent. She told a story about her 70 year old cousin who spent much of her time on a family vacation caring for and playing with her grandchildren on the beach. However, after they celebrated her birthday, her children instantly treated her differently. As she described, "they’re holding my arm and she’s going 'what the hell you holding my arm for? You didn’t hold my arm yesterday I watched your kids for four hours!'"

Alternately, one older woman expressed frustration that her children did not offer her more help.
Well, I feel I feel my age now. And there's a lot of things that I feel like I’m too old to do. There’s a lot of things that I feel like, well there’s a lot of things I can’t do because you know you’re just too old! You don’t feel like doing them.

She explained that she has pain and does not feel capable of doing everything herself. However, she said she thinks part of the reason they do not offer her help is that, "they so used to me doin’ things on my own." When she specifically asked for help cleaning her floors when she injured her foot, one of her sons gave her money to pay someone to clean them rather than help her himself. Similarly, a middle-aged said, "I wish I got that helping behavior." He wants his son to come help him with a house he is fixing up, but has not been able to get him to assist with the work he is doing. One older man that needed a lot of assistance during a health crisis noted that, "I didn't have a problem accepting the help when I did get it. Um, I had a problem with the fact that I had to have the help."

In other contexts, benevolent ageism was only described by older participants and was overwhelmingly viewed positively, as a sign of respect. An older woman who was grocery shopping said when she struggled to put something in her cart a stranger came up and said, "I think you need help. You can't do that by yourself, you're - that's just too big and just too bulky for your age." She said that "it makes me feel good that somebody wants to help somebody. You know no matter what age you are." However, she did allow that "when you are older people do want to help you a little bit more." Her sentiments were echoed by other participants that appreciated when younger adults opened doors for them or gave up their seats when the bus was crowded. In fact, middle-
aged and older men said younger adults who did not engage in these helping behaviors lacked "respect."

**Age is relative.** Another subcategory that crossed contexts is the notion that age is relative. This is clear in the situation described above where the 19 year old co-workers of a 30 year old man are going out of their way to offer him assistance with physical tasks because he is, relatively, so much older than them. Participants disclosed that the age of the people around them, the activities they were engaging in, their profession, and their role in the workplace influenced how others perceived their age. For example, while 30 years is considered old in the military, one participant noted that, "I do think the teaching profession that was one of the few ages that 65 is still young."

Another participant noted that his coworkers see him as younger than his age because he has an entry level position in his company. Another participant noted he is viewed as younger because of his technological expertise, a skill his coworkers associate with youth. Some women reported children viewed them as "old." For example, a 40 year old woman described her niece asking for her help with a school project due to her perception that she was over 100 years old.

Last school year my niece came in and said, “Auntie, will you please help me with my umm school project” I said, “Sure I would love to and I said what the project is about?” And she said, “The Titanic” and she goes, “I thought you would be a perfect person to help me with this, because you were alive during that time right?”

**Sexualization of the young.** A subcategory that was mentioned in both the work and healthcare context is sexualization of the young. As the name indicates, young participants described situations in which they felt sexualized or objectified in the
workplace or by a healthcare professional. A young male participant described a visit to his doctor for a lump he had on his back.

Four separate women at four different times walk into the room. Each one of them requiring me to take off my shirt so they could examine an area. Figured one okay that makes sense, two eh alright, three starting to get suspicious, four I was like what is going on here. I would assume it was because the whole uniform thing and I was in pretty decent shape at the time.

A young woman described a situation in which she felt her doctor was hitting on her by complimenting her vagina during a pelvic exam. Both participants were uncomfortable with their healthcare professional's behavior.

Some women described experiencing sexual comments as young adults in the workplace. One young woman noted that it has happened to her repeatedly in sales.

I’ve been given phone numbers before on the back of a business card. Or on a business card specifically said, you can reach me on my cell phone, available at all times. So it’s typically been more sexual…flirty, comments that I’ve received.

She noted that at times the behavior of the male clients she works with have made her feel so uncomfortable that she walks away from their business; although, she noted if their business will provide a large enough commission she sticks it out. A couple middle-aged women noted that the sexual comments they receive in the workplace has decreased as they get older. As one woman explained, "when I was younger they - everybody wanted me to flirt. Now everybody doesn't want me to flirt." She said that the age of the men that flirt with her changed increased as well.

Preference for youth. The sexualization of younger adults illustrates a broader subcategory demonstrating how participants felt society prefers youth, in general. In the
workplace, one older woman described how her company seeks out younger adults. As she explained, "my age - it's not the image that the company wants to project." She said her company want younger adults with college degrees to fill supervisory roles; however, when she described the educational background of the younger supervisors that were preferred, only one had a college degree but the others came across as more educated and "in tune with everything" than her because they were younger. This was reiterated by other older participants. An older man said he feels like, being older, that others want to "put you out to pasture." A middle-aged woman pointed out that, "society is so focused on youth and staying youth and being young and everything. You don't often see old people in ads or magazines and stuff."

Institutional discrimination. The last subcategory that crosses more than one context is institutional discrimination. In the workplace, an older woman felt that job hunting at her age was difficult, "'cause they do judge you on your age and everything else even though they're not allowed to really ask you." Two older women also noted finding out that they were paid less than their male coworkers. Alternately, two young men described being passed over for promotions they were qualified for in favor of an older employee. In fact, the one participant said an independent agency came in and verified that he was the most qualified employee for the job; however, his supervisor believed the customers would not respond well to a young manager. The participant agreed, saying "I think he was probably right. Uh, I don’t think I would’ve gotten the respect from the customers." He did end up getting promoted to assistant manager and felt that was acceptable at the time.
An older woman accused the federal government of treating low income older adults poorly by placing them in housing with younger adults living with disabilities.

The older women, they’re scared to even come out of their apartments at night, you know, cause you have a lot of young men and it’s not a good mix. It’s not a good mix. So if you have to be cautious all the time, that’s not living. Understand what I’m saying? You can’t relax. You have to be cautious, you’ve got to watch yourself and be aware of your surrounding at all times, you know.

She feels that older adults and younger adults should have separate housing and that older women feel unsafe in their apartment building with young men around. Intergenerational tensions were also evident in the responses of older men living in the same apartment complex. They also noted concern for their safety, saying they did not feel like they could speak up for themselves when younger adults acted disrespectfully because they feared that they may retaliate in violent ways.

**Pushed out.** Other subcategories were only evident in particular contexts.

Within the work context, older adults discussed feeling like they were being pushed out. Some described being asked repeatedly when they were going to retire or "how long have you been here?" One woman said some of her coworkers do not tell her relevant information because, as they tell her, "this is a new part and we're gonna be running it soon, but you know you probably won't be here much longer." Thus, they do not explain things to her based on the assumption that it is not worth their time since they believe she will not be there in a few months. A middle-aged man described his family's reactions to his decision to open a new business, "you're 53, why in the world would you even think about opening up another business? Why would you ever want to take that chance and do that because you're that age and you're gonna, should be retiring."
Forgotten. A related subcategory, forgotten, describes a somewhat similar feeling to being pushed out; however, instead of being pushed out this participant described a more passive method of pushing her out by way of forgetting to include her.

People get so tied up in their own life that they have a tendency to forget about you. So yeah. They just figure you're older and set in your ways and you're content and happy the way things are when a lot of times you really aren't.

Social clock violations. Also in the family context, several women throughout multiple story circles discussed how they have been treated poorly by both individuals and institutions for committing social clock violations within the family context; meaning, they engaged in behaviors that were viewed as taboo or inappropriate for their age. The most, in the words of a participant, "horrible crime" some of these women had committed was that of having a child when they were "too young." As a young woman explained,

Being a young mother you’re, um, you’re judged all the time. Um, and by judging, if school situations, you’re never taken seriously. How do you know what you’re talking about, you’re just a kid raising a kid, um, a lot of times you’re shamed instead of anybody offering help.

Her "crime" was so serious, in fact, that family members told her, "look what you did to your life," "you're not gonna be anything now," and "there goes your body." She noted that how she is treated has changed with her younger children, now that she is in her midthirites and at an age where it is considered appropriate to have young children.

I’m not looked or perceived as the stupid kid with [children's names], who are four and three. I go to the school, they speak to me as a parent and, you’re just treated totally different, you’re treated with respect and like you’re actually a grown adult.
An older participant explained how the people in her community reacted to the news she was pregnant when she was 15 years old.

I was ostracized in my own neighborhood and uh nobody was allowed to visit us because of me. That bad [participant name]! No! You cannot visit with her! Like I knew what I was doing. It was, you know it was, oh god it was horrible!

She explained, "that was just the way it was. Back then, they just treated it like a crime."

Even though it has now been 58 years since that happened in her life, she still describes it as "the most horrible thing that ever happened." She said she was forced to drop out of school and marry the father of her child against her wishes.

A participant who was pregnant a decade after her had a similar experience; however, she decided to fight back against the discrimination she experienced trying to remain in school. As she explained, "the philosophy was the girl got pregnant; she was no longer allowed to attend school nor to do anything. The boys were allowed to go back to school, because they have to learn how to have a job." She also stated how difficult it was for girls who tried to go back to school, "I had watched others try, and they humiliated them to the point where they left." Although she won the right to go back to school, she was not allowed to attend any school activities, participate in any school organizations, or have a lunch period. A participant who was not pregnant, but did marry in her senior year, experienced similar treatment. She also was not allowed to participate in school activities because, as school officials explained, "we consider you a bad influence." She said she eventually quit because "they gave me such a bad time."

At the other end of the spectrum, one participant was treated differently for having a child "too old." She noted she was often mistaken for her daughter's
grandmother instead of her mother and at her daughter's class picnic one year another parent told her, "you can't keep up with us... because they were a lot younger than me."

Other violations mentioned by women included early menopause and dating someone significantly older than them. The middle-aged woman who experienced early menopause has been told by her co-workers, "oh you’re too young for that, you’re just tryin’ to get, you’re just tryin’ to get sympathy" when she is experiencing a hot flash. Another co-worker said, "well why don't you just go take a pill?" At 42 years old her younger co-workers believed she was too young to be experiencing the symptoms of menopause.

Male participants did not describe young fatherhood as stigmatizing as the women. One reason for this, as one young women explained, "quite honestly I can say dealing with the school, um, my first husband never did." However, one male participant was a single father who obtained full custody of his son when he was six months old.

I was looked on more positively, you know, as a single dad being in my early twenties. Um, it was more impressive to people because not many dads that young, you know, get full custody, you know, take on the responsibility of being a full time parent.

He said he received, "compliment after compliment." Comments such as "it's so impressive," "so proud of you," "that's amazing," "that's incredible," and "you must be a wonderful dad." He also mentioned how his family pitched in and helped him with his son, particularly when he was younger. Another participant explained that when he goes to parent-teacher conferences for his son he is repeatedly complimented and told, "it's
great to see a dad in here." The experiences of these young fathers present a stark difference from the comments and treatment the young mothers experienced.

Other experiences that was unique to the male participants in the social clock violations subcategory, included comments that they had not completed expected behaviors or accomplishments on time.

There was an expectation that I’m in my 30s now, I should’ve had a kid a couple years ago and should be planning kid number three by now. It wasn’t bad but you could definitely feel the pressure and feel the judgment and you could really feel that some people’s expectations were real.

While that participant felt like he had met family planning expectations, another male participant discussed how he had not graduated college on time. He described his parents underwhelming reaction after he graduated college.

My family were like oh finally you got it done, that whole thing right it wasn’t like well congrats you finished, it was we expected this of you two years ago, so. Uh, you know, finally you caught up with what we expected of you.

**Aging appearance notifications.** Another subcategory in the family context is aging appearance notifications. Participants described, predominantly family members, commenting on their aging appearance. Two older women both said family members had recently told them they are starting to look like their mother. A young man discussed being reminded of his receding hairline by his father. A middle-aged woman was asked if she was going to dye her graying hair; however, most comments were neutral to positive. One older adult described her friends telling her that her graying hair was gorgeous and that she has random people ask her for her skincare regime.
While direct comments on aging appearance were not common, indirect comments about a women's aging appearance often occurred via age misattributions described by several participants. In fact, one participant talked about it happening to her immediately preceding the beginning of her story circle.

It happened here this evening where I was asked oh is that your sister? Okay, I don’t know if that’s supposed to be a compliment to her or I need to put more makeup on. I'm like, 'no that's - that's my mom.

This participant went on to say this was not the first time she was mistaken for her mother's sister and she did not know if she should interpret it as a compliment or not. This was a distinction made by most of the participants that described this type of experience. When one participant was out shopping with her mother and her grandmother, her grandmother was mistaken for her mother and her mother was mistaken for her grandmother. She said that she talks about this experience with her grandmother, who felt "fantastic," when her mother is not around because her mother really felt "horrible" afterwards. Thus, for most participants, being mistaken for younger was a compliment while being mistaken for older was discriminatory. However, one participant was unhappy when she is constantly mistaken for younger than her age because people do not take her pain complaints seriously.

**Substandard care.** A subcategory unique to the healthcare context was substandard care. This subcategory was related to benevolent ageism for one older participant in particular. He described a major health crisis he went through over two years ago when high doses of steroids put him into a state of psychosis. Although he does not have a lot of memories from that time period, he recalls the way he felt in the
psychiatric unit in the veteran's hospital where he was treated. He described how upset he felt when he could not answer the questions they asked to determine his mental status, "they would always ask me what day it was, um, things like who's the President of the United States? Things like that and it was sad, I couldn't answer them." He was also frustrated because, as he explained, "they had me tied down and they told me to go in my pants."

A participant who worked in a nursing home said that the care provided by healthcare workers in those settings was influenced by which patients would advocate for them. For example, she said that if she went into a room that had someone between 90-100 years old and someone in their 50s, "the 50s person more has a voice to where they can yell at you and the 100s person is not that coherent to know that they can be put off for a little bit." This relates to the experience by the participant at the veteran's hospital. When he told his wife how they were treating him, she called everyone she could to complain. The participant said, "I don't know who she got a hold of, but the next day they took those restraints off of me and completely changed how he took care of me."

An older woman discussed how upset she was when she went to her general practitioner after finding out she was pregnant with her third child at the age of 40.

As soon I told her I was pregnant, I mean, you know, she didn’t even know anything about my history or anything or my health or anything, and she automatically just said because of my age she thought I was high risk and that, ah, it would be better for me just to, ah, have an abortion.

She was offended that the doctor did this without conducting any tests to see if there was a concern with her child first. Her recommendation for an abortion was solely based on
her age. The older woman who was offended her doctor prescribed anti-depressants following the death of her husband also felt that her doctor did not offer her the best care, saying he, "could of recommended a grief counseling session or something instead of that."

**Short-Term Reactions to Discrimination**

A summary of the categories and subcategories within the short-term reactions to discrimination theoretical framework is presented in Table 6 below. A total of four main categories were present within participant responses: (a) emotional responses, (b) coping, (c) advocacy, and (d) questioning discrimination. Further, a fifth subcategory, barriers to advocacy, will also be included in the description of both how and what the participants experienced during their short-term reactions.

Table 6. *Summary of Categories for Short-Term Reactions to Discrimination*

<table>
<thead>
<tr>
<th>Category</th>
<th>Sample Significant Statements</th>
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</thead>
<tbody>
<tr>
<td><strong>Emotional Responses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Across Contexts</strong></td>
<td>Descriptive words used by women: appreciative, annoyed, angry, bothered, crappy, crying,</td>
</tr>
<tr>
<td></td>
<td>discredited, embarrassed, fantastic, flattered, frustrating, happy, horrible, horrified,</td>
</tr>
<tr>
<td></td>
<td>hurt, insecure, irritated, mad, offended, panicked, pissed, resentful, scared, small,</td>
</tr>
<tr>
<td></td>
<td>stupid, terrible, uncomfortable, uneasy, unhappy, upset, vulnerable, worthless</td>
</tr>
<tr>
<td></td>
<td>Descriptive words used by men: annoyed, crying, depressed, flattered, frustrated, good,</td>
</tr>
<tr>
<td></td>
<td>happy, irritated, mixed emotions, nerve-wracking, offended, overwhelmed, pissed, proud,</td>
</tr>
<tr>
<td></td>
<td>uncomfortable, upset, weird</td>
</tr>
<tr>
<td><strong>Coping</strong></td>
<td></td>
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</tbody>
</table>

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Avoidance

Young Woman: When I got pregnant with my second child, I actually hid my pregnancy for four to five months from my family because I didn’t want to hear that shame. I didn’t want to hear, ‘oh I told you so!’ or ‘you’re stupid!’ or ‘didn’t you learn the first time?’ or ‘why didn’t you keep your legs closed?’ [Interview 6]

Middle-Aged Man: I used to practice with my nephew until he was about a junior in high school ‘cause he was a lineman. Nah that’s…there’s one time he hit me and I mean I felt it. To my toes. (Laughing) I played it off like ohhh… Okay, we're done. You can’t show pain. [Story circle 5]

Reframed Experience

Young Woman: It got me prepared for this industry. And I see it all - all over the place in tire world. So um, yeah it, I think it was definitely. I needed to learn it and its good that I learned it. [Story circle 1]

Young Man: I was in my mid twenties, late twenties, um going out around a couple states trying to help dealers work their business who had been doin’ it for 40 or 50 years. So I kind of took it on as a challenge, I didn’t get discouraged by it. [Story circle 9]

Sought Support

Older Woman: You have to find a way to do it without tickin’ them off, blow the sale. And yeah or I or I’d give them a signal and [Brian] and [Tom] would have to excuse themselves and say, ‘you know what I gotta go check on this.’ You had to manipulate it to the point where he had no choice but to ask me. [Story circle 2]

Denial

Older Woman: She called me about twenty minutes later and she said, ‘I really insulted you didn’t I?’ I said, ‘not at all!’ [Story circle 3]

Older Man: I don’t think the majority of us feel like we’re getting old, or feel ourselves as - I think maybe it’s a denial but for the most part maybe a few physical things that I think. But it’s pretty much that I don’t think of myself any different than I did 20 years ago. [Story circle 5]
Advocacy

**Assertiveness**
Older Woman: When they’re saying that you’re stupid or that you’re the idiot and.. and he and I went back and forth a couple times and he said that I needed to treat him with respect or go to the office. And I said I will treat you with respect when you treat me with respect. And I’ll have no problem goin’ to the office - bye! [Story circle 2]

Older Man: She said, 'Well, I’m, you know you’re older, I figured you probably had a hearing problem.' I was like, 'No, I don’t have a hearing problem and umm I don’t appreciate you yelling at me.' And this I’m talking, I’m saying this to a prosecutor. [Story circle 8]

**Boundary Setting**
Older Woman: Some doctors just don’t have the patience with you they think well you’re just old who cares about ya, but you have to put them in their place and say you know im still living I’m still alive. [Interview 5]

Young Man: Sometimes I will say, ‘well alright here you go,’ and then watch them not be able to do it and then I’ll pick it up and do it anyways. [Interview 2]

**Formal Avenues of Protest**
Older Woman: I have threatened the school board to get me back into school. The boys were allowed to go back to school and I had seen girls before me try to go back and - but the philosophy was the girl got pregnant she was no longer allowed to attend school nor to do anything. The last statement was I was a good student, I’ve never been in trouble, and I’m coming back into this school either with your blessing or a court order, you pick. So, then they said, 'okay.' Then that was when the new rules came in. [Story circle 2]

Young Man: I met with HR and everything and I - I you know basically told them I said if I don’t get this position, I’m done. [Interview 8]
**Barriers to Advocacy**  
Young Woman: I tried to stay as normal as possible so it wasn’t like, 'let me make you feel uncomfortable.' When I don’t know why I’d care if I made you feel uncomfortable when you just made me feel uncomfortable. [Interview 4]

Older Man: You know, and you can’t say anything cause you don’t know if they’re gonna shoot ya, you know? [Story circle 8]

**Interpersonal Advocacy**  
Older Woman: Once I broke through a lot of girls followed after and a couple of ‘em, Mr. Patoco called me in to counsel them. And I’d sit there and I’d talk to them. [Story circle 2]

Young Man: When we go into customer visits and I’m meeting them for the first time, they always half-joking ask how old I am. It happened last week with, with a gentleman who I’d say is twice my age, and he kind of laughed at the guy and said, um, ’you know, you don’t need to worry about that. From what I’ve felt already, he’ll be able to help you more than I ever could.’ [Story circle 9]

**Questioning Discrimination**

**Has Discrimination Occurred**  
Young Woman: It definitely makes me feel like, huh, do you think that if I was a male or if I was older or if I had my Ph.D. or you know... What would make it different to where you really would think that what I’m saying is true? [Interview 3]

**Why Has Discrimination Occurred**  
Young Woman: I’m sitting here thinking like did he call me that because I was young or did he call me that because I’m a girl, you know like, “missy”, you know? [Story circle 4]

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**Emotional responses.** Participants used a range of emotions to describe how they reacted in the moment to experiencing differential treatment due to their age.

Across genders, participants described both appreciating and being upset by benevolent
ageism. The ambivalence many participants felt towards helping behaviors exhibited by comparatively younger adults toward them was evident in their descriptions. If it was a family member, they said they appreciated the help but felt that they were viewed as incapable of completing the task themselves. For example, an older man stated that his younger wife helps him to the point where, “She really make me feel like I can’t do anything.” However, he follows that statement with, “But that’s okay with me. You know, ‘cause it makes her feel good so I don’t care.” While it seems as if he is trying to reframe how he views her helping behavior, since she continues to help despite his objections; he also notes, “That stuff makes me feel a little crazy ‘cause I don’t realize how old I am and that reminds me how, you know.” He further explained that he normally does not feel old and helpless, but he does when she does that.

None of the women stated they were the recipient of benevolent ageism in the workplace, despite many noting they were regularly subjected to competency challenges. For men, the same ambivalence described in the family context was evident in the work context. An older man reported feeling “mixed emotions” about younger co-workers offering him help because he is “makin’ double what this kid’s makin.” He also acknowledged that he did, “the same thing thirty years ago.” However, when benevolent ageism included behaviors such as giving up bus seats, paying for a meal, or opening up a door they were viewed positively as a demonstration of "respect" of care for the individual. An older participant that traveled wearing a hat denoting his status as a Vietnam Veteran described how he felt when a family bought dinner for him, "I was pretty happy! You know, I was speechless, you know. I was so happy! I was
overwhelmed that someone cared enough to do that.” One participant was upset that her children did not engage in more helping behavior. Specifically, she remarked how she felt when her daughter-in-law asked her son, "Why do you guys have to take your mother to the doctor? Why doesn’t she catch SCAT?" When she found out, she noted she was very angry and replied, "you know tell that B, you know she’ll understand one day when she has to take SCAT, okay?" In fact, she almost did not attend their wedding over this incident.

Other contexts that elicited mixed emotions included social clock violations and sexualization of the young. Both the young man and young woman who described feeling sexually objectified by their healthcare professionals said they felt "flattered" after they reflected on the incident, but they felt "uncomfortable" in the moment. The young woman added, "I think that my heart sunk to the floor and I was, I - I panicked. I didn’t know what to say." Alternately, the young man noted that he was annoyed, irritated, and offended. He explained, "I really had a busy day and I felt like it was extending it, I just, I didn’t have time." A clear gender difference in reactions emerged in the context of social clock violations. Although young fathers felt "pretty good" about the help and compliments given to them, young mothers described crying, irritation, and anger. In fact, recounting her experiences, one young mother broke down in tears during her interview. However, it is important to note one young father feeling anger when child care facilities and schools required that he provide documentation of custody.

While emotional reactions are both positive and negative for multiple experiences, competency challenges evoked a range of negative emotions, including the
following: annoyance, anger, discredited, embarrassment, frustration, horrified, hurt, mad, offended, pissed, resentful, stupid, uncomfortable, uneasy, upset, vulnerable, and worthless. The only time participants discussed positive emotions in regards to their competency was when a colleague or supervisor attested to their competency or when younger co-workers sought them out as a mentor.

Coping. Although participants described the emotions they felt during and after their experiences, they also spoke about how they coped with the negative emotions they experienced. Specifically, participants discussed utilizing four main coping mechanisms: (a) avoidance, (b) reframing experience, (c) support seeking, and (d) denial. Oftentimes, participants mentioned multiple forms of coping. For example, young women who experienced competency challenges in a male dominated industry reported adjusting her professional behavior to avoid discrimination as well as reframing the situation as a beneficial learning experience that contributed to her professional growth.

I learned that I need to, to let them talk about their business and not kind of go in strong headed and with ten different suggestions to make the business better, but really listen to what they had to say what they were doing and build off that. Make little suggestions. It got me prepared for this industry. And I, I, see it all, all over the place in tire world, so um, yeah it, I think it was defiantly, I needed to learn it and it’s good that I learned it.

Another woman discussed a variety of methods she used to avoid discrimination from men who would not recognize her authority when working for a computer consultant company as a young woman. She sought support from her male colleagues, working out a system where she would signal them to make an excuse to leave the room or endorse her as a source of knowledge. She said with her male colleagues in the room, “They
would not look at me; they would not talk to me.” She described how precarious this process was because, “You have to find a way to do it without tickin’ them off, blow the sale.”

Other women noted more blatant methods of avoiding discrimination. In the words of one older woman, “I’ve learned all through my life how to kinda walk on glass.” Another older woman said she was treated so poorly by her high school teachers and administrators after she was married in her senior year that, “I actually did quit my senior year, because they gave me such a bad time. I only needed a point and a half.” A young woman who endured insults after becoming a young mother hid her second pregnancy to avoid comments from others.

When I got pregnant with my second child, I actually hid my pregnancy for 4-5 months from my family because I didn’t want to hear that shame. I didn’t want to hear “oh I told you so!” or “you’re stupid!” or “didn’t you learn the first time?” or “Why didn’t you keep your legs closed?”

Some women and men revealed that they would deny the treatment they endured affected them. One older women was upset that her daughter-in-law described a dress she had picked out for her as “matronly;” however, when “she called me about twenty minutes later and she said, ‘I really insulted you didn’t I?’” The participant responded by saying, "not at all!” A middle-aged man spoke about how he used to help his nephew practice football, “There’s one time he hit me and I mean I felt it. To my toes. (laughing) I played it off.” He noted that, “you can’t show pain.” He denied the pain he was in to avoid the perception that he was not able to handle the physicality of practicing with his nephew, a sign of weakness and aging.
Advocacy. Although both genders reported avoidance, reframing, and denial to cope with ageism, only women reported support seeking behaviors. However, several young men did report colleagues advocating on their behalf, without being asked, to vouch for their credibility. This form of interpersonal advocacy that was reported by multiple young men who had their competency challenged.

When we go into customer visits and I’m meeting them for the first time, they always half-joking ask how old I am. It happened last week with, with a gentleman who I’d say is twice my age, and he kind of laughed at the guy and said, um, ‘you know, you don’t need to worry about that. From what I’ve felt already, he’ll be able to help you more than I ever could.’

Only one older woman reported a similar experience. When one of the men she supervised complained to upper management about the feedback he received on the quality of his work, she said, “they backed me a hundred percent.” Older women were also the only participants to note engaging in interpersonal advocacy on behalf of others.

One older woman who fought for the right to attend high school after she was expelled for getting pregnant in the 1960s said, “once I broke through a lot of girls followed after and a couple of ‘em, Mr. Patoco called me in to counsel them. And I’d sit there and I’d talk to them.” Another older woman discussed how she created a safe work environment for the women at her work by confronting sexual harassment head on, firing problematic employees, and taking the time to mentor female employees.

The majority of participants described other types of advocacy that occurred at the personal level, this included: assertiveness, boundary setting, and formal avenues of protest. Assertiveness was the most common form of advocacy, with many participants noting that age discrimination, particularly questioning of their competency, led them to
work harder to prove themselves to others. Many would either verbally defend their competence or demonstrate their competence via their work performance. One young woman would interact with clients individually as part of her sales position out in the field; thus, she learned ways to vouch for her own competence in her sales pitch.

I try to, if I have a fact that can prove that I know what I’m talking about, I’ll try to state a fact. Or, um, if they’re in a certain type of a field, I will say like, ‘oh well most people in your field do this blah blah blah’, so that they can relate and be like, oh okay she actually does know what she’s talking about because other people in my field do this, and hey, we do this as well. So I try to make them understand that I do know what I’m talking about and maybe I’m not old enough and haven’t experienced all of these things over years, but I do have some experience and I, and I am knowledgeable.

Although, for the majority of participants, this competence questioning was due to a knowledge-associated ability, one young male participant noted he felt the need to demonstrate his ability to engage tasks that were driven by his physical abilities when his physical competency was challenged.

I think that it influenced, um or at least pushed me to work harder from time to time to make sure that I always stayed ahead. Especially physically, especially physically… Grandpa will still whoop your butt, or grandpa will still run faster than you, or grandpa will still out perform I suppose. So, I guess I relate it a lot to a performance level on if I can still keep up with, or do everything the younger guys can do. I don’t know how I would feel about it if I couldn’t. I think I would be less comfortable being called an ‘old man.’

He went on to describe the methods he uses to respond to the ageism he receives due to the perception that, at the age of 30, he is “old” in the workplace. When younger co-workers try offer him help when he is performing a physical task he will either counter their behavior with an assertive retort such as, “I’m not broken, get the fuck away from me,” or by saying “alright, here you go” if he thinks the task is too difficult for them to
complete. He said he will, “then watch them not be able to do it and then I’ll pick it up and do it anyways.”

Other types of assertiveness included participants being outspoken about how they felt about how others spoke to or treated them. Some participants discussed giving people a “look,” changing their tone, or verbally correcting an age misattribution. Several women were outspoken about others not addressing them with salutations they associated with being older, such as “ma’am” and “thia”. One middle-aged woman recalled, “I’ve said to waitresses before, ‘When you go to the next table go with miss instead of ma’am! You'll get more of a tip!’” In an attempt to stay current with the knowledge in her field, an older participant who has felt left out of training updates noted, “I ask questions, you know, or I’ll stay later to help [Greg] and look at parts and check in with everybody and stuff like that. Just to keep up and keep in with everything.”

Boundary setting was another method several participants utilized to advocate for themselves in the face of ageism. This method was discussed mainly by women, across the lifespan, as well as by one young man. Women spoke about refusing to work clients that sexually harassed them as young adults, threatening retirement when treated unfairly as older adults, and working to establish ground rules across the lifespan. Specifically, one older woman discussed that when she was young establishing ground rules was important because, “I was gonna be the one training and if you don’t establish that at the very beginning, you’re dead meat. They’re not gonna learn from you you’re not gonna do anything for them.” She noted that, in some ways, this has not changed after 30 years in
the computer industry. Specifically, she discussed how this is important when working with young men.

Then you got the younger ones. So yeah, when I go back I’m ya know I’m giving them the proposal next week and they’re gonna have to get used to seeing me and sometimes it becomes very disconcerting for the younger men.

This sentiment was reiterated by another older woman. “I get a lot of bad times because of that, because all the men that work with me are all younger and having an older woman tell - whether it’s a woman or what it is - they don’t like it.” She went on to state that, “I have actually fired more people than the other supervisors there, because I won’t take the stuff that they give out.”

A young man recalled setting boundaries at one place of employment. When he heard that he may be passed over for a promotion in favor of an inexperienced, but older colleague, he said “I met with HR and everything and I, I you know basically told them I said if I don’t get this position, I’m done.” He not only set boundaries with that employer, he also used formal channels (i.e., talking to human resources) to express his displeasure. Other participants, all women, discussed filing reports, making complaints to supervisors, and engaging in legal disputes when treated unfairly by others. For these women, these reports were regarding institutional discrimination by either their high school (as a young woman) or their place of employment (for middle-aged and older women).

Engaging in advocacy efforts was not an avenue readily available to all the participants due to their lack of agency. One older man pointed out, “you can’t say anything ‘cause you don’t know if they’re gonna shoot ya, you know?” He did not feel
safe to speak up against perceived discrimination from younger adults on the bus. This parallels experiences participants recounted from childhood and adolescence, where they felt they were treated unfairly. One young woman described how she would react when her mother would yell at her, "She would yell and scream at me and tell me things and I would just, would sit there and not even daydream. I just literally would just shut down, would not think of anything." Another young woman echoed her sentiment of not reacting.

Oh you wouldn’t react, ‘cause if you reacted, you’d get your ass whooped again. I mean, you wouldn’t react. You would take you butt whooping, you would cry and you’d be mad, and then you’d just go about your business and you would learn your lesson. You would learn not to do that again ‘cause you didn’t want no whooping.

Other barriers to advocacy discussed by participants, other than fear of retribution, included insecurity, embarrassment, discomfort, desire not to be viewed as a “bitch” by getting someone in trouble. As one young woman explained, “I tried to stay as normal as possible so it wasn’t like, ‘let me make you feel uncomfortable.’ When I don’t know why I’d care if I made you feel uncomfortable when you just made me feel uncomfortable.” One middle-aged woman described not wanting to make them feel uncomfortable by addressing an age misattribution because, “there’s probably like a deep down embarrassment” that they may be justified in their misattribution due to the age difference between her and her partner.

**Questioning discrimination.** Finally, the last type of short-term reaction to ageism, described solely by the female participants, was questioning. These participants questioned whether discrimination had even occurred and if it has, wanted to determine
the intention behind it. For example, a young woman said, “If I was male or if I was
older or if I had my PhD or you know… What would make it different to where you
really would think that what I’m saying is true?” She questioned whether the challenges
to her competency in the workplace would be different if she was a different gender, age,
or if she had a higher level of education. Another young woman recalled, “I’m sitting
here thinking like did he call me that because I was young or did he call me that because
I’m a girl, you know like, ‘missy,’ you know?”

This questioning was also noted by older women. One older woman described
questioning why her colleagues and herself were singled out for a reprimand when she
was middle-aged, “we were wondering why we are, you know, being picked out of a
couple being picked out. Does it have to do because we’re new, or age, or what?” This
questioning was even evident when an older woman who advocated for a promotion
received it.

Do they have me on third shift ’cause I’m a woman and nobody else will take it?
Uhh, or is it really, because they have a competence for me to run the whole shop
and quality and everything, or are they taking advantage of me, you know?

Part of the rationale behind her questioning behavior was that, although she was
promoted, she was also made aware that she was making $4,000-$8,000 less than her
male counterparts in the same role.

**Long-Term Reactions Discrimination**

A summary of the self-directed ageism subcategories within the long-term
reactions to discrimination theoretical framework is presented in Table 7 below. A total
of three subcategories were present within participant responses: (a) distancing self from
old, (b) internalized aging stereotype, and (c) never the right age. A description of both how and what the participants experienced during their long-term reactions, and how this category connects to the previous theoretical frameworks will be described in the following paragraphs.

Table 7.
Summary of Categories for Long-Term Reactions to Discrimination

<table>
<thead>
<tr>
<th>Category</th>
<th>Sample Significant Statements</th>
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<tbody>
<tr>
<td><strong>Self-Directed Ageism</strong></td>
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<tr>
<td>Distancing Self from Old</td>
<td>Young Woman: I’ve talked to friends and said like, 'oh, I’m trying to use an anti-aging cream, I’m worried about this.' Or going and buying makeup and saying, 'I’m concerned about my dark circles, or I’m concerned about getting wrinkles here.' [Interview 4]</td>
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<td></td>
<td>Older Man: It’s like a rite of passage we don’t wanna accept. Because like I don’t think of myself as old but like when people like you text me and say, 'hey this is an old person thing we need you to come to' (laughing), then I realize I’m old! [Story circle 5]</td>
</tr>
<tr>
<td><strong>Internalized Aging Stereotypes</strong></td>
<td>Middle-Aged Woman: Well, I think I do that to myself as to discriminate myself thinking I’m too old to do something or wear something or say something. [Story circle 1]</td>
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<td></td>
<td>Older Man: Like I’m getting old. It sucks. I was always the youngest one playing with the older. Now I’m the older playing with the younger. They don’t treat me any different it’s just…it’s just different. [Story circle 5]</td>
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Never the Right Age

Older Woman: When you are younger yeah you think that too a little bit, because you want you be older. So some things you can’t do because you have to be older, and then when you are older you think people think you are too old. [Interview 5]

Middle-Aged Man: I really felt that in Vegas when everybody was out at the pool. And I walked out and the young kids, and the party, and the atmosphere and I felt completely out of place. [Story circle 5]

Distancing self from old. Participants cognitively distance themselves from perceiving themselves as old in a variety of ways. Both genders noted that they simply did not "feel their age." An older woman said, "I really I don’t think that much of my age. Um, I don’t feel like I’m 66 going on to 67, um, I feel younger than that." A middle-aged man explained that, "I don't feel old until I start thinkin' about it." He elaborated by saying he does not feel older, "Because we're still able to deal with a lot, do this, do that, and function. So you don't even have to think about being old." This relates to the subcategory under the context matter theoretical framework on how age attributions are made. Participants felt they were not “old” as long as they could still engage in activities they associated with a younger age. This is further illustrated in an older woman’s assertions that she did not want to "grow up" or "act my age." As an older man explained, “It’s like a rite of passage we don’t wanna accept.”

While numerous participants discussed cognitively distancing themselves from “old”, some discussed engaging in beauty work to distance their appearance from “old”. For example, one young woman discussed monitoring her appearance to ensure she does not start to look old, "I’ve talked to friends and said like oh I’m trying to use an anti-
aging cream, I’m worried about this. Or going and buying makeup and saying I’m concerned about my dark circles, or I’m concerned about getting wrinkles here.” She does this despite assurances from friends saying, "Oh that’s not a concern that you have to be worried about or you’re too young you don’t have to worry about that yet." An older Black woman spoke about how she dyes her hair despite her friends stating, "They thought it was gorgeous! And I was like, are you kidding me?! I can’t stand it, it makes me feel old, okay?" She felt that having gray hair made her look older, "I’d get up every day and I’d look in the mirror and go, oh my god I’m just aging overnight!" Engaging in beauty work to distance their appearance from looking “old” was not limited to women. A young man who described his father and other young men with full heads of hair commenting on his receding hair line said he works to hide it.

I make sure I comb my hair forward and I, I let that part grow out just a tiny bit further then other sections just so I can manage it. I’ll put a little flip all the way at the front, um, to make it look like a straight line across.

**Internalized aging stereotypes.** Although participants discussed ways in which they distance themselves from being “old,” many discussed feeling that they were too old for certain behaviors or clothing options. Thus, some methods of distancing were perceived as more appropriate than others. Cognitive and beauty work methods were deemed acceptable while dressing or acting in ways that are viewed as “young” were not admissible for some. This illustrates some of the ways the participants have internalized age-related stereotypes. For example, a middle-aged woman articulated. “I think I do that to myself as to discriminate myself thinking I’m too old to do something or wear something or say something.” Other women echoed her sentiment and admitted to
checking with their children to help them determine if an item of clothing was “too young” for them to wear. Alternately, none of the men mentioned monitoring their clothing choices for age appropriateness. When men were asked about clothing during in-depth interviews, all of them stated they never felt too old to wear any type of clothing. In fact, a young man pointed out, “I shop at Rue 21. It’s supposed to be for younger kids but I don’t care. (Laughs) I think it looks nice and I’m gonna wear it.”

Although women discussed feeling too old to wear certain types of clothing, participants of both gender related that they felt too old to do certain activities, namely those requiring physical or technological skill. Activities that are stereotypically difficult for older adults. Illustrating how these age-related behavioral stereotypes have been internalized, an older male said, "I’m getting old. It sucks. I was always the youngest one playing with the older. Now I’m the older playing with the younger. They don’t treat me any different it’s just…it’s just different.” He stressed that the younger adults he plays bocce with do not treat him differently, but he feels like it is different nonetheless. This feeling was elucidated by other participants who said they sometimes “felt out of place,” such as a middle-aged man who was checked in on his son’s 23rd birthday party.

I felt out of place. I felt, it was a weird; I stayed for 15-20 minutes. Just had a beer with them and shook the hands of all these kids that were back there. Kids that we practically changed most of their diapers.

Never the right age. Several participants echoed feeling “out of place” when they were in situations where they were with a group of individuals that were either older or younger than they were. This feeling is not isolated to old age. A young woman described how she felt this phenomenon when she was in her early twenties.
When you are 18 and you have “X’s” on your hand you hate it because you feel like you’re not able to drink. And when you’re 18 you try to wash off the “X’s” so that you could be older and be 21 so you could drink. Then when you are over 21 and you go to clubs and you see most people have “X’s” on their hands you’re wishing that you have a magic marker so you could put an “X” on your hand so you could fit in. I have left a place because I did not have “X’s” on my hand so I felt old. I got looks and people looking at me wondering why I was there because I was too old. Once they noticed that I didn’t have “X’s” on my hand.

As an older woman noted, when you are young, “you want you be older,” because “some things you can’t do because you have to be older.” However, she also noted that this feeling comes full circle in older adulthood due to the perception that, “When you are older you think people think you are too old.” Thus, some participants feel like they are never the right age, because the appropriateness of their age and behavior is determined by the context they are in at the time.
The purpose of this study was to address the following research questions: (1) How, if at all, is ageism gendered?, (2) How, if at all, does the experience of ageism differ across the lifespan?, and (3) In what ways does understanding how experiences with ageism are shaped by gender and age add to our conceptualization of ageism? It is difficult to discuss how ageism is gendered without also noting how the experience of ageism differs across the lifespan. When asked to tell a story about a time they had been treated differently due to their age, participants reported experiences that took place within the contexts they felt their age was most salient: work, family, and healthcare. The questioning subcategory illustrates how complex the female participants felt describing how the experience of ageism varies by their age and gender is, across multiple contexts.

Some women, in particular, were unsure what aspect of their identity was at fault when they were discriminated against. As described in intersectionality theory, individuals have multiple, intersecting identities; thus, women were not certain if they were treated a particular way because they were a woman or because they were relatively young or old. Some women brought up their educational status, disability status, and race as a potential motivator for discriminatory treatment as well. Alternately, responses
from some older women stated that they felt the way they are often treated points to a need to consider both gender and age simultaneously. Taken as a whole, these data suggest that describing how the experience of ageism is gendered differs depending on an individual's age.

For example, most participants in this sample described feeling as if their competency was questioned when they were young adults, particularly in the work context. However, both genders pointed out that this experience was relatively more extreme for women when compared to men. Male participants explained that in addition to questioning young women's knowledge and experience, they are also taken less seriously, sometimes assumed to have done "favors" to earn promotions, and not given as many opportunities to promote career success. This was also evident in the social clock violations subcategory. Women who had children "too young" were viewed and treated as if they had committed a "crime" while young fathers were offered help and compliments.

Alternately, middle-aged and older men had a relatively more difficult time with benevolent ageism, particularly when it was for physical tasks. Although some noted appreciation for the intention behind the helping behavior of others, they reported that it made them "feel old," "hurt," or "depressed." This was evidenced in the responses of an older man who described needing assistance while he was going through a health crisis. However, although older women reported irritation with the protective behaviors of their children or assistance offered with technological endeavors, they did not report the same level of frustration or mixed emotions that the men did. This may be because women
have a lifetime of experience with benevolent sexism and may not view assistance with physical tasks as upsetting as it is not a phenomenon isolated to older adulthood. Further, it is interesting to note that low income older men reported anger and frustration when younger adults did not engage in benevolent ageism, describing it as a lack of "respect."

Participant responses suggest that understanding how experiences with ageism are shaped by gender and age adds to our conceptualization of ageism. Specifically, it is clear from the participant responses that they feel that experiences with ageism are not a phenomenon reserved for older adulthood. Participants reported feeling that others treated them differently due to their age at all parts of their lifespan. During the in-depth interviews, participants discussed how they felt adults viewed them as incompetent and took advantage of their power and authority when they were in childhood and adolescence. Further, there was no shortage of stories detailing discrimination for being "too young." In fact, several participants currently in older adulthood recounted stories about treatment they received in early adulthood. However, other than an editorial in the International Journal of Aging by Kastenbaum (1973) advocating for fair treatment for all age groups there is a definite paucity of research discussing reverse ageism, with the exception of limited law briefs where cases claiming reverse ageism did not fare well in court (Choi, Kleiner, & Kleiner, 2011; Cohen et al., 2004; Lacy, 2005).

Although numerous participants felt they experienced ageism as young adults, there are differences between their experiences and those of older adults. For example, young adults who have their competency questioned in the workplace can assume that these challenges will diminish as they gain more experience; however, this ability to
eventually regain competence is not seen in older adulthood. This was supported by the responses of the men in this study. Many described competency challenges in the workplace as young adults, but as soon as they were relatively older and more experienced than those around them some described being sought out as a mentor or for advice by their coworkers. When their competency was challenged in older adulthood, it was their physical - not mental - capacity that was in question.

The responses of the women in this study indicated that they received competency challenges in the workplace throughout the lifespan. However, the stories of two woman being challenged in middle-age was when they had began a career in a new field and were still new or in training at their place of employment. Otherwise, the women reporting that their competency was questioned in the workplace were either young, older, or had jobs in male dominated industries (i.e., sheet metal plant, tire business). The women currently in middle-age did not report feeling as if their competency was challenged in the workplace in careers where they had vested time and experience. Differing from the experiences of the men, older women were questioned for their mental - not physical - capacity in the workplace.

The subcategory, social clock violations, illustrates how age and gender can intersect, resulting in differential treatment towards individuals who are perceived to behave outside of social behavioral norms for their age and gender. Specifically, women reported how they suffered judgment and discrimination as young mothers. Lifespan development theory states that development is contextualized with an understanding of historical embeddedness. Older women who had children while they were teenagers,
described some of the ways their experiences differ from young women who recounted their experiences with teenage motherhood. The woman who had a child in 1958 said she had the option of going to a home for unwed mothers or marrying the father of her child when she was only 15 years old. She was no longer able to attend school. Another woman who had a child at the age of 16, a decade later in 1968, described a similar experience. She was not allowed to go to school and had to marry the father of her child as well. However, she fought back against these restrictions, and was the first teenager mother to obtain and maintain the right to go back to high school. Further, she divorced her husband before she graduated.

The experiences of the young women who were teenage mothers were both similar and different. They did not experience the same levels of institutional discrimination from schools; however, they experienced similar levels of interpersonal discrimination. Additionally, the experiences across cohorts were traumatic for these women. The 74 year old woman described her experience as "the most horrible thing that ever happened" and a 37 year old woman broke down in tears during her interview when describing how she was treated by others. Alternately, the 65 year old woman who fought for the right to attend high school, spoke about her experiences with a sense of pride and empowerment. Thus, there are clearly interindividual similarities and differences with a similar type of experience, and these are further colored by the historical context in which they took place.

These interindividual differences in the experience of young parenthood were perhaps the most evident in the comparison of the experiences of young women and
young men. Young men described the multitude of compliments they received when they interacted with teachers and other parents in the school context. One young father said this has dissipated somewhat as his son has gotten older, but not vanished entirely. Interestingly, this same father characterized the request for custody paperwork by the daycares and schools he enrolled his son in as discrimination and felt they made him continuously prove himself when he filed paperwork each year. However, this is a legal requirement by these institutions, and a mother with sole custody would have been required to file the same paperwork.

Interestingly, while past research on middle-aged and older women led the researcher to expect a significant amount of discussion surrounding aging appearance, the participants in this study did not discuss their appearance in most of the story circles. When interviewed participants were specifically asked if others had remarked on their aging appearance, their responses were not as expected. Three participants noted self-directed concerns about their aging appearance that has been countered by positive comments about their appearance by family members and friends. Only one participant mentioned someone making a negative comment about their aging appearance, and they said it came jokingly from a family member with a similar appearance issue. Finally, two older women noted being told by family members that they are starting to look more like their mothers.

Hurd Clarke and Griffin (2008) argue that older women engage in beauty work in response to ageism. However, revisiting their work it is clear from the participants’ responses that their engagement in beauty work to look younger was for multiple reasons:
self-directed ageism, attracting a romantic partner, avoidance of workplace
discrimination, and the absence of attention they used to receive when they were
younger. They were not engaging in beauty work because someone was blatantly telling
them they looked old and/or ugly. The participant responses in this study suggest that
others (e.g., family members, friends, coworkers, strangers) mentioning aging appearance
may be viewed as somewhat taboo and rude unless you knew the person well; much like
how asking a woman her age is viewed as taboo. Every male participant readily provided
their age on their demographic form and the young male story circle said they have all
routinely been asked their age in the workplace. However, none of the women reported
ever being asked their age. In fact, two female participants did not feel comfortable
providing their age on the demographic form.

While the results stress the importance of context, there were some subthemes
were present across multiple contexts. For example, threats to competency by others
transcended all contexts. This reflects what the literature on stereotypes within the
stereotype content model (SCM) has demonstrated. Specifically, the SCM posits that a
group’s position and value in society determines the types of discrimination they face on
dimensions of warm and competence (Cuddy et al., 2005). The more competent a group
is viewed, the less warm they are rated and vice versa. Thus, as older adults and women
have diminished value in society and are generally viewed as incompetent, they are
alternately seen as warm.

Participants who are stereotypically viewed as both warm and incompetent are the
ones that reported experiences of benevolent ageism; this is not surprising as research has
shown that individuals that are viewed as simultaneously warm and incompetent are the
subject of feelings of pity (Cuddy et al., 2005). Older white males in poor health and
older middle-to-upper class white women reported individuals offering them help or
exhibiting protective behavior. However, participants who did not fit into both the
incompetent and warm dimensions were not offered the same help. One young woman
who had a child at 16 years old discussed how people made it clear that they thought she
was incompetent, but because of her "crime" she was not viewed as warm and was not
offered help. Other participants with multiple, sometimes conflicting identities, reported
a lack of helping behavior from others. Older low income men, specifically Black men,
noted a lack of respectful behavior from others. Although Blacks are stereotypically
viewed as incompetent, they are also viewed as cold; thus, instead of inducing feelings of
pity they are more likely to induce feelings of contempt that preclude helping behaviors.

Answering the last research question, in what ways does understanding how
experiences with ageism are shaped by gender and age add to our conceptualization of
ageism, is complex. Participant perceptions of their experiences were colored by the
situational context surrounding it, as well as their own age and gender. This was
illustrated in the subcategory age is relative for both genders. For example, young adults
reported being called "grandpa" and "dinosaur" by adults or children that were younger
than them. Further, several middle-aged and older adults stated that they did not "feel
old" until they were in a situation that reminded them of their age. For some, that was a
context that contained predominantly young adults and they felt "out of place." For
others it was when someone offered them assistance with a physical task. Thus, although
ageism is typically discussed as discrimination toward older adults, it is evident from participant responses that they believe they have been the recipients of ageism from being young and from being old. These experiences seem to cluster around young adulthood and late adulthood.

Broadening our conceptualization of ageism to include ageism toward younger adults is a complex issue. Currently, reverse sexism and reverse racism are not recognized as valid in the field of psychology. Additionally, although it is possible to theoretically broaden our understanding of ageism, it is another task entirely to broaden the legal boundaries and policy implications of this form of discrimination. Is ageism toward younger adults the same as ageism toward older adults? Participants discussed some similarities, such that both age groups had their competency questioned; however, their competency was questioned for different reasons. Young adults reported they were viewed as not having enough experience to competently do their job, a rationale that will weaken with time and increased experience. Older adults who reported competency questioning were viewed as not having the capacity to competently do their job anymore, a rationale that will only strengthen with time. However, men were only viewed as incompetent in physically demanding tasks as they aged and women were viewed as incompetent in mentally demanding tasks when they were both young and old. It is possible that some experiences with discrimination in the sexism literature are really a combination of both sexism and ageism, as illustrated in the responses of the women in this study.

Theoretical Implications
With the prevalence of ageism, both internally and externally, understanding how older adults cope with these threats to self can be conceptualized using multiple theoretical frameworks. Namely, self identity theory, the lifespan theory of control, and the terror management theory will be utilized and described below.

Heckhausen and Schultz’s (1995) life-span theory of control posits that maintaining control is pivotal to well-being in older adults. They outline two methods of control: primary and secondary. Primary control is when an individual tries to change what is happening in their environment to fit their own needs and desires. Secondary control is when individuals try to change their cognitions, emotions, and/or emotions regarding an external event. Individuals using primary control try to change the outside world while those using secondary control try to change how you feel about what is happening in the outside world. Utilizing secondary control does not mean the individual is helpless, but is a method of coping when primary control is not an option at that moment.

When faced with individuals treating them in an ageist manner, older adults can use primary control to potentially eliminate the need to communicate with that person or confront the person or institution. Participants in this study indicated multiple ways that they advocated for themselves in order to stop or prevent ageist treatment. For example, boundary setting, assertiveness, and formal avenues of protest were all methods of primary control. Secondary control strategies such as trying to change how they feel or react were also utilized by several participants. For example, many participants discussed ways that they reframed or denied their experiences to help them cope. Specifically,
using humor, viewing benevolent ageism as helpful, and seeing coworkers questioning their competency as a challenge were all types of secondary control strategies mentioned by participants in response to age discrimination.

Contextual factors did seem to influence the control method utilized by the participant. For example, young male participants were more likely to report utilizing denial and reframing to handle challenges to their competency in the workplace. Alternately, young women were more likely to report denial or avoidance strategies to handle challenges to their competency in the workplace. All of these are secondary control methods. Although young adults did exhibit instances of advocacy via boundary setting and assertiveness, these methods of primary control were reported more commonly in middle-aged and older adults who may have felt more comfortable or have been in relatively higher positions of power to push back. Further, with one exception, all women who utilized formal avenues of protest were middle-aged or older.

Women reported more barriers to engaging in primary control coping strategies. These barriers were often relational in nature, such as feeling pressure to be "nice" so they would not be viewed by others as a "bitch" or "get anyone in trouble." They also mentioned feelings of insecurity, embarrassment, and a desire to not make the other person feel uncomfortable as incentives for engaging in secondary versus primary control strategies. Both female and male participants noted a fear of retribution as a motivator for feeling like they did not have the power to engage in primary control strategies.

Whitbourne’s (1996) identity process theory can also helpful for understanding how some of the participants coped with threats to their aging self. Specifically, this
theory focuses on how individuals evaluate and handle threats to the self in terms of three processes: identity assimilation, identity accommodation, and identity balance. Identity assimilation refers to the process of interpreting new experiences in terms of an already existing schema, based on past experiences, to maintain their identity when presented with discrepant information. This process has been shown to be positively related to self-esteem and negatively associated with self-reflection (Sneed & Whitbourne, 2005).

Individuals using this process rely on confirmation bias, meaning they tend to only look for information that confirms their current schema, which makes their approach to new situations fixed and rigid.

For example, participants discussing how they did not "feel old" unless they were confronted with discriminate information to suggest otherwise. Such as the young man whose younger co-workers offer help with physically demanding tasks at work. When faced with the possibility that he may be getting too old for such demanding tasks, he compensates by investing in a more physically demanding exercise routine to demonstrate to himself and his co-workers that he is capable, and often more capable, to complete these tasks than they are. Seeking out experiences in line with his own self-perception helps him to negate the negative affect associated with the discrepant information and minimize the importance of that experience.

The second process in Whitbourne’s theory of identity is identity accommodation. This refers to the process of an individual changing their identity when presented with discrepant information. Individuals who utilize identity accommodation processes often change their identity and are described as being easily influenced by new experiences, as
having an unstable identity, and as having low self-esteem and high self-doubt. Identity accommodation is typically used only after processes of assimilation are not successful. This was evident in the responses of a 74 year Black woman who described herself as being "too old" to do activities around her home. From her story, it appears as if her health status, including foot injury and arthritis pain, have contributed to her belief that she is not capable of completing certain tasks; however, she has attributed these difficulties to her advanced age rather than her comorbid health conditions.

The final process in Whitbourne’s theory of identity, identity balance, involves both assimilation and accommodation. This is described as being the most adaptive for older adults and involves modifying individual identity, but not for every new experience. Individuals who use identity balance are described as having higher self-esteem, less psychopathologies, and are able to make changes to their schemas that are positive. Evidence of identity balance could be seen in the story of an older man who had experienced a severe health crisis that lasted two years. He described his difficulties accessing his professional expertise, strength, and overall autonomy during this period. As his health has improved dramatically, he has used both assimilative and accommodative processes. He understands that, physically, he is unable to do as much as he used to before his illness due to significant loss of muscle mass. As such, he will accept offers of help from others when he thinks he needs it. However, he actively exercises to gain back his strength and will deny offers of help with easier tasks he believes he can handle on his own. Such as when his son repeated offered to open an ice cream container during a family visit. He would not accept help for that task, as he knew
he would be able to complete it on his own. However, he accepted his son's offer of help for more physically demanding tasks.

Whitbourne’s (1996) identity process theory, in contrast to methods of control, does not focus on older adults changing their values or emotional reactions when faced with ageism, instead it would advocate for older adults maintaining a positive view of self based on past experiences and schemas demonstrating they do not necessarily conform to older adult stereotypes. By maintaining their self-identity in the face of threats, there is no need to engage in the coping methods outlined in the control theories. Using Whitbourne’s theory, successfully being able to cope with these threats would be to use both assimilative and accommodative strategies which, in combination, are positively related to self esteem.

Although this was evident in the responses of an older man, it was clear that some of the older women saw their methods of coping (i.e., formal avenues of protest, boundary setting, and assertiveness) as inherently empowering and, by extension, as an aspect of their identity. Specifically, an older woman seemed proud when she told the other women in her story circle, "I kind of have a reputation that don't push me, and if I tell you I'm gonna do something, I'm gonna do it." Another older woman has been pushing back against biased treatment since she got pregnant in high school commented, "I just wonder how girls do it now" and then turned to me and said, "I mean please don't tell me that [other participant name] and I did this for nothin'." For these women, their methods of coping and advocacy was not simply a reaction to discrimination, it was also
inherently empowering and contributed to how their perceived identities as strong, capable women.

Finally, the subcategory, distancing from ageism, provides support for the premise of terror management theory. Specifically, terror management theory suggests that ageist attitudes are used to create distance between the individual and older adults to avoid dealing with their impending mortality (Burke, Martens, & Faucher, 2010; Nelson, 2005). Participants were placed in a situation where they were specifically asked to consider their age and how that relates to how they are treated by others. This likely made middle-aged and older participants more aware of their own mortality, resulting in the subsequent age denials in order to maintain a positive self-image. By saying they did not "feel their age" or "act their age" they were able to distance themselves from their chronological age and the ageist stereotypes they associate with it.

Clinical Implications

Because participant experiences with ageism was influenced by the context in which it occurred, interventions to prevent ageism at an institutional level and coping at an individual level, should be context specific. Further, considering intersectionality within those contexts can inform intervention development. A central feature of many participant responses is the characterization of older adulthood as a period of both physical and cognitive decline; with cognitive capacity, or competency, being questioned in young men and women across the lifespan. One way practitioners across disciplines can help their clients, would be to advocate on their behalf in addition to helping them reframe their experiences in terms of their strengths. For example, in a study by Furman
(2000), some participants reframed the appearance of wrinkles as “character lines,” “service stripes,” and by saying they “earned every one of them” (p. 16). This method of reframing positions age-related appearance changes as an accomplishment that has been earned over time instead of a physical attribute that has declined over time. In this way, changing the aging narrative to one of accomplishment and positivity can help clients find another way to view their facets of their appearance that they are having difficulty accepting.

Another helpful method would be to do a brainstorming activity with your client. First, ask your client to describe their body. On one side of a piece of paper, write down all the words they use to describe themselves. Once the first step is completed, ask your client to now tell you all the things they are thankful their body can do. When multiple groups of older adults were asked to do this as part of an interdisciplinary health promotion program, they first focused on their limitations (Walker et al., in prep). However, when asked for what they are thankful, they were able to automatically reframe and focus on their strengths.

Reframing the aging process to one of strengths rather than declines is important as a focus on declines perpetuates: (a) the creation of negative stereotypes about aging, (b) the internalization of negative stereotypes, and (c) the creation of suboptimal environments for older adult care (Golub & Langer, 2007). This can be devastating to health as stereotypes are internalized by age six, and participants exposed to negative stereotypes can experience primary health risks such as heightened cardiovascular response and increased mortality. Secondary health risks include performance declines
related to stereotype threat or automaticity theory, self-fulfilling prophecy of decline, self-induced dependence, or ignoring symptoms due to attributing acute health symptoms to their age.

The outcome of self-directed ageism demonstrates the impact of internalizing negative stereotypes about aging. Participants, across the lifespan, wanted to distance themselves from being "old." Participants noted they did not feel "old" or engaged in beauty work behaviors designed to help them avoid looking "old." It is as if their vision of what it means to be old is to be disabled and wrinkled. Thus, if they can keep their health and appearance intact then they will not be at risk for becoming "old."

Finally, tertiary health risks are environmentally influenced (Golub & Langer, 2007). Internalized stereotypes can lead doctors and nurses to treat health concerns in older adults less aggressively, attribute health concerns to age, and ignore diagnosis possibilities they see as incongruent with a patient’s age (e.g., STDs). Furthermore, stereotypes of decline often lead to overhelping, which can lead to lower feelings of self-efficacy and learned helplessness. This was also evident in participant responses. Participants described feeling like they were not given control of their treatment, not briefed on their options, and that they were concerned healthcare professionals did not listen to them or take them seriously. By framing and conceptualizing the aging process in terms of strengths, instead of declines, consequences for older adults’ physical and psychological health can be minimized.

This study can inform clinical practice for practitioners with clients experiencing discrimination due to their age and their gender. One of the major causes of mental
health issues, according to feminist theory, is disempowerment (Brown, 2009).

Disempowerment was evident in several participant statements. For example, participants stated that they did not advocate for themselves due to a reluctance to be perceived as a "bitch," fear of retribution, insecurity, embarrassment, and a desire not to get anyone "in trouble." Thus, working with clients to identify the external biases, oppressions, and stereotypes that are the true sources of distress and disempowerment can open avenues for treatment to work with clients on methods to subvert these influences, in ways that make them feel empowered.

Two major avenues to achieve this end would be through the utilization of both gender role analysis and power analysis. Steps for how to complete both types of analysis can be found in Worell and Remer (2003, p.77-78); however, a brief overview of how to complete a gender role analysis with an older client will be included here. The first step would be to have clients identify the messages regarding their gender they have received over their lifetime. Giving prompts such as, “older women are…,” or “older women don’t…” can help women think of what they have been taught about the role of older women in society from the media, family, and friends. Have them contrast these messages with those of older men using the same prompts (e.g., “older men are…” and “older men don’t…”). Secondly, have clients examine the positive and negative consequences of the messages regarding older women and men. This process can be adapted to the age and gender of the client.

The third step in a gender role analysis would be to have clients explore what messages they have internalized throughout their lifetime. These can be identified when
the client incorporates the same messages they discussed receiving from the media and others into how they talk about themselves. For example, a young female participant in this study said the "media pressures women to look young with offering Botox and different anti-aging products." This same woman described utilizing anti-aging creams at the age of 32, even though her friends assured her that she did not need to be concerned. This woman recognizes the pressure she feels to look young, but has also internalized the message that to be beautiful is to be young. Helping a client recognize what messages they have internalized will help them with the fourth step, deciding which messages she would like to keep and which she would like to let go of. The final two steps include having the client create a plan to change an internalized message she has decided to let go of and then encouraging the client to implement their plan of action.

While one of the goals of feminist therapy is to uncover areas of disempowerment, it is also important to respect the previous strategies utilized by clients to cope with their lack of power (Brown, 2009). Engaging in beauty work behaviors such as growing and brushing hair in a particular way to hide a receding hair line, as mentioned by one young male participant, may seem psychologically harmful; however, individuals may also use their agency to engage in these types of behaviors in a deliberate attempt to gain social currency. For example, a participant in a study by Furman (2000) noted that while she began coloring her hair when she was younger to give herself confidence, it is a behavior she consciously continues to do because the business world “demands that women look their best” (p. 15). As such, it is important to help your client critically analyze the larger societal forces shaping their desire to exert control over their
appearance via beauty work while still respecting their rather pragmatic rationale for utilizing this strategy.

**Policy Implications**

Although multiple laws have been put in place to protect workers from discrimination in the workplace (e.g., Age Discrimination in Employment Act, Americans With Disabilities Act, Equal Pay Act), it is clear both from the experiences of the participants in this study as well as a thorough review of literature on workplace discrimination by Goldman, Gutek, and Stein (2006), that experiences with workplace discrimination are still prevalent (Goldman, Gutek, & Stein, 2006). However, the Age Discrimination in Employment Act (ADEA) of 1967 only protects employees and applicants 40 years of age and older from discrimination in hiring, firing, compensation, job duties, or terms, conditions, or privileges of employment (ADEA, 1967).

As interpreted by the Supreme Court, this act does not recognize claims of reverse age discrimination; thus, older adults can receive benefits or preferences over younger workers within the bounds of the law (Cohen et al., 2004). This was elucidated in the 2004 Supreme Court decision of General Dynamics Land Systems, Inc. v. Cline et al. The court ruled that coverage under ADEA was intended to protect older workers against younger workers, finding that General Dynamics Land Systems, Inc. was not at fault for discriminating against employees between 40-49 years of age by eliminating retirement health care benefits based on the employee age, withholding benefits from employees that were under the age of 50 at the time the policy was adopted. Although the employees who filed the suit were over the age of 40 and covered by ADEA, reverse
ageism is not recognized as a component of ADEA. Thus, given the current legislation, younger workers are not protected from reverse age discrimination in the workplace.

Although participants of all ages readily recalled instances of reverse age discrimination when they were new to the workforce, with greater frequency than age discrimination for being older, there are no policies in place to protect them from such discriminatory treatment. However, the lack of experiences with discrimination practices toward older adults in this sample may be due to the fact that out of a total of 26 participants 60 years or older 13 said they were retired, four unable to work, one unemployed. Only three participants over 60 years old worked full-time and six worked part-time. Thus, the experiences with differential treatment due to age may be more salient for the participants still activity participating in the workforce than for older participants that have been retired for an indeterminant amount of time.

Age discrimination in the workplace was not the only concern participants noted. Both female and male participants noted that women, particularly young women, have a difficult time in the workplace. It was clear from participant responses that they experienced work stress and emotional distress after some of their experiences, a finding that has been validated in research on sexual harassment in the workplace (Chan et al., 2008). Researchers have found that higher levels of sexual harassment is related to lower levels of job satisfaction, job commitment, job performance, well-being, health, and higher levels work withdrawal, work stress, general distress, and health symptomology. These findings were found to be stronger in workers less than 40 years of age compared to those over 40 years old. Thus, it is evident that discriminatory workplace practices
have negative outcomes for the individual (e.g., lower well-being) and the institution (e.g., lower worker productivity). This indicates that it would be beneficial at both an individual and institutional level to put policies in place to protect female employees, particularly at risk younger women, in the workplace.

**Limitations**

Research approached using phenomenology is necessarily and purposefully limited. The current study is limited in terms of the reliability of the coding process as only one researcher coded the data and clustered the significant statements into thematic categories. This is an important limitation as coding has been criticized for being an interpretative process (Creswell, 2013); however, efforts were made to limit misinterpretations during the data collection process by utilizing the following methods: (a) asking story circle participants to create their own themes, (b) restating participant experiences during interviews to ensure understanding, and (c) following up with participants when unsure of the meaning of their responses.

An additional limitation was the recruitment strategies and participants included in this sample. Participants were predominantly a sample of convenience. While efforts were utilized to recruit participants from locations where the researcher had been granted access, the financial incentive to participate was only a motivator for participants residing in low income public housing. Otherwise, the majority of participants were induced to participant due to direct or indirect relational ties to the researcher, the researcher’s advisor, or a vested interest in research. This resulted in an overrepresentation of low
income participants of minority status, while the voices of minority women of high socioeconomic status were missing entirely and limited in the male participants.

There are additional concerns regarding the composition of the story circles in this study. Due to community based recruitment, one story circle had 11 participants. This is above the recommended size of six to eight participants. This is the only circle where some participants elected to pass and not to share a story. This may have been due to the larger size of the circle or due to the intergenerational nature of the story circle. Younger men may have felt uncomfortable sharing their stories in the presence of older men and vice versa. Or participants may not have felt the same responsibility to share a story as individuals in a smaller story circle.

Due to the focus of the study, participants were not asked to consider how other aspects of their identity impacted their experiences with ageism. In particular, although participants noted that their disability and educational status may have influenced their experiences, this was not explored. Further, the influence of race, class, and sexual orientation were also left unexplored. Thus, the intersectional of age and gender was focused on to the exclusion of other, potentially relevant, identities.

Finally, the gender and age of the researcher may have impacted participant responses. Participants may not have felt as comfortable disclosing the full range of their experiences to a young woman; particularly the middle-aged and older men. Additionally, as some story circles were made of men and women who were acquainted with one another this may have also impacted participants in both positive and negative ways. The story circles where some participants were acquainted with one another were
longer, had more discussions, and easier flow. However, some participants were so comfortable with one another that they did not always adhere to the story telling format of a story circle and sometimes lapsed into a group discussion format before everyone had shared their experiences. This limited the data as not all participants shared concrete experiences because they would lapse into more opinion-based commentary. Efforts were made to minimize or refocus these groups, but were met with varying degrees of success.

**Future Directions**

The limitations of this study present opportunities for future research. The current study focused on how experiences of ageism intersected with an individual's gender to create differential experiences across the lifespan. However, there are other intersections of difference that would be interesting to follow up on in future studies. In particular, this study included participants of different class standings. As participants from a variety of economic backgrounds were represented, going back through existing data to see how their class influenced their responses would be an interesting avenue to pursue. Additionally, a more thorough investigation into the role that race and disability status play in experiences with ageism is warranted as participant responses in this study indicates those are important aspects of their experience to consider.

An underexplored section of this study understood perceptions of treatment in childhood and adolescence. As participants noted, being treated "like a child" is not enviable. Examining age-related treatment at the early end of the lifespan would lend itself to a lifespan developmental approach. Further, it would be interesting to see if
there are similarities and differences in treatment based on age across the lifespan.

Finally, as noted previously, research on ageism lags behind research on sexism and racism (Nelson, 2005). Specifically, previous quantitative research on experiences of ageism have not had validated measures to assess the full domain (e.g., Averett, Yoon, & Jenkins, 2013; Duncan & Loretto, 2004; Garstka et al., 2004; Yuan, 2007). This is a limitation not realized in sexism and racism research, as empirically validated measures have existed for those experiences for twenty years (Klonoff, & Landrine, 1995; Landrine, & Klonoff, 1996). Thus, the qualitative data from the current study lends itself to the creation a scale to assess experiences with ageism. The phenomenological approach to analyzing these data lend itself to scale creation, as an egalitarian list of significant statement were taken from all of the story circles and interviews.

The next step to move this research forward would be to determine if gendered ageism is a measurable construct and, if so, what are the latent variables associated with gendered ageism. Further, comparing those responses to validated measures of internalized ageism, sensitivity to ageism, experiences with sexism, as well as conformity to feminine and masculine norms would be warranted. This would allow researchers the ability to empirically test how experiences with ageism impact physical and mental health which could potentially give evidence to bolster future work, healthcare, and family policy.


Burke, B. L., Martens, A., & Faucher, E. H. (2010). Two decades of terror management


Matchwick, C., Domone, R., Leroi, I., & Simpson, J. (2014). Perceptions of cause and


doi:10.1017/S01446866X14000798


doi:10.1177/0898264312440322

doi:10.1086/669571


doi:10.1111/jasp.12193


doi:10.1016/j.socscimed.2015.05.015


(University Of North Carolina Press), 86(1), 291-311.
APPENDIX A: STORY CIRCLE INFORMED CONSENT

Experiences with Ageism | Story Circle Informed Consent Form

Ruth V. Walker, M.A., Graduate Student, Adult Development and Aging
Dr. Toni Lynn Bisconti
Department of Psychology

Before agreeing to participate in this research study, please read the following explanation. This statement describes the purpose, procedures, benefits, risks, discomforts, and precautions of this study.

Introduction and Procedures

My name is Ruth Walker and I am a graduate student at the University of Akron. I am interested in hearing from you about your experiences with ageism, a form of discrimination due to your age. To learn more about your experiences with ageism, I am asking you to complete a brief demographic questionnaire and participate in a story circle that will last approximately 60 minutes.

A story circle is just what it sounds like – a group of 7-8 people sitting in a circle and telling the group a story about their experiences. Please ask your story circle leader to stop as we go through this information if you have any questions and they would be happy to take the time to explain.

Voluntary Participation

Your participation in this research is completely voluntary. It is your choice to participate or not. You may decide to stop participating at any time and you can choose not to answer any question(s) or not to tell a story without penalty.

Risks/Benefits

There is a risk that you may share some personal information or that you may feel uncomfortable telling your story. You do not have to answer any question if you feel the question(s) are too personal or if it makes you uncomfortable.

Incentives

Participants will receive $15 as a thank you for taking the time to contribute to this study.

Confidentiality
The entire discussion will be audio-recorded, but you will not be identified by name on the recording. The information recorded is confidential and only your interviewer and other members of the research team will have access to the audio files. The audio files will be transcribed and then they will be deleted. Your personal information will not be connected to what you share in your story circle. All documents other than the consent form will not be connected with your name.

Who to Contact

If you have any questions, please contact either of the following:

Ruth Walker
rvw3@zips.uakron.edu | 330-972-6618

Dr. Toni Lynn Bisconti
tb33@uakron.edu | 330-972-6618

This proposal has been reviewed and approved by the University of Akron Institutional Review Board. If you wish to learn more about the IRB, contact 330-972-7666.

Statement of Consent

Your signature below indicates that you have read and understood the information provided above, have had an opportunity to ask questions, are over 18 years of age, and agree to participate in this research study.

_________________________________________  ________________________
Signature                                           Date
APPENDIX B: DEMOGRAPHIC FORM

Demographic Questionnaire
(Please print)

1. Gender (check one): □ Female □ Male □ Transgender □ Other: _____

2. Relationship Status (check one):
   □ Single □ Widowed
   □ Married □ Divorced
   □ Separated □ Unmarried Partners

3. Date of Birth (DD/MM/YYYY): ____/____/_______ Age: _____

4. Race (please check all that apply):
   □ White
   □ Black and/or African American
   □ Native American or Aleutian Islander/Eskimo
   □ Asian or Pacific Islander
   □ Hispanic or Latino
   □ Other (please specify): _______________________

5. What is your total household income (check one)?
   □ Less than $10,000 □ $60,000 to $69,999
   □ $10,000 to $19,999 □ $70,000 to $79,999
   □ $20,000 to $29,999 □ $80,000 to $89,999
   □ $30,000 to $39,999 □ $90,000 to $99,999
   □ $40,000 to $49,999 □ $100,000 to $149,999
   □ $50,000 to $59,999 □ $150,000 or more

6. Do you live (please check all that apply):
   □ Alone □ With a Sibling
   □ With Spouse or Partner □ With a Friend
   □ With Children □ Other: ______________

7. Are you a Military Veteran (check one)? □ YES □ NO

8. Level of Education (check one):
   □ Grade School (grades 1-6) □ Some College Classes
   □ Middle School (grades 7-9) □ College Degree
   □ High School (grades 10-12) □ Post College Professional Degree
   □ Vocational Education □ Graduate, Medical or Law Degree
9. Sexual Orientation (check one):
   □ Heterosexual   □ Bisexual
   □ Homosexual □ Other: ______________

10. Career Status (please check all that apply):
    □ Homemaker □ Student
    □ Unemployed □ Part-Time
    □ Full-Time □ Retired
    □ Unable to Work
APPENDIX C: STORY CIRCLE LOG

Story Circle Log Sheet

Log Keeper's Name: ____________________________  Place: ____________________________

Other Facilitator's Name: ____________________________  Date: __________

# of People in Circle: _______  Theme: ____________________________

<p>| Storyteller's  | Storyteller's | # on | Story's Theme/Main Points | Other Notes |</p>
<table>
<thead>
<tr>
<th># in Circle</th>
<th>Characteristics</th>
<th>Tape</th>
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<td>1</td>
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APPENDIX D: STORY CIRCLE PROCESS

The Story Circle Process

Let me briefly explain what we will be doing...

1. We will sit in circles of 6-8. A circle, not an oval or a square, because being in a circle is important. In a circle everyone is in an equal physical space.
2. The facilitators will introduce themselves. Moving clockwise, each person will simply tell the group a little about themselves (i.e., Age, gender, race, occupation).
3. There will be a story circle log sheet on a clipboard in each circle, to allow our research team to match up all the parts of a story that may emerge at different times with the one storyteller. The facilitator will complete the log sheet and the circle will decide on a way to keep time.
4. As we move clockwise around the story circles, anyone can pass any time it is their turn to tell a story. Do not take notes. Do not hold books or papers in your lap. Concentrate on listening.
5. After our brief introductions, the facilitator will briefly remind the group of the ground rules I am covering here and then ask for a volunteer to start the story circle process. Once the first story has been told, we will again process clockwise around the circle, with each person taking approximately 3 minutes to tell an actual, personal story or passing.
6. Story circles are primarily about listening. Listening is more important than talking. Do not spend time thinking of your story. Instead listen actively to all of the stories and trust that the story circle process will bring you a story when the time is right. If several stories come to you as you are listening, reach for the deepest story that you are comfortable telling.
7. Each person just listens to the stories… no interruptions, no commentary, and no body language other than active listening. We do not need to like or agree with anyone else’s story, but just as we have a right to tell our own story we need to respect the rights of everyone else in the group to tell their own story.
8. Tell stories… not political theories or arguments or opinions or analysis. A story can be something that happened to you or it can be the story of a family member, friend, or acquaintance – a story that you have heard.
9. Silence is always acceptable. Sometimes silence can be the most powerful story to tell. If you need to be silent a moment after a story, be silent.
10. At the end of the circle, the facilitator will ask if anyone who passed wishes to tell their story at this time. They can pass again if they choose. Once all stories have been told, the facilitator will invite cross circle questioning where you may ask clarifying questions about the stories you heard. The facilitator will allow about five minutes for this task.
11. Then the facilitator will ask each participant to think of an image in their minds for each story they heard in the circle, allow for a couple minutes to think about
images, and then ask participants to share the images that came to their minds as a way to identify themes that emerged in the circle.

12. Considering the themes your circle has discussed, decide as a group if any of the identified themes and experiences of those in your circle are related to gender. Consider the following question in your discussion: *Do you believe anyone’s experiences would have been different if they were a different gender?*

*We are ready to begin.*

Prompt: Tell a story about a time you were treated differently (either favorably or unfavorably) because of your age.
APPENDIX E: INTERVIEW INFORMED CONSENT FORM

Experiences with Ageism | Interview Informed Consent Form

Ruth V. Walker, M.A., Graduate Student, Adult Development and Aging
Dr. Toni Lynn Bisconti
Department of Psychology

Before agreeing to participate in this research study, please read the following explanation. This statement describes the purpose, procedures, benefits, risks, discomforts, and precautions of this study.

Introduction and Procedures

My name is Ruth Walker and I am a graduate student at the University of Akron. I am interested in hearing from you about your experiences with ageism, a form of discrimination due to your age. To learn more about your experiences with ageism, I am asking you to complete a brief demographic questionnaire and participate in an interview that will last approximately 60-90 minutes.

Voluntary Participation

Your participation in this research is completely voluntary. It is your choice to participate or not. You may decide to stop participating at any time and you can choose not to answer any question(s) without penalty.

Risks/Benefits

There is a risk that you may share some personal information or that you may feel uncomfortable answering some of the interview questions. You do not have to answer any question if you feel the question(s) are too personal or if it makes you uncomfortable.

Incentives

Participants will receive $15 as a thank you for taking the time to contribute to this study.

Confidentiality

The entire discussion will be audio-recorded, but you will not be identified by name on the recording. The information recorded is confidential and only your interviewer and other members of the research team will have access to the audio files. The audio files will be transcribed and then they will be deleted. Your personal information will not be connected to what you share in your story circle. All documents other than the consent form will not be connected with your name.
Who to Contact

If you have any questions, please contact either of the following:

Ruth Walker  
rvw3@zips.uakron.edu | 330-972-6618

Dr. Toni Lynn Bisconti  
tb33@uakron.edu | 330-972-6618

This proposal has been reviewed and approved by the University of Akron Institutional Review Board. If you wish to learn more about the IRB, contact 330-972-7666.

Statement of Consent

Your signature below indicates that you have read and understood the information provided above, have had an opportunity to ask questions, are over 18 years of age, and agree to participate in this research study.

__________________________________________  ______________
Signature                                           Date
APPENDIX F: INTERVIEW GUIDE

Experiences with Ageism

Interview Guide

Understanding Their Experiences

Tell me about your experiences being treated differently because of your age.

1. What parts of your experience stand out for you?
   a. What were you thinking during your experience?
      i. What do you think about your experience now?
   b. How did that experience affect you?
      i. What changes do you associate with that experience?
      ii. How did you feel during that experience?
         aa. How did you feel about that experience now?
   c. How did you react to that experience in the moment?
      i. How would react if a similar situation happens again?
   d. How did that experience affect other people in your life?
   e. Is there anything else you would like to share regarding that experience?

Probing for Specific Experiences

Professional-Related Experiences

1. Have you ever experienced someone treating you differently because of your age at work (e.g., not experienced enough, too slow, view you as a mentor)?
   a. Probe for context (e.g., assignment, years of experience, etc.), how did you feel, how did you react, why do you think that happens, do you still experience it, what do you think the other person's motivations were, have you ever done that to someone else, how might your treatment be related to your gender, how has this treatment changed as you are getting older, etc.
Healthcare-Related Experiences

1. Have you ever experienced a healthcare professional treating you differently because of your age (e.g., under-treating, over-prescribing meds, over-helping, etc.)?

   a. Probe for context (e.g., work, home, other), how you felt, how often it occurs, how did you react, why do you think that happens, how is it related to your gender, how has this treatment changed as you are getting older, etc.?

Appearance-Related Experiences

1. Have you ever experienced someone commenting on your aging appearance?

   a. Probe for context (e.g., work, home, other), how did you feel, how often it occurs, how did you react, why do you think that happens, how is it related to your gender, how has this treatment changed as you are getting older, etc.?

Ability-Related Experiences

1. Can you tell me about a time someone offered you help when you didn't need it?

   a. Probe for context (e.g., work, home, other), how did you feel, how often it occurs, how did you react, why do you think that happens, is it related to your age or gender or ability status, how has this treatment changed as you are getting older, etc.?

Parenthood-Related Experiences

1. How has your experience as a (mother/father) influenced how you think of your age?

   a. Probe for context (e.g., work, home, other), how you felt, how often it occurs, how did you react, why do you think that happens, when did it start, how is it related to your gender, how has this treatment changed as you are getting older, etc.?

2. Have your children or children's friends ever treated you differently because of their perception that you are "old"?

   a. Probe for context (e.g., work, home, other), how you felt, how often it occurs, how did you react, why do you think that happens, when did it start, how is it related to your gender, how has this treatment changed as you are getting older, etc.?

Internalized Ageism-Related Experiences
1. Can you tell me about a time you thought to yourself that you are "too old" to do something? Or wear something?
   a. Probe for context (e.g., work, home, other), how you felt, how often it occurs, how did you react, why do you think that happens, when did it start, how is it related to your gender, how has this treatment changed as you are getting older, etc.?

2. Can you tell me about a time you were upset at your inability to do something you used to be able to do when you were younger?
   a. Probe for context (e.g., work, home, other), how you felt, how often it occurs, how did you react, why do you think that happens, when did it start, how is it related to your gender, how has this treatment changed as you are getting older, etc.?

Reflecting on Earlier Experiences

1. For the next question, I want you to think back to your childhood and teenage years. Can you tell me about a time you felt an adult or authority figure treated you unfairly because you were young?
   a. Probe for context (e.g., school, home, other), how you felt, how did you react, why do you think that happened, do you ever engage in the same behavior as an adult, how might it be related to your gender?

2. For the next question, I want you to think back to your (early adulthood/middle adulthood) years. Can you tell me about a time you felt someone treated you unfairly because you were (young/older)?
   a. Probe for context (e.g., school, home, work, other), how you felt, how did you react, why do you think that happened, how might it be related to your gender, how has this treatment changed as you are getting older, etc.?

Age-Related Expectations

1. How do you expect to be treated by others as you get older?
   a. How do you feel about that, how will you react, how might it be related to your gender?

Closing

1. Have you been treated differently because of your age, because you were perceived as (opposite of what they described - too old or too young)?
a. Probe for context (e.g., work, home, other), how you felt, how often it occurs, how did you react, why do you think that happens, how is it related to your gender, how has this treatment changed as you are getting older, etc.?

2. Do you have any other experiences you would like discuss?
### APPENDIX G: DATA ANALYSIS PROCESS

**Data Analysis Process**  
(Modified from Moustakas, 1990)

<table>
<thead>
<tr>
<th>Epoche Process</th>
<th>Horizontalization</th>
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<tbody>
<tr>
<td>1. Researcher systematically lists prejudgements surrounding their previous experiences or knowledge of the phenomenon under investigation. This process continues throughout the entire research process.</td>
<td>2. Researcher develops an egalitarian list of “significant statements” that describe participant experiences with ageism.</td>
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<thead>
<tr>
<th>Clusters of Meaning</th>
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<tr>
<td>3. Researcher considers and weighs each horizon equally, looking at and describing the data from multiple angles to add to the perceptual depth. Repetitive or overlapping statements are deleted.</td>
</tr>
<tr>
<td>4. Researcher clusters horizons into themes or meaning units.</td>
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</tbody>
</table>

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<tr>
<th>Textural-Structural Synthesis</th>
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<tr>
<td>5. Composite synthesis of the textural (Process of Transcendental-Phenomenological Reduction) and structural (Process of Imaginative Variation) meanings and essence behind participants’ experience.</td>
</tr>
</tbody>
</table>
APPENDIX H: INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

NOTICE OF APPROVAL

Date: December 9, 2015
To: Ruth Wolter, Psychology
From: Shari McWhorter, IRB Administrator
IRB Number: 20151106
Title: Phenomenological Exploration of Experiences with Agism

Approval Date: December 9, 2015

Thank you for submitting your IRB Application for review. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

- Exemption 1 – Research conducted in established or commonly accepted educational settings, involving normal educational practices.
- Exemption 2 – Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.
- Exemption 3 – Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.
- Exemption 4 – Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.
- Exemption 5 – Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.
- Exemption 6 – Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study's design or protocols that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact the IRB to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exempt application for a period of three years from the approval date. If you wish to continue your protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

Approved consent forms enclosed

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