EMBODIED LITERACIES: THE RHETORICAL/MATERIAL

CONSTRUCTION OF THE SENIOR BODY

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EMBODIED LITERACIES: THE RHETORICAL/MATERIAL CONSTRUCTION OF THE SENIOR BODY

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This dissertation examines senior citizens' literacy practices as they manage the body in an effort to characterize seniors' "lived experiences." The study is a grounded theory analysis of interviews with seniors ages 60 to 80. The seniors within this study show that they use literacy practices to leverage control over their bodies in uneven relationships with medical professionals; they view the body rhetorically; and they adopt new literacies mentalities (Knobel & Lankshear, 2007). The study allows the researcher to develop a model that characterizes seniors' uses of literacy practices. The researcher proposes the concepts *embodying texts* and *embodied literacies* to conceptualize the ways seniors use literacy.

CHAPTER 1

Introduction and Literature Review

In the past 50 years, research in literacy studies has moved away from the notion that academic literacy is an inherent good that has direct cognitive benefits (Goody & Watt, 1963). The field began to embrace the study of literacies in situated contexts, gaining a greater understanding of the ways literacy practices are differently valued within different communities and situations (Gee, 2012; Heath, 1983; Scribner & Cole, 2001; Street, 2003b). Researchers studied local literacies to generate knowledge about a host of literacy practices, including the values of oral literacies (Heath, 2001), the family literacy practices in Amish communities (Fishman, 1987), the literacy practices of young Turkish immigrants (Pahl, 2008), and so on. Yet researchers' focus on local literacies left unanalyzed how those practices are connected to larger, global forces, such as institutional structures and societal norms (Brandt & Clinton, 2002; Collins & Blot, 2003; Horner, 2013; Street, 2003b). Researchers have called for the continued examination of local practices with the addition of a systematic approach to studying the ways those practices might reveal evidence of global forces. Contemporarily defined, literacy practices are how people use literacy and what they perceive literacy to be in social and cultural contexts (Brandt & Clinton, 2002).

Studies of local literacy practices have included research on the literacy practices of elderly populations. Specifically, Ruth Ray (2000) has explored the ways seniors use

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life writing[1] to construct identity with regard to age, gender and race. Furthermore, scholars have examined the ways seniors acquire technological literacy (McKee & Blair, 2006) or how they are encouraged toward or discouraged from that acquisition (Bowen, 2012). At the core of research on seniors is the awareness that "old age" is a rhetorically constructed concept that is aided in its construction by actual, bodily change. Recently, scholars have called for the further exploration of the way age is constructed through the dialectical relationship between discursive and text-based practices and the physical body itself (Oberg, 1996; Twigg, 2004). This dissertation sets out to examine that dialectical space by considering the ways seniors use literacy practices to manage the body.

The research question that drives this study is as follows:

- How do seniors use literacy practices to manage the body?

The verb *to manage* is chosen specifically because of its inclusiveness. It refers to the ways people enact change in their bodies, which includes changes in their conceptions of their bodies as well as material change. Unlike verbs like *to improve* or *to hinder,* the verb *to manage* is neutral and allows for all types of activities to be included.

Through interviewing 12 seniors who take yoga classes at senior centers, the study uses a grounded theory approach to explore seniors' discussions of literacy practices that relate to the body. The grounded-theory-based analysis, which allows themes to emerge from the data (Corbin & Strauss, 2008), facilitated the emergence of themes that allow for three major claims to be made. First, seniors use literacy practices

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[1] Ray (2000) writes that she seeks life stories, which she defines as "the contingency of multiple, ever-shifting stories that older people tell about themselves" (p. 27). These stories are ways for the writer to construct identities as they reconstruct the past, representing through discourse memories and important points of development in their lives.

to leverage control over their bodies in the unequal relationships between medical practitioners and patients. Furthermore, the body itself functions rhetorically to persuade others to make particular bodily decisions. Finally, seniors adopt a new literacies mentality when using literacy practices to gather information about their own or others' bodies. Together, these claims partially characterize the dialectical space between the rhetorical construction of age and materiality.

This chapter provides a literature review of relevant scholarship and describes how this study is situated within these conversations. The first section traces the history of literacy studies through the social turn, describes the problems that come with a focus on local literacy practices, and describes some solutions offered by several scholars. The next section describes the literature in local and community literacy studies and traces its evolution from local literacies that focus on implications for classroom contexts to community literacies projects that seek to make changes in communities. After this section, I describe several local literacies projects that analyze doctor-patient interactions. The following section examines research in rhetoric and composition that examines seniors' uses of literacy practices. The next section, pulling from social gerontology and disability studies, describes scholarship that explores the discursive and material construction of differently abled bodies. The last section situates this study among the many voices that have contributed to the study of senior literacy practices. Finally, the chapter closes with a preview of the next four chapters.

Literacy Studies and the Social Turn

Research in literacy studies has changed drastically in the past 50 years. Traditional focuses of literacy studies, now called the autonomous model, argue that the ability to read and write is an inherent good that can positively impact an individual or group of people (Street, 2003b). Street writes,

> Introducing literacy to poor, "illiterate" people, villages, urban youth etc. will have the effect of enhancing their cognitive skills, improving their economic prospects, making them better citizens, regardless of the social and economic conditions that accounted for their "illiteracy" in the first place. (Street, 2003b, p. 77)

For example, Patricia Greenfield studies literate and nonliterate children in Senegal and claims that literate children have the capability to think abstractly while nonliterate children do not (Street, 1984). This leads her to conclude that literacy itself improves the cognitive functioning of children within this community (Street, 1984). Street (1984) critiques her study, saying that she makes these claims by measuring children's abilities against Western conceptions of what counts as evidence of logicality. Greenfield fails to make sense of children's responses within the specific Senegalese social context.

As researchers begin to look more closely at the connections between literacy and social and cognitive development, they find that literacy cannot be seen as autonomous – as an independent agent that affects individuals' lives for the better. Instead, scholars begin to adopt the ideological model, which asserts that "literacy is a social practice, not simply a technical and neutral skill," (Street, 2003b) and that it is rooted in a specific

epistemology that defines what reading and writing is and how it should be valued. The ideological model presumes that conceptions of literacy will vary depending on social, cultural, and historical contexts (Gee, 2012; The New London Group, 1996; Street, 2003b). Therefore, this model is ideological because as different groups place different values and meanings on literacy, literacy "is always contested" (Street, 2003b, p. 78). Prior to the social turn in literacy studies, literacy is considered an independent agent capable of impacting individuals' lives. Those who prompt the social turn begin to see literacy as a socially embedded concept and process that is used in specific ways by specific types of people who operate within those social contexts (Cook-Gumperz, 1986; Gee, 2012; Scribner & Cole, 2001; Street, 2003b; Szwed, 2001). This new approach spawns new research agendas that explore literacy practices in social and cultural contexts across the globe (Street, 1993). These many and varied studies document rich practices of using literacy, make claims about literacy practices within specific contexts, and support the argument that literacy is context-bound.

Some seminal works in the field of literacy studies offer evidence that literacy must be contextualized in particular social and historical settings to best understand how it functions. Scribner and Cole (2001) study the Vai people of Liberia who provide a unique site for literacy study because they interact with up to three languages in both oral and literate forms. Scribner & Cole interview 700 Vai people, conduct ethnographic studies in two towns, observe lessons on teaching Vai script, and conduct analyses of Vai and Arabic written documents. They find that the Vai use English for political purposes, Arabic for religious purposes, and Vai script for day-to-day personal purposes, such as

writing letters. English is used the least frequently, while Arabic is used more often, though it is not fully understood, as Vai people simply rehearse memorized portions of the Qur'an for religious purposes. Scribner & Cole conclude of their observations of the Vai's uses of the three languages that "Vai people have developed highly diversified uses for writing and that personal values, pride of culture, hopes of gain – a host of pragmatic, ideological, and intellectual factors – sustain popular literacy," even if that literacy is not used extensively in ways that affect "processes of production, trade, and education" (Scribner & Cole, 2001, p. 132).

In spite of the limits that the Vai people seem to have with the languages they use, the specific ways in which they use the languages do have an impact on "specific language-processing and cognitive skills" (Scribner & Cole, 2001, p. 134). For example, the Vai who use Vai script in letter writing are better at communicating than those literate in Arabic, which is typically memorized and recounted for religious purposes. Similarly, those literate in Arabic are more efficient at memorization activities than those literate in other ways. Scribner & Cole emphasize that their findings show "that there is no evidence that writing promotes 'general mental abilities'" (p. 136), but that their findings do show that specific, context-bound literacy practices have direct correlations to relatable cognitive activities. This study, then, provides evidence for the move beyond the autonomous model of literacy and toward a more complex understanding of literacy in social contexts.

Shirley Brice Heath (2001) comes to a similar conclusion in her study of several southern United States communities of different racial and socioeconomic backgrounds.

In "Protean Shapes in Literacy Events: Ever-Shifting Oral and Literate Traditions," she describes the oral and literate practices in a poor African-American community. Her close examination of the community's reading and writing practices prompt her to call for a more complex understanding of orality and literacy. She argues against the traditional idea that societies can be either one or the other and that they frequently move from oral to literate. Instead, she posits that there are two continua, one oral, and one literate, and that societies may operate at different places on both. Heath is able to conclude, then, that "the contexts and uses of literacy in each society determined its values, forms, and functions" (p. 463). She writes, "The nature of oral and written language and the interplay between them is ever shifting, and these changes both respond to and create shifts in the individual and social meanings of literacy" (p. 466). In other words, literacy practices must be studied within the social contexts in which they function in order to understand how people attribute meaning to them and use them in their everyday lives. This situated approach to the study of literacy falls in line with Street's ideological model and helps to move forward the New Literacy Studies movement.

The social turn in literacy studies emancipates the field from a strict understanding of literacy as an autonomous agent and allows scholars to embrace socially situated understandings of literacy practices within individual communities. Yet this shift is not without problems. The turn prompts researchers to consider local, contextualized literacy practices within specific communities, but some argue that it goes too far in that direction.

Deborah Brandt and Katie Clinton (2002) express concern that a focus on the local contexts of literacy events precludes an analysis of how those events are connected to global forces. Researchers arguing against the autonomous model place the focus wholly on context and its impact on literacy events, essentially calling the context of a literacy event determinative in the same way that autonomous thinkers considered literacy itself determinative. Brandt and Clinton suggest that it is possible to think about the "technologies of literacy" as having certain "capacities" without falling back into the autonomous model. These capacities, including "a capacity to travel, a capacity to stay intact, and a capacity to be visible and animate outside the interactions of immediate literacy events," (p. 344) are elements that must be recognized in order to understand the ways local contexts might not fully determine how literacy gets incorporated or used at the local level. By identifying the inherent agency in literacy technologies, we are better able to characterize the ways literacy at the local level is connected to global exigencies.

To flesh out their argument, Brandt and Clinton call on Latour's explanation of how "science is a social practice," in that the questions asked are human questions and the meanings made are socially constructed. In addition, the *objects* involved in science have an impact on what social meanings get articulated. Brandt and Clinton draw a parallel between this and literacy: the social context of literacy events impacts how literacy gets done, as do the more tangible technologies of literacy. Brandt and Clinton use the example of a customer applying for a bank loan: the person's literacy activities will be somewhat determined by the objects that construct the space, including "the building itself, the furniture, and so on, proceeding to forms, files, documents," and the

list continues (p. 344-5). They argue that likewise, literacy needs to be seen as an object that has *some* agency in determining the ways literacy events unfold.

Brandt and Clinton go on to argue the benefits of thinking about literacy as an object. Studies of local, situated literacies explore local literacy practices without a direct connection to broader institutional influences, such as the authors, publishers, and other interests that are served when texts are used. There may be some sweeping gestures to those forces, but the connections are not made systematically. Viewing texts as objects allows researchers to make clearer connections between local literacies and global structures. Again, they use Latour's thinking: we must first understand that the "global" level of a social practice is actually made up of local activities. Those activities, though, are far away from the local activities that we are studying, and our perspective does not allow us to see the local detail of those activities. Thus, global influences are simply the things, people, or institutions to which texts are connected that are not "at the scene" (p. 347). In order to connect the local practices that we study with global forces, we must be able to follow objects that are common in each. They quote Latour to explain: "there is an Ariadne's thread that would allow us to pass with continuity from the local to the global" (p. 346). That thread connects the processing of an individual's bank loan in a specific local context to the global level of the stock market: "Eventually, perhaps, your transaction, aggregated, enters into decisions by a distant stockholder or makes its way into a debate on the floor of the U.S. Senate" (p. 345). By viewing literacy as an object, we can make direct connections between local literacy activities and broader global forces and implications.

Furthermore, the objects are not dull tools that are used by or acted upon by human agents. Brandt and Clinton write, "They also are actors in themselves – they can serve, as Latour (1996) suggests, as 'comrades, colleagues, partners, accomplices or associates in the weaving of social life'" (p. 348). Brandt and Clinton argue for the need to break down the separation of "people and things" in order to better understand the ways objects themselves function as agents when literacy events take place.

Brandt and Clinton provide a framework for doing research "at sites of reading, writing, and print that can follow the threads of networks both into and out of local context and other contexts" (p. 348). Instead of seeing local literacy activities as literacy events, which, they say, forefronts human agency and backgrounds the agency of literacy itself, they argue for use of the concept "literacy-in-action." Literacy-in-action accommodates both human agents using literacy practices but also allows for the idea that "literacy acts as a social agent, as an independent mediator" (p. 349). Literacy does this when texts or objects affect how humans interact and make decisions without human participants' conscious awareness.

In the inaugural issue of *Literacy in Composition*, Horner (2013) identifies similar problems with the shift in focus to local literacies. The significance of this journal's recent entrance into the field will be discussed later in this section. In his piece, Horner writes that scholars of literacy studies either privilege the social context of writing or privilege the text itself. He thinks that we should avoid privileging one over the other and instead see text and social context as mutually constitutive. First, in pursuit of studying local literacies, scholars in English take one of two focuses, Horner writes, citing Lillis

and Scott. First, scholars focus on literacy practices, a focus that "risks … an overstating of the role of context in writing as determinative" (p. 4). Horner cites Gee in noting that this focus ignores that in doing writing, one generates context and enacts particular social situations. Second, because of their training in rhetoric and literary studies, scholars focus on the text, with interest in "errors, organization, format, conventions, genre, even 'mode'" (p. 3). This can lead to problems when scholars ignore the context in which the text is generated. "Fetishizing" either text or social context leads us back to the autonomous model in that it presumes that either text or social context is determinative – either text or social context determines how literacy gets done. In a similar way, a focus on local literacy practices may lead us to ignore the global-level influences that impact the way a text is generated. To avoid these problems of focusing too much on context, local context, or text, scholars must focus on the interactions among texts, practices, and contexts to understand how ideologies get reified through literacy work.

In the same inaugural issue of *Literacy in Composition*, Kate Vieira (2013) revisits the important question asked by anthropologists Goody and Watt (1963) that leads to an autonomous understanding of literacy: "What are the consequences of literacy?" Even though the autonomous model is abandoned by scholars and the ideological model shifts into its place, Vieira argues that the question Goody and Watt ask is still relevant, and that "Composition Studies is an ideal disciplinary space from which to approach it" (p. 26). Composition is best suited to explore this question because of the focus we have on writing, which allows us to observe "how it happens, what it means, where it circulates, how it accomplishes its goals, whom it advances, whom it

leaves behind, what it is worth and why" (p. 26). Vieira cites Brandt and Clinton (2002) in calling for a study of what texts do in social contexts. Vieira writes, "Brandt and Clinton encourage us to look *at* literacy instead of *through* it – precisely the work that compositionists' disciplinary training encourages" (p. 27). In her own work, Vieira looks "at" literacy practices in immigrant communities and finds that the consequences of literacy are many, varied, good, and bad. For example, literacy is involved in the taking of a citizenship test and regulates movement through the possession (or not) of a passport. In these ways, "literacy can sometimes empower, but often it oppresses, disenfranchises, regulates" (p. 28). Vieira argues that composition is an ideal disciplinary space in which to study literacy because the central focus is on literacy, and power and identity issues can be explored through that lens.

Other literacy scholars echo some of the concerns that Brandt and Clinton (2002) articulate about the limits of studies on local, situated literacies. In his forward to Collins & Blot's book, *Literacy and Literacies: Texts, Power, and Identity* (2003), Street (2003a) writes,

> It is here, perhaps, that NLS [New Literacy Studies] has hit an impasse: how to account for the local whilst recognizing also the general – or the global. It is here that Collins and Blot offer a way forward: it is at this level that the present book provides a shift for literacy studies equivalent perhaps to that evident in the first big shift from the autonomous to the ideological model some twenty years ago. (p. xii)

Collins and Blot's focus on text, power, and identity provide a new focus for New

Literacy Studies that addresses the problems of focusing on local literacies alone. By

applying such theorists as de Certeau and Foucault to historical narratives of literacy

development, Collins and Blot underscore the powerful relationships that place values on

certain types of literacies and allows access to those literacies by certain groups of

people. Street acknowledges that New Literacy Studies has always had a focus on power,

but that Collins & Blot's theorizing of this focus allows researchers to bring attention to

issues outside of policies in education. Furthermore, they reveal the ways in which

readers and writers perform identities by engaging (or not) with specific literacy

practices.

Collins and Blot (2003) also theorize the ways identity relates to literacy practices

and how identity factors into the distribution of power. They name theorists, including

Bourdieu, Giddens, and Kontopoulos, who contribute to the contemporary view of

identity as dialectical: partly constructed by individual choice and partly determined by

the opportunities for the types of identities that can be constructed in a given place and

time. They note the importance of school here, drawing on Foucault: "we may say that

school shapes identity by accepting, promoting, rejecting, and transforming the senses of

self and social belonging that children bring to and take from this institutional encounter"

(p. 106).

Considerations of power have always been a focus of New Literacy Studies

(Street, 2003a). This begs the question of why Collins and Blot see a need for a renewed

focus on identity and power. Prinsloo and Baynham (2008) explain how Collins & Blot's

approach maps a new way forward and why a new way forward is needed. First, they acknowledge that the field has always been concerned with power:

> The concept of literacy practices was used to enquire what habitualised ways of making meaning gave shape to specific literacy events, and situated individual acts and interpersonal relations. It also opened up the space to examine the power dimensions that underlay particular uses of reading and writing and to ask how these were shaped by relations of inequality, struggle and resistance across class, language, gender, ethnic, educational and other kinds of social cleavages in contexts of social inequality. (Prinsloo & Baynham, 2008, p. 4)

Studies on literacy and power are conducted by a number of scholars and affect the way we understand literacy practices.

For example, Barton & Hamilton's *Local Literacies: Reading and Writing in One Community* (1998) examines the way people use vernacular language in Lancaster, England in the 1990s. Barton & Hamilton are interested in the ways power and language function by studying how some types of language are valued over others. They write, "The book draws attention to vernacular literacies which are often hidden literacies, devalued and overlooked" (p. xvi). In unearthing these hidden literacies, Barton & Hamilton want to launch a new discourse that views literacy as a "communal resource" and essential to the lives of local citizens. In this way, Barton & Hamilton's study is concerned with language and power.

Similarly, Kulick and Stroud (1993) study a village in Papua New Guinea and examine the ways villagers use literacy for specific purposes. Much of the literacy available to these people has come from missionaries, and much of it pervades their culture still. Kulick and Stroud find that the villagers take agency over their literacy practices: "The villagers have not been 'transformed' by literacy. If anything, they themselves have 'transformed' it" (p. 56). Thus, power is a focus of Kulick and Stroud's work.

But as the field progresses, concerns about the limitations of the local become common: "There have been several concerns expressed in recent times that the ethnographic focus of research in the NLS tradition has contributed to a bias toward localism in such that research cannot see beyond the immediate context of its research focus" (Prinsloo & Baynham, 2008, p. 5). Prinsloo and Baynham go on to outline the ways that various scholars try to move NLS in a productive direction and describe in some detail Collins & Blot's (2003) approach. Collins & Blot (2003) apply the concepts described by social theorists such as Bourdieu, Latour, Hymes, Fairclough, and Bernstein to studies of local literacies to gain a better understanding of the ways in which local events are revelatory of higher-level practices and institutional and cultural norms. Prinsloo and Baynham (2008) explain this difference between the original concern with power in NLS and the contemporary approach:

> While they are concerned to retain the emphasis on the complexity of communicative action which has been the hallmark of work in the New Literacy Studies, in its focus on acts and events in their social, ecological

settings, they are also concerned to apply fresh analyses on how particular acts or events of communication and literacy *connect up* with wider social categories, cultural understandings, and forms of social organization. (p. 6, emphasis mine)

The marked shift from the original NLS focus on literacy and power to this contemporary focus on literacy and power lies in the contemporary effort to identify the ways social structures, institutions, and networks might get articulated as traces within literacy practices and specific literacy events. In other words, they are interested in identifying specific evidence of the influences of social structures as they manifest in local literacy practices. The effort to "connect up" the local events and practices with cultural and institutional norms and values is one that moves NLS beyond a description of the local and toward theorizing the implications of what we find in the local.

One of those studies is by Kate Pahl (2008), who conducts ethnographies of children's at-home literacy practices and connects them to broader institutional and cultural norms through using Bourdieu's concept "habitus." Pahl says that habitus is "both embodied and resides within household practices. It belongs to a group, and individuals draw on it to develop ways of being and doing" (p. 77). In one example, Pahl describes a Turkish boy living in London who commonly engages in the practice of making shapes of countries out of prayer beads. Pahl is able to trace this literate practice to the family's habitus, which, with members living in the United Kingdom, Turkey, and Saudi Arabia, includes a transnational conception of family. Pahl explains: "Markers of cultural identity, they [countries] operated as articulations of the habitus, as the identity

of a Turkish child growing up in London. The family's habitus as it was played out in the
fields of Turkey, London and Saudi Arabia is instantiated in the ephemeral text of the
bead map" (p. 83). Pahl uses habitus as a way of looking at the family's literate practices
and of explaining how the local literate events provide evidence of broader familial
norms.

Scholars generally agree that focusing on local literacies can pose problems for
researchers, yet they may have different approaches about how to reframe the discussion
in order to move forward. Most seem to argue that for studies of local literacies to be
relevant, scholars must examine the ways local literacy practices can be connected with
global, institutional structures, and how those relationships shed light on issues of power
and, in a related way, identity. There are indications that the field will continue to focus
on identity and power as they relate to literacy. Several scholars[2] in 2013 launch *Literacy
in Composition Studies*, which aims to publish work that theorizes the overlapping
components of the two fields. The journal's mission statement reads, "Literacy and
Composition are therefore contested terms that often mark where the struggles to define
literate subjects and confer literacy's value are enacted" (Glascott, Lockhart, Middleton,
Parent, & Warnick, 2013, p. v). Both literacy and composition are concepts that have
been used in different and powerful ways by different players, and whose uses have
implications for those who engage in literate practices and who are affected by the values
placed on those practices. Inherent to this way of defining the intersections of these terms
are questions about power, and, as Collins and Blot (2003) note, inherent to issues of

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[2] The journal's editorial board includes such notable literacy scholars as Patricia Bizzell, Harvey Graff,
Bruce Horner, Carmen Kynard, Cynthia Selfe, Mary Soliday, and Brian V. Street, among others.

power are issues of identity. Among other foci, the mission statement goes on to call for research that focuses on identity and power:

"We are especially interested in work that:

- analyzes how literacy practices construct student, community, and other identities

- investigates the ways in which social, political, economic, and technological transformations produce, eliminate, or mediate literacy opportunities

- analyzes the processes whereby literacies are valued or legitimated"

(p. v)

Among other issues at the intersection of literacy and composition, the mission statement, in the first quoted bullet point, calls for research in the ways literacy practices construct identities within communities. The second and third bullet points of the mission statement underscore a focus on power by calling for work that explores the ways literacy is withheld or granted and the ways it is valued or devalued. Researchers in literacy studies want to maintain a study of local literacies with an eye toward understanding how global exigencies, such as government or corporate entities, might connect with or be instantiated by local activities.

Local and Community Literacies

Within the field's increased focus on local literacies, the term "community literacies" emerges, and early studies in this sub-field use "community" and "local" literacies as interchangeable concepts. Later in this section, I show how the definition of

the term "community literacies" changes in later years in order to break new ground in literacy studies. But early work in "community literacies" within rhetoric and composition examines literacies outside the classroom and discusses how these findings might have implications for the classroom.

Fishman (1987) explores the significance of an Amish community's conceptualization of literacy as it is developed outside of the classroom and reiterated inside the classroom. Fishman describes the ways one Amish family's literacy practices at home and at school mirror those of the mainstream yet diverge in some important ways. Amish children engage with literacy practices even before they are able to decode text: they receive magazine subscriptions, make cards, and play Scrabble with the help of older siblings. These activities help Amish children construct an identity as literate and as Amish. Fishman cites Paulo Freire, who argues that growing up and learning how to conduct oneself in a social context is one way "to read the world" (p. 848). Fishman says that Amish children "read the world" to learn what literacy activities to conduct and how to conduct them. She writes that this is "the implicit but powerful pedagogy of life itself. Yet that is the most important kind of teaching and learning there is, especially in Amish society where it happens consciously and intentionally" (p. 848). The literacy practices conducted at home are "reinforced, extended, and rarely contradicted" in that similar literacy practices that take place in the school (p. 850). This leads Fishman to question the problems that arise when nonmainstream children encounter literacy practices at school that ask them to enact identities that contradict what they have become accustomed to performing at home.

Auerbach (1989) takes issue with the ways some community literacy studies are used to promote a "deficit model" in the literacy practices of immigrant and refugee families and proposes an alternative approach to helping immigrant families through school. She argues that these studies are used to support the idea that immigrant students are doing poorly in school because parents do not know how to promote schooled literacy in the home. Auerbach systematically undercuts these assumptions and makes the radical call that perhaps the privileging of schooled literacy is the problem. Instead, home and community literacies need to be explored and then potentially introduced into the classroom to give relevance to these literacies and make literacy programs meaningful for families. Auerbach writes, "In this alternative formulation, housing, education, work, and health issues are acknowledged and explored in the classroom, with literacy becoming a tool for addressing these issues, and cultural differences are perceived as strengths and resources that can bridge the gap between home and school" (p. 176). Instead of seeing community and home literacies as a problem, Auerbach's suggestion places value on these literacies and allows them to be the focus of literacy instruction.

Gere (1994) explores literacy practices in community spaces and seeks to apply that knowledge to the classroom. Gere writes, "I propose that we listen to the signals that come through the walls of our classrooms from the world outside" (p. 76), citing spaces for study such as the Tenderloin Women's writing Workshop examined by Carol Heller and other rural, community-based writing groups. Gere writes, "These writers bear testimony to the fact that writing development occurs outside formal education" (p. 76). Gere notes that in an effort to establish professionalization, the field of composition

ignores places where writing happens outside of the classroom. She provides a history of composition's "extracurriculum," as it has been enacted by white and minority women and men in America's "kitchen tables and rented rooms" throughout history. Writers get together to read and critique each other's work and often recognize "writing's capacity to effect social and economic change" (p. 84). Furthermore, "one of the clearest messages of the extracurriculum concerns power," Gere writes (p. 88), noting that compositionists can bring that element into our classrooms and show students how to leverage writing's power.

While early studies in community literacies seek implications for classroom practice, later studies seek different implications. Jamie White-Farnham (2012) studies literacy practices outside of classroom contexts. Her participants are women who belong to the Red Hat Society, a club for women over fifty whose goal is to provide social opportunities for women outside of home and work. Interested in these women's day-to-day literacy practices, White-Farnham studies the way participants engage with recipes. Some of the women show rhetorical inventiveness through use of recipes that are not written down. With an eye toward their audience, purpose, and occasion, the women create a meal that is appropriate for the rhetorical situation. Other women may not see themselves as cooks, but they place value in a cookbook compilation that they use as a fundraiser, which reveals that they value traditional forms of literacy. Yet the women's nontraditional interaction with written recipes shows that these women, who entered adulthood during second-wave feminism, devalue housework and value instead their professional and educational lives. They hesitate to talk about literacy practices

surrounding domestic work and even frown upon the researcher's focus on the domestic sphere. White-Farnham writes, "I believe the women's descriptions of their literacy practices interrupt what otherwise threatens to become a seamless feminist progress narrative" (p. 38). Their efforts to pursue professional and educational endeavors might be mitigated by a pursuit of literacy practices that relate to household tasks. White-Farnham studies these women's literacy practices not with an eye toward what the research can contribute to the classroom, but with an interest in what literacy practices tell us about these women's lives and identities.

The local literacy studies conducted by early compositionists mentioned above, including Fishman (1987), Auerbach (1989), and Gere (1994), explore literacy practices outside of classroom contexts and seek implications for the classroom. Later studies, like those conducted by White-Farnham (2012), examine local literacy practices and seek implications not for the classroom but for the contexts in which the studies are conducted.

As the turn toward local literacies evolves, some scholars within rhetoric and composition begin to ask more pointed questions about how local literacy practices are used to enact social change. This question allows modern-day community literacy studies to emerge. While some scholars appear to use the terms local literacies and community literacies interchangeably, two recent, game-changing studies have carefully defined and claimed "community literacies" as the study of local literacies done by "ordinary people" to enact social change. Elenore Long (2008) uses the term "local public" to distinguish between local and community literacy studies. She writes, "As a rhetorical construct, the phrase local publics fills the gap between descriptive accounts of situated literacy [or

local literacy] (Barton; Barton, Hamilton, and Ivanic; Street *Literacy*) and more abstract theories of public discourse" (p. 5). Local publics are not geographic spaces but they are "symbolic constructs enacted in time and space around shared exigencies" (p. 15). A local public space is one that is generated by a problem that brings people together and that can be defined, discussed, and managed by "ordinary people" through literacy practices.

Flower (2008) distinguishes community literacy from Barton and Hamilton's (1998) definition of "local literacies," which are "the diverse, daily forms of reading and writing used by working-class people, often overlooked or dismissed in our preoccupation with the elite literacies of school or business" (qtd. in Flower, p. 18). She describes a community literacy that is critical and that encourages conversation and literacy practices "*with* the community" and not "*for* the community" (18). Flower says that her conception of community literacy is focused on "intercultural dialogue *with others* on issues that *they* identify as sites of struggle" (19). She explains, "In short, in this *rhetorical model*, community literacy is a site for personal and public inquiry and, as Higgins, Long, and Flower (2006) argue, a site for rhetorical theory building as well" (19). A local public is something that must be generated by the community; it is not bound by geographic constraints, but it emerges in response to a common problem that members of the community identify.

Doctor-Patient Relationships

Studies in local literacy and discourse practices include studies in doctor's offices. Ellen Barton (1997) describes literacy practices involved in doctor's appointments. Even

though literacy does not seem to be prominent in these interactions because literacy practices are "backgrounded," they play relevant roles in how power gets enacted. Barton notes that within medical discourse, conversation analysis reveals a power dynamic that favors the medical practitioner. Barton argues that the way literacy practices are used and how they function within these encounters has not been researched. She studies the doctor-patient interactions with families with children who have disabilities through ethnographic methods and conversation analysis. Using Gee's (2012) definition of literacy as including talk and writing within a specific context that is undergirded by a particular ideology, Barton finds that literacy is called up in talk and in text in ways that allow the doctor to leverage power. When conflicts arise between doctors and families, doctors frequently rely on medical literacy or text-based warrants, such as what medical research suggests or what one's chart says, to further their points. Barton's analysis reveals that "assumptions about literacy form an important part of the background of institutional discourse systems" (p. 432). Her work helps to establish that doctors hold institutional power in doctor-patient relationships.

Alongside Barton (1997), a number of scholars explore different facets of discourse in doctor-patient relationships. For example, Sue Fisher and Stephen Groce (1990) examine doctor-patient interactions with a particular focus on accounts, or explanations for behavior or actions. Fisher and Groce uncover several interesting findings that contribute to an understanding of the ways doctors maintain control in doctor-patient conversations. For example, they discover that patients give more than three times as many accounts as doctors, which speaks to their position of lesser power.

Furthermore, doctors' accounts are typically justifications, which can strengthen an argument, while patients' accounts are an even mix of justifications and excuses. They write, "Doctors, by virtue of their location in an institutional order, have medical knowledge and technical skills that patients lack – knowledge and skills that enable them to exert considerable control over medical interactions" (p. 240). Yet patients are not entirely powerless. Because patients' accounts are appended, or added onto a discursive move about a different topic, "patients' accounts function strategically. They not only allow patients access to the conversational floor, they also provide a conversational space for them to insert information and establish their credibility" (p. 240). In this way, patients use the conversational resources they have to leverage power in situations where doctors are positioned to have more power.

Nancy Ainsworth-Vaughn (1992) also studies doctor-patient interactions and focuses on topic transitions, or the ways in which doctors and patients change topics. The transitions can be categorized generally into two types: reciprocal, in which the speaker acknowledges what the other person has said before changing the topic, and unilateral, in which the speaker changes the topic without acknowledgment of what the other person has said. Unilateral transitions can be a way to exert one's power. Ainsworth-Vaughn finds that doctors use more unilateral transitions on average than patients, arguing that "physicians are much more likely to exercise power unilaterally than patients" (p. 423). She also finds that female physicians use more reciprocal transitions on average than male physicians, which supports cultural norms that women have less of a tendency to leverage power than men.

Patricia Dunmire (2000) examines the interplay between rhetorical conceptions of temporality with genre and uses data from nurse practitioner-patient interactions to exemplify this process. The rhetorical elements of temporality include *kairos*, or the choice to talk about an appropriate topic at the right moment, and temporal exigence, or the time restrictions that shape what type of talk gets done in a given duration of time. These elements help to shape genres, and the selection of specific genres allows speakers to manage time. Case studies of a nurse practitioner's conversations with two patients reveal the ways the nurse practitioner uses specific types of subgenres to manage conversations with patients. The choices she makes at times extend the duration of these conversations and at other times limit the duration. In addition to the claims Dunmire makes about genre and the rhetorical components of temporality, she also reveals the ways a medical professional holds a certain amount of power in controlling the discourse within a doctor-patient relationship. She also explains examples of the ways patients attempt to leverage power by, for instance, extending the length of the consultation and going against the nurse practitioner's attempts at ending the session.

A number of scholars describe the problems that elderly patients face when interacting with doctors. In an essay arguing for the need for feminist scholarship to critique ageism in society, Calasanti & Slevin (2006) describe the many ways that the elderly are discriminated against. They write, "Many view old age as a 'natural' part of life with unavoidable decrements – an equation apparent in the medical doctors' treatment of symptoms as 'just old age' rather than as signs of illness or injury that merit

care" (p. 8). The problem with this attitude is that it assumes that aging means bodily decline, and problems that should be treated by medical professionals go untreated.

Coupland and Coupland (1994) conduct a study of interactions between doctors and elderly patients and find that doctors can downplay medical problems by blaming age. Examining 102 interactions between doctors and patients, the researchers found that patients often blame their age as a cause for their medical problems, and doctors often accept that excuse. They find that if elderly patients are not blaming problems on age, they are making a case for good health in spite of age. The authors write that both of these constructions contribute to ageism and can get in the way of a productive dialogue between doctors and patients.

Seniors' Uses of Literacy

Studies on older adults' literacy practices are limited. Ruth Ray (2000) breaks new ground with her large-scale study of senior life writing practices in writing groups. While others follow her lead in studying seniors' literacy practices, there still are relatively few senior-specific inquiries. A greater emphasis is made on seniors' *technological* literacy, a focus explored by McKee and Blair (2006) and Bowen (2012).

Ruth Ray (2000) makes one of the earliest entrances into the study of seniors' literacy practices with her book, *Beyond Nostalgia: Aging and Life-Story Writing*, where she studies several senior writing groups to obtain a better understanding of aging from a feminist perspective. She recounts in rich narratives the ways seniors interact with one another in writing groups and how they write about their lives and their aging identities in their life stories. Ray describes how participants construct their age in life writing through

identifying with generational cohorts and how they differentiate between their chronological ages (the number of years they have lived) and their social ages, or the age that they feel and perform. Ray also identifies the different ways seniors construct age depending on their race, class, and gender. For instance, women write about their lives by discussing people and relationships, while men talk about accomplishments. Furthermore, black women tend to write about themselves in relation to religion, and they often tell their stories as survival tales. She concludes by reiterating that these stories are ways that people socially construct themselves, and that there is a dialectical relationship between one's social situation and one's personal construction: "The very least that should happen in writing groups is a raising of consciousness through which older writers become aware of the patterns underlying their stories and learn to use them more deliberately to empower themselves and others" (p. 105). Finally, Ray looks at how generations are distinguished through "age-related social roles, assumptions, and expectations" (p. 225). She notes that people find it hard to relate to individuals from other generations, which is a form of ageism. Individually, we have to de-center ourselves and our perspectives and see how others' perspectives can be valued.

Ray's argument about the way language socially constructs age is based on the idea that language constructs perceptions that can serve to marginalize some and not others. Social constructivism is the idea that "mind, thought, self, and reality are largely products of history, culture, and language" (Ray, 2000, p. 18). Concepts that we take for granted, such as the idea that having a disability is having a deficiency, are rooted in culturally sanctioned actions and language that help to reiterate those concepts. The

assumption that one dividing line between normal and deficient is the ability to use staircases is a culturally and arbitrarily constructed concept that is reiterated through the prevalence of staircases in our culture as well as the language we use to talk about them (e.g., "wheelchair-bound" is a term that connotes the negativity and inherent deficiency in wheelchair use). As Ray (2000) notes, language plays a part in this social construction, and an individual plays another part in her own construction: "Not only does society constitute the self, but individuals constitute themselves within social interaction. Individuals have different perspectives on themselves, depending on the context" (p. 20). One's construction of the self, then, can help to draw socially constructed barriers that contribute to one's oppression.

Ray notes that researchers of senior writing groups need to be acutely aware of the purposes of the groups one studies so as not to disrupt the local ecosystem. Written narratives are how people understand their own lives and their sense of selves, so critiquing another's writing is like criticizing the person: "Differences in the use of language, in writing style, and in narrative scripting reflect generational differences in values, beliefs, and practices of self-representation" (p. 234). Researchers must be aware of these generational differences so that their presence in senior writing groups is productive and not disruptive. She concludes by arguing that feminists need to "deal successfully with conflicts across age groups [by dealing] with the conflicts in our aging selves" (p. 240).

Ray makes a number of contributions to writing studies by identifying the norms of these writing groups and expanding the literature on writing groups, but she also

makes claims about elderly writing and identity construction specifically. She finds that writing about one's life in elderly writing groups is writing one's identity, and the aged identity often gets expressed in participants' writing and discussions about their writing. Seniors can discursively construct their ages by identifying with a generational cohort through emphasizing shared values and experiences. For example, participants talk about things that were relevant to them as children in the Great Depression, such as financial security. Ray argues, "All of the stories repeated in this chapter confirm how age identities are socially constructed – how they surface and are negotiated, in this case through talk among members of the same generation" (p. 64). Ray finds that participants in elderly writing groups construct their identities as aged in specific ways that relate to their membership of a certain group of people who experienced similar social and national events and struggles.

A group of scholars recounts how they pair university students with elderly partners to write life stories through service learning projects (Rumsey, Ray, Bowen, & Hillard, 2012). The scholars are interested in "what compositionists might gain from studying writers at the farthest end of the life course as they interact with younger, traditional, college-age writers" (p. 206). In various service-learning projects that pair university students with disabled, ill and/or dying seniors sometimes located in nursing care and hospice facilities, the scholars find meaningful interaction and mutual benefit and learning in these projects. The projects are varied but include students writing the life stories of seniors or students helping seniors craft their own narratives or poems, and

sometimes seniors writing the stories of the youth. Most of the projects take a

nontraditional approach to community literacy studies as described by Kesler Rumsey:

> The community action we performed was not focused on knocking on
>
> legislative doors, writing grants for community centers, or facilitating
>
> programs for community development or literacy initiatives. Instead, we
>
> performed small acts of service for single individuals or small groups,
>
> assisting patients in recording family memories, and attending to older
>
> adults in the final years of their lives. (p. 218).

The work of listening and giving voice to seniors' stories allows compositionists to see

literacy as "not just symbolic systems of meaning: they are also *acts*, what Prior and

Shipka (2003) describe as 'nothing less than ways of being in the world, forms of life'"

(p. 181). In other words, language and literacy are more than just letters that form words

that encode messages, but when used, they are actions that people do in relationship with

other people. In viewing writing as an act, the scholars note that the collaborative work

between students and the elderly allows for learning on both sides and allows for the

storytelling of transitional experiences in the lives of seniors to be recorded and given

meaning. To accomplish the types of service learning work that these scholars undertake,

teachers must be open to radical approaches to writing and meaning making.

Lauren Marshall Bowen (2012) makes a poignant connection between literacy

and aging studies in her claim that "both literacy and aging are in part rhetorical

activities" (p. 438). She describes the inherently rhetorical – and hence, social – character

of both literacy practices and the rhetorical construction of age. About literacy, she

writes, "Literacy scholars have brought rhetorical studies to bear on literacy in order to ascertain how dominant and resistant rhetorics might impact perceptions and uses of literacy in particular identity groups and communities (see, for example, Cushman; Duffy; Eldred and Mortensen; Powell)" (p. 438). In other words, as social practices, literacy activities get taken up, positioned, and construed in different ways for different purposes by different people, groups, and institutions, as Brandt has long argued. Brandt writes, "As a result of wins, losses, or compromises, institutions undergo change, affecting the kinds of literacy they promulgate and the status that such literacy has in the larger society" (Brandt, 1998, p. 177). The ways powerful people position and talk about literacy practices affects the "status" of those practices.

Bowen explores the way a powerful senior institution – AARP – positions seniors in relationship to technologies they might find useful. She examines print and digital publications by AARP to describe the ways the texts restrict the available ways seniors might use technology. She found that the texts relate technology to disabled bodies by marketing technological products, such as electronic scooters, to seniors facing bodily decline. The texts also promote an attitude of anxiety surrounding use of new technologies. Finally, even though AARP uses Twitter and other social media to communicate with members, it does not advertise to or inform people who do not already use social media, failing help those unfamiliar with these tools to gain access to them. Ultimately, the limited ways in which AARP publications represent seniors' uses of technology shape a particular image of seniors that makes it "difficult to expand the social roles of older adults and the meanings of old age and aging" (p. 453).

Heidi McKee and Kristine Blair (2006) also have studied the ways seniors acquire technological literacy through "community-based programs" in two separate programs that each of the scholars spearhead. While they do not take a community literacies approach as defined by Long (2008) and Flower (2008), their work with seniors leads them to an understanding of the benefits of community literacies approaches that these scholars promote. McKee and Blair's study recounts the development of seniors in technological literacy programs held at senior centers in their respective communities, and they discuss the barriers to seniors' learning technological literacy as well as the benefits gained from it. For instance, they recount actual, physical barriers that some seniors encounter when attempting to use computers, like poor eyesight and arthritis. They also identify internalized ageist assumptions in seniors' talk that shows a lack of confidence in developing their technological literacy skills. Yet developing this literacy also develops confidence, in addition to enhancing social connectivity and identifying new learning techniques and the benefits of family support. McKee and Blair's successes and failures teach them how a senior technology literacy program might be successful, and they call for programs to include a balance among the "functional, critical, and rhetorical literacies" that Selber (2004) calls for (McKee & Blair, 2006, p. 33): interpersonal and community support, and enhanced access to time with computers through financial support. McKee and Blair's study is interlaced with reflections on how their own ageist assumptions impact the direction and tone of the technology literacy programs, and they learn that a partnership with seniors might help to break down the barriers of difference:

> Grace [a senior center director of activities] suggested that Kris [Blair] try to learn from the students she would teach in a manner consistent with models of service learning and community literacy that promote reciprocity rather than 'othering' as well as Ray's call for feminist researchers and teachers to learn from differences. (p. 17)

Following the lessons learned from their technology literacy programs, McKee and Blair call for technological literacy programs for seniors to be developed in partnership with seniors, which is a tenet of community literacy projects.

Theorizing Aging and Disability

Theories on aging and disability evolve in parallel fashion. With the social turn, aging and disability are considered to be social constructions. However, in both social gerontology and disability studies, this argument recently is critiqued because it leaves out theorizing the material body. Lately, scholars argue to include the body in studies on aging and disability. In this section, I describe these two fields' simultaneous evolutions and the ways they inform my study.

Scholars in social gerontology and disability studies analyze the ways aging and disability are socially constructed. Within aging studies, scholars call for additional examinations of the ways people use language in interaction with others to construct aging identities (Nikander, 2009). Coupland, Coupland, and Giles' study (1991) breaks ground in the field of social gerontology with its explicit focus on how sociolinguistics can inform the way we understand old age. From an interactional perspective, which looks closely at the ways conversations develop, the researchers study conversations

between elderly and young women and discover that the elderly construct themselves as old in several ways: by disclosing their age, relating to an age-identifying category, and discussing their declining health, among others. Calasanti & Slevin (2006) come to similar conclusions that age is a socially constructed identity. They write that age is a "social organizing principle" in that it proscribes identities onto individuals, and with those identities are proscribed behaviors and ways of being. In other words, one adopts the identity of "old" through behaving like an old person. While one can avoid adopting an old identity through avoiding adopting an "old" discourse (Gee, 2012), Calasanti and Slevin argue that this attitude marks aging as a negative thing. They write that with all of the social problems that old people face, including poverty and discrimination, age relations needs to be systematically explored.

The field of disability studies also contributes to understanding the social construction of bodily difference, and its theories apply to this study and align with many theories in social gerontology. Lennard Davis (2010) describes how disability is socially constructed through the concept "normal." The term "normal" comes into being in the English language in the mid-1800s with the advent of statistics. The norm in statistics is the place along a scale (that measures something like height or intelligence) in which most people in a given population fall. Outliers become abnormal and deviant. Davis explains, "So, with the concept of the norm comes the concept of deviations or extremes. When we think of bodies, in a society where the concept of the norm is operative, then people with disabilities will be thought of as deviants" (p. 7). Yet the eugenicist movement allows for a new way to look at the bell curve that divides the curve into four

ranked quartiles; those at the far-right end of a quartile for height – the tallest – are the highest ranked group. Davis argues that the concept "norm," the bell curve, and the ranked quartiles of the curve lead to the stratification of difference.

The concepts "normal" and "deviant" inform research on disability in society. Shakespeare (2010) describes how the field of disability studies is founded on the social model of disability, which, like the concepts "normal" and "deviant," understands disability as socially constructed. The social model of disability distinguishes between impairment, which is a biological, personal difference within one's body, and disability, which is society's reaction to impairment through excluding people with impairments. The social model contrasts with the medical model, which identifies the problem as a physical one located in the disabled person's body; the problem can be fixed through medical intervention. On the other hand, the social model locates the problem in society, and the problem can be fixed through changes in society such as "barrier removal, anti-discrimination legislation, independent living and other responses to social oppression" (Shakespeare, 2010, p. 268).

The scholars mentioned thus far focus on the social construction of age and disability, but others argue that focusing only on social or discursive construction excludes understanding of how the material body factors into the construction of age and disability. If language constructs age, then does the body not matter? Coupland (2009) argues that the body does matter insofar as its numerical age represents a figure that can be discursively understood. But other scholars have wanted to go beyond an understanding of the discursive construction of the body's chronology. Oberg (1996) is

cited by many scholars as being the first to call for bringing the body back into the scholarly conversation about the social construction of age not just by looking at the social construction of the body, but by looking at the body's actual, lived experience and how that contributes to a person existing as an elderly individual. To understand lived experience, one must study both social construction and the body's materiality.

Oberg reflects on the mind-body dualism that exists in Western thought, briefly reviewing its iterations from the Ancient Greeks to Descartes up to the present day. He notes that this same dualism is present in social gerontology and geriatrics and finds its way into the discourse of contemporary elderly people. Therein lies the paradox. That which makes one old is one's body, both the changes that the body undergoes and the way that age is experienced through the body. Yet the body is often absent from studies in social gerontology. Oberg cites several scholars who have conducted studies on elderly people and who have found that many old people experience the "mask of ageing" (Featherstone and Hepworth, 1991), or the sense that one's self or spirit transcends age and maintains agelessness while one's body physically declines. Through biographical interviews, Oberg finds that mind-body dualism, while originally presumed to exist throughout the discourse of all aged people, actually shows up more starkly in the talk of those who use the concept to distance themselves from the problems of their bodies. Based on his finding that mind-body dualism is associated with negative conceptions of the aging body, Oberg suggests that we need to reconsider the way we perceive the mind and the body. If, for example, we consider the mind and the body as unified, this might serve as a way to find value in the aging body: "This would help us orient ourselves and

look forward to a good old age and, in fact, to see ourselves as being old in the first place" (p. 716). Rather than perceiving aging as negative and preparing ourselves to distance our inner selves from that experience, we must consider the positive aspects of aging and embrace that we, both body and spirit, age and benefit from that experience.

Twigg (2004) makes a similar argument for exploring lived experience in the lives of elderly people. She argues that in understanding what it is to be old, social constructivist thinking, rooted in Foucault, argues that old age exists entirely within discursive and cultural production. However, Twigg argues, physical reality cannot be denied because physical pain and death always exist external to discourse. Twigg argues that

> it is for this reason that aging studies, together with work on pain and chronic illness, has been one of the key sites for the development of more philosophically complex sociologies of the body that challenge the excesses of postmodern epistemology and that place the phenomenon of embodiment at the heart of analysis (Williams & Bendelow, 1998). (p. 63)

Twigg argues that because the body exists outside of discursive and cultural constructions, to get at a fuller understanding of the lived experience of an individual, we must understand what it's like to live as that individual, to be embodied as that individual. She argues that we must explore "how older people especially frail older people experience embodiment. The body is clearly central to old age, and we need to know more about how people feel about this, what constructions and understandings they bring to bear on it" (p. 67). Twigg asks us to consider the body in our research into old

age by researching the body's lived experience. She ultimately calls for the addition of the body to our understanding of the way old age is socially constructed. This creates a dialectical relationship between the social construction of the aging body and the physical, aging body itself: We must research how discourse helps to construct the body as well as how the actual physical body impacts the discourse that surrounds it.

Several scholars examine the "lived experience" of aging through the use of discourse. Tulle (2003) describes his study of runners ages 40 to 80 and discusses the ways they talk about the physical experience of aging. Many don't recognize aging as having an effect on their running until they measure their pace and see that it has slowed. Others do have a physical sense of a loss of speed and strength. He concludes that for many runners, the body has physical capital in that it has the ability to maintain certain paces. This physical capital helps to maintain one's identity as a runner, yet aging depletes this physical capital.

Another study that examines seniors' lived experiences is Whitaker's (2010) analysis of conversations with seniors in nursing homes. She argues that the oldest old often are neglected in research on elderly and conducts interviews with 30 nursing home residents. She describes how the spatial constraints of the nursing home institution help to define the ways seniors describe their lived experiences. For example, seniors describe having lost control over their bodies, noting the institution's constant attention to pain and body-care work. Residents also explain their lived experiences by describing their bodies as foreign to them and attempting to normalize their bodies with clothing and

makeup. Whitaker's work contributes to research that explores seniors' lived experiences through analyzing talk.

As discussed above, social gerontology recently calls for examination of the lived experience of the aging body. Similarly, recent calls in disability studies seek to examine the same phenomenon. Disability studies scholars find value in understanding the social model of disability, which identifies impairment as bodily problems and disability as the social reaction to impairment. This helps to locate the problem of disability in society, but it also leaves the physical problems of impairment to the medical realm. Hughes and Paterson (1997) call for a sociology of impairment, or a way to socially theorize the impaired body. Hughes and Paterson write that post-structuralists such as Foucault and Butler have constructed a sociology of impairment by identifying the ways language and social conceptions name somatic experiences: "Without language, one cannot make sense of an impairment or the bodily sensations that constitute it. … [S]omatic sensations themselves are discursively constructed" (p. 332). While this approach allows for a sociology of the body, it erases the material body from human experience. Hughes and Paterson (1997), citing Shakespeare & Watson (1995), explain this problem well:

> The sociology of the body, largely because of its domination by post-structuralism and post-modernism, actually loses the palpable body that it seeks to explain. Post-structuralism replaces biological essentialism with discursive essentialism. The body becomes nothing more than the multiple significations that give it meaning. (Hughes & Paterson, 1997, p. 333)

Hughes and Paterson argue that by focusing on the body's social construction, the material body is ignored.

To address this problem, Hughes and Paterson turn to phenomenology. A phenomenological approach to impairment/disability collapses the Cartesian mind/body divide: "Phenomenology interrogates the 'felt world' in which the carnal, the emotional, the cognitive and the cultural are indistinguishable. 'Lived experience' is itself a concept that refers to the collapse of these analytically separable domains into a perceptual unity" (p. 336). Impairment is a physical, somatic experience while at the same time that experience is colored by cultural constructions of that experience. Likewise, disability is a social construct that simultaneously is "embodied as 'suffering'" (p. 336). By interrogating "lived experience," Hughes and Paterson suggest a new approach to theorizing the impaired/disabled body.

Tobin Siebers (2008) explains the phenomenological approach to impairment/disability through his "theory of complex embodiment" (p. 22). This theory acknowledges the co-construction of impairment/disability as both bodily and social:

> The theory of complex embodiment raises awareness of the effects of disabling environments on people's lived experience of the body, but it emphasizes as well that some factors affecting disability, such as chronic pain, secondary health effects, and aging, derive from the body. (p. 25)

Siebers explains that the medical model of disability ignores any social representations of the body, and the social model views society as the sole phenomenon that constructs disability. The complex model positions the social and bodily reciprocal actors: the social

affects what the body is and does, and the body affects its social construction. This type of thinking revises theories of social construction by arguing that knowledge is constructed by both social and physical actors. He writes,

> Rather than viewing representation as a pale shadow of the world or the world as a shadow world of representation, my claim is that both sides push back in the construction of reality. The hope is to advance discourse theory to the next stage by defining construction in a radical way, one that reveals constructions as possessing both social and physical form.

Siebers' theory of complex embodiment moves beyond the social model to understand knowledge as constructed through both physical experience and social construction.

Situating this Study

Social gerontologists call for examining the lived experience of the aging body to gain a better understanding of what it means to be old. Alongside several social gerontologists (Tulle, 2003; Twigg, 2004; Whitaker, 2010) and informed by disability studies scholars (Hughes & Paterson, 1997; Siebers, 2008), I argue that discourse, which pushed the body away from the study of aging and disability, can be used to bring the body back in to the conversation. This study explores lived experience, or the dialectical space between discourse and materiality, by examining the ways seniors use literate practices to manage their bodies. The study attempts to transcend the space between these dialectical poles of discourse/social/cultural construction and body by asking, how does the use of literacy practices, inherently discursive, intersect and interact with the body? By asking, how do seniors use literacy practices to manage the aging body?, I open the

door to a number of inquiries that can characterize the dialectical space between social construction and materiality: In what ways do seniors use literacy practices to interrogate their bodies, to empower their bodies, to construct identities that relate to the body, to feed the body, to change the body, to heal the body, and to understand the body? These questions are relevant because they help us get at a better understanding of the lived experience of aging and may provide insight for professionals who work with and communicate with seniors and for seniors seeking to understand their embodiment. As a study that is situated within rhetoric and composition, this inquiry brings to the forefront literacy practices (Vieira, 2013). Vieira writes that focusing on literacy practices allows us to trace the players involved in those practices (Brandt & Clinton, 2002) and to make claims about the way power is enacted.

The focus of this study can be expressed through a matrix that maps out the arguments of several scholars and identifies several contemporary researchers' points of inquiry as well as this study's contribution (Fig. 1.1). The matrix is structured by two horizontal and parallel dialectical pairs. In the top pair, the term "literacy practices" is on the left and the term "texts" is on the right. Horner (2013) warns against a focus only on literacy practices because he is concerned that a focus on context will assume that context is determinative. He also warns against a focus only on texts out of a concern for "fetishizing" the textual features of texts in a given study. He argues that the focus needs to be on the ways in which "the labor of these groups" generate "literacy, texts, practices, and contexts" (p. 6). Thus, Horner calls for a focus on the dialectical relationship between context and text in order to examine the literacy work that gets done; his contribution to

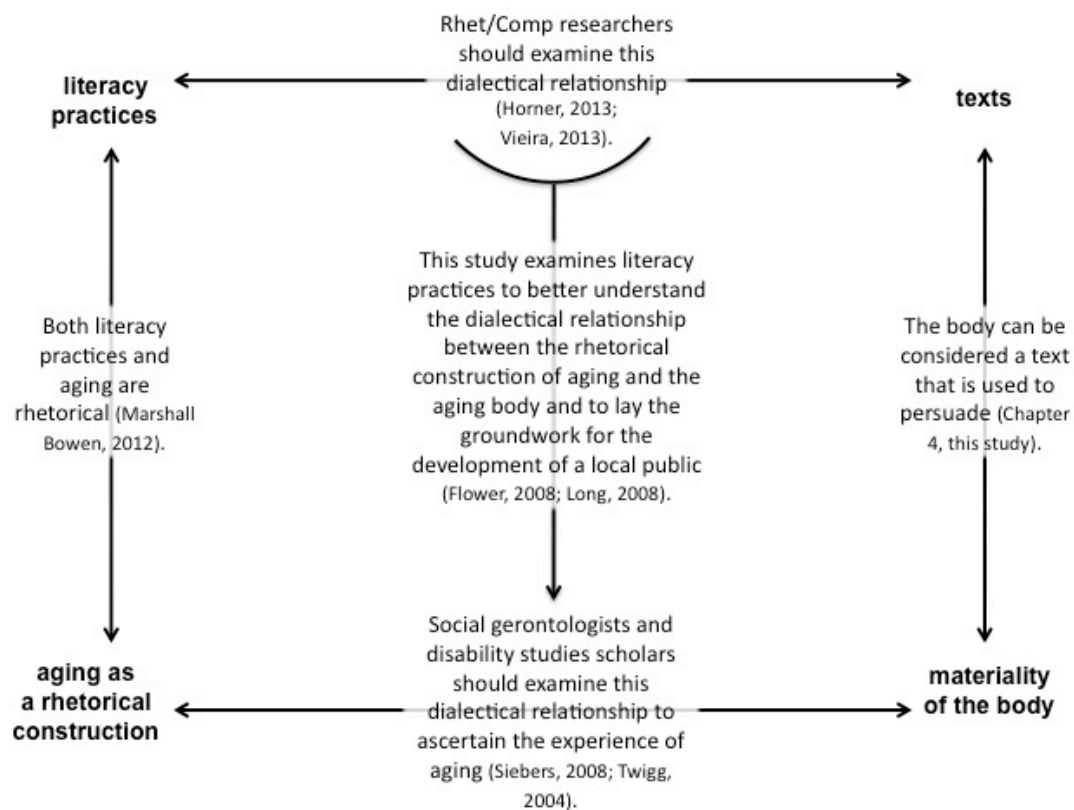the matrix is in the middle of that dialectical pair.

Rhet/Comp researchers
should examine this
literacy   dialectical relationship   texts
practices   (Horner, 2013;
                            Vieira, 2013).

                            This study examines literacy
                            practices to better understand
Both literacy   the dialectical relationship   The body can be
practices and   between the rhetorical   considered a text
aging are   construction of aging and the   that is used to
rhetorical (Marshall   aging body and to lay the   persuade (Chapter
Bowen, 2012).   groundwork for the   4, this study).
                            development of a local public
                            (Flower, 2008; Long, 2008).

                            Social gerontologists and
                            disability studies scholars
aging as   should examine this   materiality
a rhetorical   dialectical relationship to   of the body
construction   ascertain the experience of
                            aging (Siebers, 2008; Twigg,
                            2004).

Fig. 1.1: Matrix of Relevant Arguments

In the bottom dialectical pair, the left side represents the concept that aging is a

rhetorical construction, something that has been asserted by social gerontologists for

many years (Coupland, Coupland, & Giles, 1991). On the right is the material body, a

component that recent social gerontologists and disability studies scholars have identified

as necessary to bring back into the conversation about the construction of differently

abled bodies. Twigg (2004) and Siebers (2008), as well as others in social gerontology

(Oberg, 1996; Tulle, 2003; Whitaker, 2010) and disability studies (Hughes & Paterson,

1997), have made explicit calls for the examination of the dialectical relationship

between the rhetorical construction of the aging body and the material body to better

understand the experience of aging and/or disability; this dialectical space is "lived

experience" or "embodiment."

The left-hand vertical relationship between literacy practices and aging is

characterized by Bowen's astute point that literacy practices and aging are both

rhetorical. Literacy practices are valued or devalued based on the rhetorical push and pull

of individuals and institutions, just as aging is given and rescinded value as it is

constructed by rhetorical tools (Bowen, 2012).

Rhetoric and composition scholars call for the study of literacy practices, or the

dialectical relationship between texts and their contexts (Horner, 2013; Vieira, 2013), a

call that is represented by the middle space in the top horizontal line. I take up that call by

placing my focus specifically on literacy practices (Vieira, 2013) and using that as a lens

to explore the dialectical space that has been highlighted by social gerontologists as

important to examine in order to develop a better understanding of the aging body. In

focusing on literacy practice, I discuss the importance of making connections between

local-level practices and global-level influences (Brandt & Clinton, 2002). Furthermore, I

finish the matrix by making a connection between texts and the body – the right vertical

line – in Chapter 4, where I argue that the body functions rhetorically and can be

theorized in similar ways to literacy practices.

Additionally, the context surrounding this matrix impacts its specific location

within the field of rhetoric and composition. I argue that my study is an examination of

local literacies (Barton & Hamilton, 1998) in that it explores how seniors use literacy practices in their daily lives to manage the body. The study itself does not constitute a study within community literacies because it does not explore a *local public* space (Long, 2008) in which a social problem prompts community members' literate action to address it. Yet while this study does not examine a local public, it fleshes out some relevant questions about the local literacies of seniors, thus providing the groundwork on which a local public space can then be generated. More specifically, Flower (2008) underscores that local publics, as rhetorical spaces prompted by the exigency of a problem, should be identified and generated within a community and not identified and imposed on a community by institutions, such as universities. This study provides some insight into some of the common problems that seniors deal with and the ways they already use literacy practices to manage them. By working with participants to identify common problems, this study might then open up space for a local public to form with the *assistance* of university partners but not at the *direction* of them. This study provides the base knowledge of literacy practices and the relationship building that can then lead to a community literacy project.

Furthermore, this study contributes to the understanding of seniors' lived experience by characterizing the dialectical space between the rhetorical construction of the body and the material body. This answers calls by disability and aging theorists to examine this space. In addition, the study puts the focus on literacy to understand if and how it might reveal characterizations of lived experience.

Overview of the Study

Chapter 2 discusses the methodology and methods for the dissertation. The chapter provides definitions of major terms used throughout the study. It argues for the need and the implementation of a feminist methodological framework by describing the ways it uses transparency, reflection, and reciprocation throughout the conception, design, implementation, and representation of the study. The chapter also describes the use of grounded theory principles, the selection of a research site and participants, the use of a variety of methods including participant observation, focus groups, and interviews, and finally the evolution of the research question and the development of the study.

Chapter 3 examines how participants use texts to manage the body. An analysis of participant interview transcripts shows the ways participants perceive authority and hegemony in doctor-patient relationships. This analysis provides a backdrop for a more specific analysis of the ways seniors use literacy practices in doctor-patient interactions. I propose a visual model for how people use literate practices to leverage control over the management of their bodies. The chapter concludes with a hypothesis for a new way of understanding how literacies get used: this concept is termed *embodied literacies*.

Chapter 4 examines the ways participants' talk about the literacy practices relating to their bodies blurs the conventional understanding of text and literacy. Part I describes an analysis of the ways participants display rhetorical awareness of each others' bodies by acknowledging the persuasive power the observation of another's body has on them, or the persuasive power their bodies have on others. Part II describes the ways participants talk about literacy and reveal a "new literacies mentality" (Knobel &

Lankshear, 2007). The chapter aligns with current research on seniors' technological literacy practices (McKee & Blair, 2006) by questioning the assumptions that seniors lack the capacity for technological literacy. Because the chapter examines the use of new literacies for exploration of aging bodies, it also posits an argument that the dialectical space between the rhetorical construction of aging and materiality can be characterized as cybernetic, a distinct turn from common assumptions that seniors are tech-less.

Chapter 5 summarizes the conclusions of Chapters 3 and 4 and discusses the ways this study contributes to the field. Specifically, the chapter describes contributions to the understanding of the dialectical space between rhetorical construction and materiality, literacy studies, and senior writing studies. The study's limitations and implications for future research also are described.

Chapter 2

Theoretical Approach, Methodology and Methods

Qualitative research rooted in grounded theory principles requires a flexible and adaptable study design. Unlike some research methods that allow one to formulate a hypothesis and then set up a study to prove or disprove that statement, this type of research requires that the researcher's questions and the data be permitted to influence each other in a reciprocal fashion. I approached my research site and began to collect data with several research questions in mind. But as the study progressed and data was collected, I discovered that some forms of data were more fruitful for answering the research questions than others. This prompted a change in methodological plans that required the recruitment of additional participants. Furthermore, as I collected data, the data indicated a need to revise and refine the research questions to ensure that the research questions asked about something that the data could answer. This type of flexibility is necessary when conducting qualitative research because the research process is a reciprocal one that needs room for constant evolution: newly collected data sheds light on research questions in ways that help to hone the research questions, and this change, in turn, affects the types of data that become necessary to collect. In this chapter, I first describe the qualitative methodological approach used in the study and outline the study's goals. I then define the terms used throughout the study. Following the definitions, I explain my initial study design and the changes that were made as the study

progressed, illustrating the ways grounded qualitative research must embrace flexibility in order to allow the data to reveal the best questions to ask as well as the most accurate answers to those questions. Finally, I describe how data is coded, organized, and analyzed.

Grounded Theory: Principles and Goals

Glaser and Strauss (1967) write that grounded theory is a qualitative approach to research by which theory is generated from a close analysis of the data under study. In a grounded theory approach to research, researchers understand that knowledge is situated in social contexts and constructed based on individuals' mutual understanding of subjective observations. Objectivity is an unrealistic goal as every researcher brings to the research site a set of assumptions and worldviews that shade her interpretation of the data. While alternative approaches to social research might identify an existing theory and test that theory with new data, grounded theory seeks to generate new theory based on a close analysis of new data. New theories, developed based on the generative analysis, are not generalizable but apply to the data that was studied. Theories are never quite "finished," even after studies are published, because new data might provide insights that require revisions of existing theories. Verification of theory is less relevant than generating theory based on a close analysis of the data. Glaser & Strauss (1967), who created a systematic process for grounded theory, write,

> There is no fundamental clash between the purposes and capacities of
> qualitative and quantitative methods or data. What clash there is concerns
> the primacy of emphasis on verification or generation of theory – to which

heated discussions on qualitative *versus* quantitative data have been inked

historically. (p. 17)

Grounded theory is concerned with generating a revisable theory based on even a small

data set as opposed to collecting data to verify an existing theory that might be

generalizable to a larger population.

I take a grounded theory approach to this study. This approach is valuable because

it allows for the close examination of a data set that can result in rich description of what

is going on in a particular area of interest. This stands in contrast to studies that collect

much larger amounts of data from many participants and that aims to make generalizable

claims. In doing grounded theory, what is lost in generalizability is gained in conducting

a fine-grained analysis that describes in great detail the nuances of a particular

phenomenon in the data.

Grounded theory requires several steps that must be approached flexibly as

researchers work recursively through the various stages of research. This means that there

is not a rigid set of steps that must be followed precisely for grounded theory to work.

Instead, the researcher must follow her intuitions in deciding when to move to a different

stage of the research process. The following steps, which are a synthesis of Glaser &

Strauss' (1967) description of grounded theory and Corbin & Strauss' (2008) description

of grounded-theory-based qualitative research, generally transpire as follows:

1. Identify a research problem and research question;

2. Identify research methods and begin to collect data;

3. Revise the research question to address the phenomenon the analysis of the data is bringing to light; continue the analysis with the revised research question;

4. Generate categories based on phenomena noticed within the data;

5. Generate conceptual themes that explain how the categories relate to one another; and

6. Generate substantive or formal theory.

This study works through all of the above steps except for the final two steps, which describe generating theory. While my study generates an explanatory schema that explains the data and how it functions, it does not generate theory. To generate theory, the researcher must generate an explanatory schema in one research site, then collect new data in a second site and see if it also functions well in the explanatory schema. My study does use two sites for analysis, but they are treated as a single collection of data because the analysis and generation of themes was ongoing through the examination of both sites. In my study, I did not generate theory, but I did generate an explanation of the data. This explanation can be examined in light of additional data to generate theory in future research.

In the sections below, I describe the narrative of my grounded theory research process, including the evolution of the research question, the selection of research methods and collection of data, and the generation of categories and themes based on data analysis.

Definitions

It is important to establish the use of the terms "elderly" and "senior" within the context of this study. I avoid using the term "elderly" with participants because age is discursively constructed in interaction among interlocutors who use discourse to talk about themselves and each other as being part of a certain age group (Nikander, 2009). In other words, the use of terms like "elderly" is part of the way people construe their identities as elderly, so by using these terms myself, I would map those identities onto the participants before I have a chance to see how they perceive themselves. Instead of using terms such as "elderly," I use the general term "participants," describing the participants in the study, or the term "class members," referring to the individuals' membership in the yoga class. These terms accurately identify the participants (they all are members of the yoga class) without mapping onto them aged identities.

While I avoid use of the term "elderly" with participants and in the write-up of my study, I do at times use the term "senior" or "seniors" to talk about participants or about the population of seniors more generally. While one can argue that the term "senior" can function to map an aged identity onto individuals in a way similar to the term "elderly," the term "senior" is has a milder connotation in that it does not mark individuals as very old, or, to use the technical term, in "deep old age" (age 80 and up) (Twigg, 2004). Furthermore, the individuals involved in the study belong to a senior center; their choice in joining the center reveals their own selection of this identity marker, so applying that identity marker to them within the context of the write-up of the study seems appropriate.

I also need to clarify the terms "embodiment," "lived experience," and "materiality." I use the terms "embodiment" and "lived experience" interchangeably. It is generally agreed upon within social gerontology and disability studies scholarship that "embodiment refers to the ways in which bodily or corporeal processes are intertwined with and moulded by social processes (Woodward, 1997)" (Tulle-Winton, 2000). This aligns with Siebers' (2008) "theory of complex embodiment" in which social constructions and material reality work reciprocally to construct lived experience, or embodiment. Material, then, is the term used to identify the actual, physical body. Because the material body can never be perceived without a social lens, the material body is always referenced as part of the dialectical relationship with the discursively constructed body. That dialectical relationship is indexed by the terms "embodiment" or "lived experience."

The terms "literacy events" and "literacy practices" are terms that are "central to much literacy research today" (Brandt & Clinton, 2002). A literacy event, they write, "is considered a social action going on around a piece of writing in which the writing matters to the way people interact" (p. 342). A literacy practice, then, is "the socially regulated, recurrent, and patterned things that people do with literacy as well as the cultural significance they ascribe to those things" (p. 342). The terms literacy events and practices highlight the importance of social context surrounding literacy activities. Events are the specific, concrete activities that happen in a given moment, while practices are generalized and common activities that tend to happen within communities or situations. Literacy practices are such activities as a person reading a recipe to make a meal or a

student reading an assignment to complete her homework: they include both the literacy activity as well as the socio-cultural context that informs that activity.

Brandt and Clinton (2002) argue that the term "literacy event" places too much emphasis on the human agency in literacy activities. As discussed above, they call for a need to understand the text as agentive to better understand how literacy work gets done. They argue to replace the term "literacy event" with the concept "literacy-in-action," which implies the agentive nature of both human agents and textual agents within literacy activities. Because "literacy-in-action" is a rather cumbersome noun, I avoid its use in this study. However, I take up the spirit of Brandt & Clinton's approach by focusing on the agency of text within the analysis. For simplicity, in this study, the term "literacy practice" is used to talk about the activities that participants do where literacy plays an integral role.

Because this study explores new literacies, it uses Knobel and Lankshear's (2007) definition of "literacy," which, they say, is particularly functional for helping to maintain the integrity of the term "literacy" and for embracing the new literacies that have evolved in recent years: "In a similar vein we have recently defined literacies as 'socially recognized ways of generating, communicating, and negotiating meaningful content through the medium of encoded texts within contexts of participation in Discourses (or, as members of Discourses)' (Lankshear and Knobel 2006, 64)" (p. 4). Knobel and Lankshear then go on to define the terms of their definition. First, they pull from Scribner and Cole and Street to describe literacy as a social practice, which means that literacy practices are always done within a social context and for specific purposes or aims. Next,

they note that literacy must have content, which can be any "meaningful content," a term that they admit is "wider and looser than many literacy scholars might accept" (p. 4). Meaningful content, they say, can be not only the topic of a given literacy practice, but it also can be what users get out of that practice, such as engagement in relationship with others. Third, they describe "encoded texts" as those that use a linguistic system and that can exist independently of an author, be moved across space and time, and be reworked by someone new. Finally, they describe the term Discourses as Gee has defined it. Discourses are ways of speaking, writing, doing, and being that allows one to occupy a specific identity position within a specific social context (Gee, 2012). Knobel and Lankshear's definition aligns with Gee's definition of literacy as the acquisition of a secondary discourse (Gee, 2012).

This study also subscribes to Knobel and Lankshear's definition of "new literacies." They argue that literacy practices that include "new," digital technologies do not necessarily count as new literacies. Instead, new literacies are ones that take a new approach to how we think about text and communication. While new literacies can include texts that embody new technologies, they do not have to. Those new literacies that both incorporate new technology and are grounded in a new way of thinking about literacy practices are what they term "paradigm cases" of new literacies:

> The extent to which they are integrated into literacy practices that can be seen as being 'new' in a significant sense will reflect the extent to which these literacy practices involve different kinds of values, emphases, priorities, perspectives, orientations and sensibilities from those that typify

conventional literacy practices that became established during the era of

print and analogue forms of representation and, in some cases, even

earlier. (p. 9)

Paradigm cases of new literacies include media that are digitally contrived, yet their more

important component is that they prompt a new way of thinking about literacy and literate

practice. This concept will be discussed at greater length in Chapter 4.

Evolution of the Research Question

This section describes the way in which my research questions develop and

change over time. Qualitative research begins with research questions that are broad

enough to allow for a topic to be examined in some depth (Corbin & Strauss, 2008). The

articulation of an initial question then allows the researcher to collect data and examine

more specific, relevant problems: "The purpose of the question is to lead the researcher

into the data where the issues and problems important to the persons, organizations,

groups, and communities under investigation can be explored" (p. 25). Data collection

and more familiarity with the topic allow the researcher to refine the questions. Corbin &

Strauss explain, "The interesting aspect of qualitative research is that though a researcher

begins a study with a general question, questions arise during the course of the research

that are more specific and direct further data collection and analysis" (p. 27). Qualitative

studies require this ongoing, reciprocal process so that the problem can be refined based

on what the researcher actually finds in the field.

In an effort for transparency, I explain how this reciprocity played out in my

study. My research questions prior to the collection of the data were quite broad and

included several components. As I designed the study and began to collect the data, I

realized that my data collection methods would answer some of the research questions

but not all of them. In addition, one research question that is the central focus of both

analysis chapters was a minor question at the outset of the study.

My original questions were designed to explore two major themes and one minor

theme. I wanted to find out if seniors use discourse in ways that shed light on identity,

and if that identity relates in any way to age and/or disability. This became my first

question: Do seniors use discourse to construct identity? If so, how do seniors use

discourse to construct identity? The second major theme focused on the research I had

been reading in social gerontology as background to my study. Within social gerontology

and disability studies, the research (Oberg, 1996; Twigg, 2004) repeatedly concludes that

scholars must not presume that aging and disability are inherently negative things, but

instead, scholars must ask, What is the lived experience (or embodied experience) of the

aging or disabled person? This, then, led to my second major question: How do seniors

use discourse to construe the lived experience of the aging body? Finally, because I am in

the field of Writing Studies, I thought it prudent to take the interview opportunity to ask

about seniors' literacy practices and how they relate to the body, but I did not know if

these questions would lead to anything interesting or if the findings would fit the

overarching theme of the study. Still, I added a final research question: In what ways do

seniors use literacy practices to make sense of self and body? Thus, my first set of

research questions were as follows:

- Do seniors use discourse to construct identity? If so, how do seniors use discourse to construct identity?

- How do seniors use discourse to construe the lived experience of the aging body?

- In what ways do seniors use literacy practices to make sense of self and body?

As I collected my data, I realized that the types of questions I was asking (see Interview Questions, below) were not designed to answer the research questions as they were articulated. Specifically, the first research question asks about how seniors construct identity, but my interview questions focus on how seniors talk about the body. I realized that my interview questions were designed to inquire about seniors' conceptions of the aging body, and that the idea was that identity markers may be found in those conceptions. Therefore, I revised the research question to fit the data, and I created sub-questions to get at the related interest in how these bodily conceptions shed light on identity. This became my new set of research questions:

- How do seniors construe the body in talk?

  o In what ways, if at all, do age and disability intersect with these construals?

  o In what ways does talk[3] about the body and age and/or disability help to construct seniors' identities?

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[3] The verbs "construe" and "talk" are used purposefully in these questions. "Talk" refers broadly to the streams of discourse that people articulate about a certain topic. "Construe" refers to the specific representation of concepts in talk.

- How do seniors use discourse to construe the lived experience of the aging body?

- In what ways do seniors use literate practices to make sense of self and body?

The interview questions also were not going to help me answer the second original research question that directly asks about seniors' lived experiences. While I can conceive of a study that would allow for interviews to get at that research question, my study as designed would not. I thus cut that question from my study. The question set then became the following:

- How do seniors construe the body in talk?

    o In what ways, if at all, do age and disability intersect with these construals?

    o In what ways does talk about the body and age and/or disability help to construct seniors' identities?

- Do seniors use literacy to understand or manage the aging body? If so, how do seniors use literacy to understand or manage the aging body?

As I began to collect data, the third main research question that asks about seniors' literacy practices became significantly more interesting than I had predicted. I used analytical memos to examine the instances in the data where seniors talk about using texts, and a number of categories emerged among two themes (see Analysis, below). While these categories are a small cross-section of the data set, they are rich in the ways they explain seniors' literacy practices. A fine-grained analysis of these categories proved to be insightful in developing the second of the two main research questions. The analysis of these categories provided more than enough relevant description to fully characterize

and answer the second major research question. Because of this, I knew I needed to narrow the focus of the study to fewer research questions. I therefore decided to set aside the first research question and sub-questions and focus more space within the dissertation to sufficiently explain the phenomenon happening within the categories that answer the second major research question.

As I continued analysis, I found that seniors did not always describe the senior body, yet their discussions of their perceptions of the body were interesting and came from the senior's perspective. Therefore, I dropped the adjective "aging" from the research question. Additionally, the questions, Do seniors use literacy to understand or manage the body? and How do seniors use literacy to understand or manage the body? were able to get at some of the questions that were implied in the earlier research questions that ask about identity, power, and lived experience. After much research, writing, and reflection, the focus of my study became the following question:

- How do seniors use literacy practices to manage the body?

I choose to use the verb "to manage" in the research question and define it in specific ways. The data collection at this point in the study allowed me to see that seniors reportedly use literacy practices to enact some sort of change to the ways they think about or approach the way they care for the body. The precise things that seniors were doing to the body were not yet identified through analysis, but it was clear to me that participants were using literacy to alter their perceptions of their bodies or to change the ways they take action on the body. These activities are best encapsulated by the concept "manage" because this verb gets at the heart of what seniors are doing: making decisions about how

to think about and, sometimes, treat the body. Whether or not material bodily change was achieved was not the focus of my study, so I avoided verbs such as "to change," "to heal," or "to improve."

The evolution of my research question and the reciprocity that I describe above is partly due to the nature of qualitative research as described by Corbin & Strauss (2008) and partly due to the fact that I am a novice researcher. A more expert researcher would have more carefully aligned research questions with interview questions earlier in the study. Still, the mis-articulation of research questions allowed me to more carefully hone the questions that guide the study in its present form and perhaps generated questions that can be pinned for use in future studies.

Feminist Methodology

In conceiving of and conducting this study, I used a feminist methodological approach. Feminist methodology is not a set of methods designed for ethical research, but a mindset with which the researcher approaches the entire research process, from the formulation of the research question through the collection of data, data analysis, and representation of results (Takayoshi, Tomlinson & Castillo, 2012). A major tenet of feminist methodology is its reflective and transparent approach (Fonow & Cook, 2005, p. 2213). While a host of methods can be used in a feminist methodological approach, what is consistent among all feminist methodologies is that researchers are constantly reflecting on their methods and making them explicit to their audiences. Additionally, feminist researchers engage in reciprocity, which requires that the researcher consider the

ways she can give back to the participants who give her so much (Powell & Takayoshi, 2003).

I engaged in these feminist methodological tenets of transparency, reflection, and reciprocation in the design and execution of this study. To make my methods transparent, I kept track of the ways my methods are informed by scholars and how they formulated and evolved over time, and I make that process explicit in this chapter. To engage in reflexivity, I kept a journal, separate from analytical memos (Corbin & Strauss, 2008), that allowed me to reflect on my involvement with the project, the ways the project affected my thinking, my own biases and their potential impact on the study, the ways I conceived of participants, and the ways participants and I used language to construct ourselves and each other. Finally, to engage in reciprocity, I included within the design of my study the journal writing focus groups. The journal writing groups provided members with an additional activity and forum for community that may benefit them, as senior writing groups have been shown to have a positive impact on members (Ray, 2000). Furthermore, I maintained an open attitude toward other ways in which I might give back to participants, keeping in mind that participants' expectations of researchers may differ from what researchers anticipate (Powell & Takayoshi, 2003).

The personal journaling allowed me to reflect on the way I conducted the study and how closely I was adhering to feminist principles. I found the journal to be a helpful way of checking in with myself, my motivations, and my sensitivity to my participants, all things that feminist researchers need to constantly do. The writing in the journal allowed me to sort through some concerns I had over my actions and to improve my

approaches. But it also – perhaps more importantly – provided me with a space where I would exercise this type of reflection, which, in turn, made me more reflective in the moments where I was interacting with participants. Powell & Takayoshi talk about how feminist researchers must make decisions during the "moments of dissensus" – *kairotic* moments – that arise in the field and must be "prepared to look for moments of dissensus" before they arise (p. 416). I feel that my journaling allowed me to be prepared for these moments when they arose.

In my journal, I reflected on the way I treated people at the center – participants or administrative staff who were helping me recruit participants – and my own motivations for that treatment. For example, I wrote about an interview I had with Cindy. In the interview, Cindy shared some personal details about her life that related to sensitive topics surrounding relationships and religion. I found an uncanny resemblance between the issues Cindy brought up and experiences I have had in my life. As Cindy was talking, I wondered whether I should share my own experiences. Ultimately, I decided to briefly share my experiences and later reflected upon my choice to share in my journal:

> As I sat across from her and listened to her stories, I wondered whetehr [sic] I should share these things with her. These questions race through my mind: How will this affect the data? How could this draw the attention away from her and onto me, an unproductive approach to collecting data? Could this offend her or somehow divulge too much information that could end up hurting her some way? It then occurred to me that feminist

researchers would guide me back to an understanding of reciprocity: This term can be understood and interpreted in so many ways, but at times I feel like it means meeting someone halfway. For instance, others have noted that you should "be for the participant what she wants you to be," and that is reciprocity; you are giving back equally to what that person has given to you. But in my situation, I feel like divulging these private things about yourself is a way of giving, and when one person shares, it's common for the other person to share in kind. When you're giving all of these things away about yourself and the other person is just taking and listening, it can balance the conversation by sharing back. It can make the teller feel less alone in the telling when someone shares back. On the other hand, you can look at the teller as someone who is asking for something – asking for someone to listen; and the listener is giving herself by giving her compassionate ear and her time. Yet listening, while it's giving, still is receiving, receiving secrets or private things that the person is trusted with. And in that act, the sharing becomes a private moment, and it's often what draws people closer together.

This journal entry shows the questioning I engaged in "in the moment of dissensus" when Cindy brought up sensitive topics and I considered how to address them. Having been writing and reading about feminist methodology, I was able to take a silent beat to consider my approach to Cindy before opening my mouth. After some brief deliberation,

I made a decision. It was the journaling – the reading, reflecting, and writing – that afforded me the opportunity to make an informed, reflective decision.

Another journal entry shows evidence of the impact reflection, through journaling, had on my actions:

> I also am noticing that my interactions with people at or from the center are a little different from my day to day actions. I think I am much more aware of the feminist ethic with which I am approaching this study, and I think I'm also aware of how much these people – the participants, administrative staff, Kevin[4] – are giving me, with very little in return. I'm extra friendly to people, I take my time and stick around to help people (e.g., the woman who is in the Parkinson's group after Kelly's Tuesday class needed help moving tables, so I helped her; Kelly herself needed help setting up, so I helped.) I say hi to more people, I am extra respectful to the administrative staff (though I usually am – it's not like I'm a grouchy person or anything), I thank people more often than I normally would. This all could have an impact on the way I perceive the data and the data I collect. But that's not really why I'm recording this. I'm recording this because I think that my understanding of feminist methodology is ever evolving and is impacted every time I interact with someone from my study. The interactions I have with them, I then reflect upon, and this ultimately changes how I approach people in the future,

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[4] All names are pseudonyms.

whether reinforcing habits or attitudes or requiring me to change habits or

attitudes. Whether or not I'm conscious of this feminist ethic while I'm in

the moment does not matter; all of these interactions, person to person

interactions, impact the way I act toward people and ultimately have an

impact on my feminist methodology.

In this entry, I recorded how I'm aware of my actions and how I'm reflecting on my

actions, and I discussed the motivations behind those self-aware actions. This journal

entry shows that I'm reflecting on the ways that I reflect in the moment (and now, in a

most heavily layered metacognitive reflection, I reflect on this process once more),

ultimately allowing me to consider the motivations behind my actions, which I see as

inspired by my reading in feminist methodology. This entry shows that reflection on

feminist practices and my adherence to feminist principles can be done effectively

through journaling.

While I worked to reflect on my interactions with people at the center and respond

reciprocally when called to do so, it is difficult to know how my presence at the center

may have impacted members and staff in positive or negative ways. One approach to

finding out if this feminist methodology was successful would be to ask participants

through a survey or other means. However, I chose not to solicit this information for

several reasons. Out of politeness, participants likely would not have been honest about

any negative interactions they had with me due to the small participant pool.

Furthermore, if part of the goal of feminist methodology is "to build ethical, human

relationships with participants" (Powell & Takayoshi, 2003, p. 399), a survey instrument

might distance that relationship and position participants as "subjects." Finally, a feminist methodological approach is not just an approach that adheres to the triumvirate tenets of reciprocity, reflexivity, and transparency, but it also is a way of being. Powell & Takayoshi's (2003) explicit focus in their article on the *ethicalness* of reciprocity, instead of the methodological approach, examines the felt sense of relationships built between researcher and participants, a quality that cannot easily be measured.

The feminist methodological principle of reflection is one that must be done during a feminist inquiry but one that is difficult to record. The process of journaling allows for a recording of this activity. More importantly, journaling prompts a reflective state that naturally carries into and out of the site and allows the researcher to make adjustments to her approach and informed decisions as "moments of dissensus" arise.

Methods

My original plan was to study participants in a yoga class at a senior center. The first set of participants was recruited through a yoga class at a senior center run by a small, middle-class Midwestern city. After I received permission from the senior center director and the yoga instructor to solicit participants from the class, I pitched the opportunity to participate in the study at the beginning of two classes that met on Tuesdays and Thursdays, since some yoga participants attended both classes, and some only went once a week (for recruitment script, see Appendix A). I asked the seniors for the following forms of participation:

- allow the researcher to participate in and observe the class;
- participate in one, 20-minute interview with the researcher;

- participate in weekly, hour-long focus group sessions for five weeks; and

- participate in weekly journal writing linked to the focus group sessions.

Over both of the classes, eight participants agreed to and followed through on participating in interviews, and five of those participants agreed to and followed through on participating in the weekly focus group sessions and journal writing. None of the participants had a problem with the researcher participating in and observing the class. Four of the five focus group participants allowed the researcher to collect their journals at the end of the five-week term.

Rationale for Studying Yoga Classes

The first senior center where I collected my data is located in a small, Midwestern city and has about 4,000 members. The city-run senior center hosts a variety of activities and events for members and non-member citizens of the city, including several regular exercise classes. The class I studied is a yoga class that is ongoing but that begins a new session – typically with some of the same participants – every seven weeks. I began my study with a new session cycle that started Jan. 10, 2012. Class met twice per week for one hour and was conducted by a certified yoga instructor who had adapted the class to meet the needs of the clientele. There were about 20 participants in the class.

I chose to study a yoga class for specific reasons. First, my research questions explore seniors and the body and lead me to a site with a focus on the body. I opted against seeking a medical site or a traditional exercise site, such as an aerobic or weight training class, for several reasons. For instance, medical sites, such as nursing homes and doctor's offices, have been shown to foster ageist attitudes toward the elderly who go

there (Gubrium & Holstein, 1999; Coupland & Coupland, 1994) because there is a presumption that the elderly body is declining. Additionally, general exercise sites may have ageist attitudes toward the body that are focused on weight loss or maintaining a youthful appearance. The yoga class may avoid these ageist assumptions because it focuses on stretching for wellness and relaxation and does not necessarily presume bodily decline. While this site may preclude some ageist assumptions, no site is without some factors that influence the ways the participants are perceived and how they perceive themselves. These factors were acknowledged and considered as data collection proceeded.

There are additional limitations in choosing this class as my site. Because I recruited from the yoga class, which had about 20 regular participants, the pool from which I recruited was limited in several ways. I did not aim for an even division of participants regarding gender, so I thought I would have more women or more men, which could affect the types of things people talk or write about[5]. Furthermore, the exercise class cost $40 to take ($50 for nonmembers of the center), so the class also was limited to those who can afford that fee and excluded those who could not afford the fee or who might choose a pricier yoga studio. The class was located in a senior center in a Midwestern city whose population, according to the most recently available data, is about 95 percent Caucasian and less than 2 percent African-American, the next-largest demographic group. Because of the cost of the class and the demographics of the city's

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[5] The majority of both classes in the first week of observation was female (nine of thirteen and fourteen of sixteen, respectively), yet the volunteers for the study were split evenly (of the nine volunteers, four were men and five were women).

population, participants' backgrounds, socio-economic characteristics, and worldviews might have been similar, thus narrowing the type of person I was able to study. In other words, unlike Ray (2000), who studied six different writing groups in different areas that are diverse in socioeconomic and racial make-ups, my participants were overwhelmingly white, middle-class people from a medium-sized, Midwestern town.

I chose the yoga class over another type of exercise class because yoga might complicate traditional Western notions of the mind/body divide. I align with scholars who have called for the exploration of identity through phenomenological, lived experience (Oberg, 1996; Tulle-Winton, 2000; Faircloth, 2003; Twigg, 2004; Siebers, 2008; Wilson & Lewiecki-Wilson, 2001; Mitchell & Snyder, 2001), and getting at lived experience requires a rejection of Cartesian dualism. Oberg (1996) writes that when theorizing models of elderly experience, "dualism is of no help to us. Instead, development narratives should be based on an integrated relationship between body and soul" (716). As an Eastern philosophical practice, yoga has as its goal the union of the body and the mind and the overcoming of Cartesian dualism (Feuerstein, 2003). Since yoga provides people with the opportunity to reconsider mind/body dualism, I thought that it might complicate people's conceptions of mind and body and, thus, aging and identity, in interesting ways.

While it's possible that a yoga class could provide an environment in which people can develop modern notions of mind and body, this was not explored in depth in my study. I did ask participants questions that related to the mind and body, and their talk construed the mind and body in interesting ways that may reflect yoga practice. Yet these

tangents do not relate directly to my core research questions, and I thus shelved these sections of the data for the present study.

Participant Observation

With permission from the yoga instructor and study participants, I participated in the yoga class at the senior center alongside members for the duration of the six-week class. I engaged in participant observation and took field notes after each class was over. Participant observation allowed me to contextualize the data I obtained through these other methods and allowed me to ask guided questions in journal prompts, focus groups, and interviews.

I engaged in participant observation by following the approach Spradley (1980) describes, which calls for the collection of a broad swath of details at first and a narrower focus in later observations. Early in my participant observations, which are 10 total, I noted as many details as I could, including descriptions of the people in the room (gender, number of people, and where they are sitting), descriptions of the activities we did in class, and descriptions of seemingly relevant conversations I overheard before, during, and after the class. As time went on, I recognized that the most relevant details I collected were the ones that informed the conversations I had with participants in interviews and focus groups. I then limited the types of field notes I took to a general description of the activities that were conducted in class and the "public" conversations that were had, such as all-group talk about the yoga class and things that the instructor said. These types of details were touch points that I used to talk about the class with the focus group and interview participants.

Participant observation and post-observation field notes within this study had some limitations. First, my participation in the yoga class might have seemed moderately "obtrusive" because I was a 29-year-old woman in a class with adults who are at least age 55. Spradley notes that in participant observation, the ethnographer should try to blend in with members of the site and must account for the ways people react to the researcher's presence. While I could not fully blend in with the participants because of my obvious age difference, I attempted to mimic the actions of yoga class participants in the ways that they begin class and engage in class. By acting as part of the group and trying to limit the ways in which I stood out, I disrupted the natural rhythm of the class as little as possible, which allowed me to observe activities as they typically happen.

Post-observation field notes came with some limitations as well. I did not take notes during observation, so I had to rely on my memory for details of the events of the sixty to ninety minutes while I was at the center. Furthermore, post-class activities such as interviews and focus groups extended the time between class observation and note taking.

Alteration of Methods: Creation and Abandonment
of Journal Writing/Focus Groups

My original study design included a journal writing/focus group that I ultimately eliminated from the analysis portion of the study. The journal writing/focus group was designed to allow participants to write about the body and/or the yoga class and to discuss their writing and other topics related to the body and the class in the focus group sessions. I gathered five participants for the focus group, and we met five times. All of

the meetings were transcribed and four of the five journals were collected at the end of the study.

However, as the data collection progressed, I soon realized that the type of information I was obtaining through the interviews was more helpful in answering the research questions than the information I was obtaining through the focus groups. Several factors contributed to this conclusion. First, the focus groups were loosely structured to discuss whatever participants wanted to talk about that day, as long as it had to do with the writing they did, the yoga class, or other topics that relate to the body. Directions for the topics to be discussed and written about were given at the beginning of the first focus group meeting and were taped inside the journals that were passed out to participants. In spite of these directions, much of the focus group conversation pursued tangents unrelated to the research questions.

Focus groups are a good source for qualitative data collection for several reasons, but their advantages can quickly turn into disadvantages under certain circumstances. Focus groups, unlike interviews, allow for participants to be "offered some topic or stimulus material and then encouraged to discuss it amongst themselves" (Silverman, 2005, p. 83). This open style of prompting participant discourse allows for participants to discuss a general topic and then to take that topic in directions that the researcher may not have considered. While this can be a fruitful approach to collecting data, this characteristic of focus groups proved to be unproductive for my study. Much of the focus group time was used in talking about topics that did not relate directly to the body, the yoga class, or participants' weekly writing. I could have rectified this problem by guiding

the focus groups with more specific prompts, but I noticed that when I entered the conversation in this way, participants tended to respond as if in an interview setting. The balance between conversational, relaxed talk and focused talk was difficult to strike.

Not all of the data from the focus groups was useless. In fact, the focus transcripts from the audio files totaled about 48,000 words, and much of that data is usable. The focus group information became part of my cultural understanding of the people with whom I was working and informed the interviews and data analysis in an indirect, informal way. However, because of the difficulties I had with the focus groups in the beginning, and because of the success I was having with the interviews, I decided to gather more data from interviews. I recruited additional participants from another senior center, collecting a total of 13 interviews. The additional interview data provided me with a sufficient data set, which allowed me to eliminate the focus groups from direct analysis in the present study.

One argument that could be posited against the journal writing/focus group data collection method is that the researcher facilitates the construction of the data that she then studies. This implies that the researcher constructs the study in a way that produces the findings she is looking for. I argue that this is not the case with my study. Morgan and Krueger (1993) argue that the focus group should not be considered a natural or an unnatural setting because any setting that is studied by a researcher is going to fall along a continuum of naturalness, and the focus group typically hits the middle of that continuum. For example, the authors argue that focus groups are "more natural settings

than some techniques (surveys) and less natural settings than others (participant observation)" (p. 8). The naturalness of the data was not problematic.

While the journal writing may seem to be natural enough to study, the problem that I sensed in this data was different. Journal writing and focus group data was eliminated from the study because the journal writing was not helping me to answer my research questions as they were written. Because my questions focus on what participants think and how they construct the body, I was hoping that the journal writing would produce reflective writing. Yet reflective writing happens best when the writer perceives the audience to be herself. The data that was collected did not seem to suit a rhetorical situation other than what the researcher created. In other words, like freshman composition students write to the teacher, the focus group participants wrote to me. For instance, participants wrote very little, and many of the items that they discussed in writing were the same items they discussed in one-on-one interviews and focus group sessions. Considering the focus of my research questions, this data was not going to add value to the data I had already collected. Thus, it was eliminated from the present study.

The concerns about the focus groups arose at the mid-point of data collection at the first site, a *kairotic* "moment of dissensus" that my continuous reflection allowed me to detect (Powell & Takayoshi, 2003, p. 416). The constant reflection on my approach to the site, the effectiveness of my methods, how the data helps to answer the research questions, and how the research questions needed to evolve was essential in preparing me for the necessary decision to leave this data behind. Without this reflection, I might have been over-confident and insistent that the data would work in part because of the amount

of time, effort, and money that went into collecting the data. I had taken up five to ten

hours of five different participants' time, transcribed thousands of words worth of

complicated conversation, and spent $40 per week for five weeks on bagels and coffee.

With so much invested in this data, it was not easy to turn away from it. However, by

reflecting on my methods, my data, and my questions, I was able to be honest with

myself about the appropriateness of the data for the present study.

Alteration of Methods: Success of Interviews

and the Addition of a Research Site

While the focus groups were proving to be less useful than was originally

expected, the interviews were proving to be very informative for answering the research

questions. About two-thirds of the way through my time at the first senior center, I

decided to solicit interviews from members of a yoga class at another senior center run by

an adjacent township. Even though additional data was gathered from participants in a

yoga class at a different senior center, the data could be combined with the existing data I

had collected at the first research site. The centers are located in townships with similar

demographics and close geographic proximities, so the differences in life experience

would be not extensively greater than what it would be among participants at the first

center. While the second group of interview participants was part of a different yoga

class, the research question did not ask about the class, so this factor was not a relevant

difference. Furthermore, the interviews were collections of discrete conversations that

peered into the individual lives of center members; most of the lives of center members

only intersected at the yoga class, and the focus of the research question was not on those

intersections. I thus concluded that soliciting interviews from a second site was an appropriate choice.

At the second center, I took part in one yoga class and then pitched to the class my request for interviews; five people signed up. Between the two yoga classes, I had thirteen interviews (see Appendix B for a table of participants' pseudonyms, ages, genders, and associated research sites). I decided to exclude one interview because it was with a participant who was significantly younger than the other participants (60 to 80) and whose age (47) was not representative of the majority of the population that takes classes at the center. This left me with a total of twelve interviews to use in my analysis.

I took a constructivist approach to interviews, with the understanding that the interviewer and interviewee together determine the direction of the conversation and co-construct reality (Silverman, 2005; de Fina, Shiffrin, and Bamburg, 2006; Benwell and Stokoe, 2006; Davies & Harre, 1990). No data that is gathered is done from a completely objective lens (Corbin and Strauss, 2008) because all researchers bring to the data certain histories, backgrounds and biases when they select and collect data as well as when they analyze it. Yet it's important for researchers to try to collect data in a way that disrupts the content of the data as little as possible (Morgan and Krueger, 1993), to account for the biases researchers bring to the table, and to avoid selectively collecting data that answers their research questions in the ways that they desired. With an attempt to talk about certain topics without determining the ways participants talk about those topics, I chose to cover a certain number of general topics and to allow participants to choose how they talk about them (See Appendix B for interview questions).

Each interview progressed differently because the context of the interviewer-interviewee conversation determined the way the interview transpired. Small talk started the interviews, and I allowed the conversation to lead to whatever topic on my interview sheet that seemed most natural. While some questions may have been asked at the beginning of an interview for some participants, they were asked at the end of an interview for others. While the consent form asks participants for 20 minutes for an interview, most of the interviews ran much longer, with the participants' permission. Interviews averaged 57 minutes in length and produced close to 120,000 words of transcribed interview data upon completion.

While the questions listed in the table in Appendix B seem to have equal weight, some questions were subordinated to others and may not have needed to be asked. For instance, while everyone was asked, "Why did you begin taking yoga?" I did not need to continue this conversation with the other yoga class-related questions, such as, "Are there times when you do not want to come to class?" "How does the yoga class make you feel?" and "What is your favorite pose?" Participants opened up about the yoga class easily, so these questions were not needed for additional prompting on the topic. Furthermore, the answers to some questions became unimportant as I approached data analysis. As discussed above, while the yoga class may provide an interesting space in which to explore conceptions of mind and body, these explorations and the associated interview questions were not helping me to cull data that would answer my research questions. In my analysis, the data that came from these questions was shelved.

Participants

As discussed above, I recruited participants from yoga classes at two senior centers in the Midwestern United States. The demographic makeup of the participant pool is limited in several ways (see Table 2.1: Participant Demographics). The group is limited to financially comfortable or privileged individuals. The first research site (Center 1), from which seven participants were recruited, is a government-sponsored senior center in a city with a median household income of about $50,000 annually. The second site (Center 2), from which five participants were recruited, is a government-sponsored senior center in a township with a median household income of about $88,000 annually. All of the participants who had worked during most of their lives were retired at the time of the interview, indicating they had a certain amount of financial security to allow for this luxury. Furthermore, all of the participants are white, and two-thirds of the participants are female, which adds additional limitations to the diversity in background and experience of the participant pool. In sum, the participant group is composed of individuals who have the time and money to participate in activities such as yoga that allow them to maintain a relatively healthy lifestyle.

Pseudonym	Gender	Age	Senior Center Site
Ryan	M	60	Center 1
Elizabeth	F	63	Center 1
John	M	63	Center 1
Sandra	F	65	Center 2
Kay	F	66	Center 2
Bob	M	68	Center 1
Michele	F	68	Center 1
Cindy	F	71	Center 1
Charlotte	F	72	Center 2
Joyce	F	74	Center 2
Ernest	M	80	Center 1
Mildred	F	80	Center 2

Table 2.1: Participant Demographics

Transcription procedures

I transcribed both the interviews and the focus groups according to guidelines

adapted from Gail Jefferson (1984) and other conversation analysis sources (Heritage,

n.d.). I adapted guidelines set by others to suit my own needs. The following chart

indicates the transcription conventions and symbols used in the interview data:

(.)	a pause that lasts less than one second
(2.0); (3.0)	a pause that lasts one second or more; the numeral indicates the length of the pause
=	positioned at the end of a line, this symbol indicates there is no gap between this line and the next
[	represents overlapping talk when positioned vertically over a second bracket in the next line
(laughs); (coughs)	identifies non-verbal sounds within the conversation
italics	indicates an emphasized word or words
.hhh	indicates audible intake of breath, such as a gasp
hhh	indicates audible exhale of breath, such as a sigh

Table 2.2: Transcription Conventions and Symbols

I used conversation analysis transcription symbols in order to represent the interview as closely to its audible form as possible. While any transcript is an iteration of the original audio file, I think that the audio files of interviews should be recorded in typewritten form as conversations. As discussed above, interviews are conversations between two or more interlocutors, and conversants co-construct the verbal text that gets produced (Silverman, 2005; de Fina, Shiffrin, and Bamburg, 2006; Benwell and Stokoe, 2006; Davies & Harre, 1990). Therefore, it was important for me to indicate where I as an interviewee helped to move the conversation in one way or another. If I made encouraging remarks, then that may have prompted the interviewee to continue talking about a particular topic, thus affecting the data. On the other hand, if I changed the subject abruptly, that action also would impact the data. The potential for my impact on the data as an interviewer prompted me to represent the conversation as close to the audio file as possible.[6]

Conversation analysts typically identify pauses by measuring them in tenths of seconds, but I chose not to. Unlike Jefferson (1984), I did not time pauses in tenths of seconds because that level of detail was not necessary to represent in my data. Other methodologies that analyze discourse, such as Critical Discourse Analysis, do not call for the study of pauses (Fairclough, 2007, p. 229). However, because I wanted to carefully portray the conversation as it happened, I did identify pauses that were less than one

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[6] After the analysis was complete, interview excerpts in the final draft of the study were revised for readability while maintaining the integrity of the spoken discourse. See Appendix E for a sample of the transcripts that were analyzed.

second by the symbol (.) and pauses that lasted more than one second were identified by the number of seconds (3.0).

To accurately transcribe the interviews, I listened to them several times with new goals in mind during each pass over the audio files. During the first pass through, I slowed down the audio file to about three-fourths speed and tried to capture as many words as possible. The second time I reviewed the audio file, I set the pace to normal speed so that I could catch words that were unidentifiable at the slower speed and so that I could clean up the transcript (correcting misspelled words, adding missing words, etc.). On the final pass through, I kept the audio file at normal speed and added in the transcript conventions that indicated pauses, overlaps, and other details. While no transcript is a perfect reflection of an audio file, these transcripts were created to be as close a representation as was necessary for the analysis to be conducted.

Analytic Process

I took a grounded theory approach to analyzing my data, following the suggestions made by Corbin & Strauss (2008) and Glaser & Strauss (1967). While I did not intend to produce a grounded theory, I used Corbin & Strauss's suggestions because they offer a careful approach to managing a large amount of qualitative data.

In using grounded theory as outlined by Corbin & Strauss, I immersed myself in the data and allowed analytical categories to emerge from the data. To this end, I reviewed the data from the beginning of data collection multiple times and over and over again in order to familiarize myself extensively with the texts. During this process, I began the "brainstorming" phase of analysis, where I developed "concepts" that group

portions of the data that are similarly themed. Then, I worked to develop a "conceptual ordering" that describes how concepts relate to one another. After working with concepts and approaches to conceptual ordering, I developed an explanatory scheme that allowed me to explain the phenomena that emerge from the data. This close and constant reviewing and reflecting on the data allowed for categories to emerge "from the ground up."

I want to briefly explain how I use and adapt the terminology that Corbin & Strauss (2008) provide for the organization of data. They write that "categories" are "higher-level concepts under which analysts group lower-level concepts according to shared properties. Categories are sometimes referred to as themes" (p. 159). In my study, I identify five different ways to organize portions of the data; I term each of these five approaches "themes." Within each of these themes are "categories" or descriptive labels that can be applied to pieces of the data. The description of how the "categories" relate to one another is the "explanatory scheme." My adaptation of Corbin and Strauss' terminology is simply that I differentiate between "higher-level concepts," or what I call "themes," and "lower-level concepts," what I call "categories."

As I sifted through the data looking for patterns to emerge, a number of themes became interesting, but not all of them were relevant to my research questions. Thus, I specifically selected and explored two themes:

1. how participants use reading and writing to manage their bodies; and
2. how interpersonal relationships in participants' lives impact or relate to their bodies.

While each of these themes in some way answers my research question, I could not address both themes in their entirety within the limited scope of the dissertation. For a brief description of the themes and tables of their explanatory coding schemas, see Appendix C.

Coding

As noted above, I generated themes and categories by immersing myself in the data and using tools recommended by Corbin & Strauss, such as memoing (2008). Specifically, when I began to notice a trend, I cut and pasted every instance of that trend from the data set into a separate Word document. Then, I used the comment function to describe each of the instances of that trend. Finally, I wrote memos about those comments, describing in narrative form what appeared to be happening in the data. I asked questions about the reasons behind the phenomena that seemed to appear, I reclassified the trend and returned to the data to copy additional sections, and I returned to writing memos. I also used my knowledge of scholarship in social gerontology and disability studies to look at the data in new ways. After much back-and-forth activity between the data set and the emerging codes, I came up with a coding scheme for a theme. I then applied that coding scheme to the full data set, making minor adjustments to the scheme as needed.

These two themes were relevant to answering the question of literacy and the body because within each of these themes, literacy played a role. First, the reading theme identifies all of the ways people use reading to manage the body. Included in the second theme are instances when people talk about sharing texts with one another or use the

body as a text to persuade others, a phenomenon that I discuss in greater depth in Chapter 4. While the reading theme captures most of the ways literacy practices relate to the ways people manage their bodies, it does not capture all of those ways, which extend beyond just reading traditional texts to include watching television, listening to radio, talking to others, and using their own bodily changes as arguments for others to make similar changes. Thus, portions of both themes were needed to fully answer the research question.

Within the theme, "how participants use reading and writing to manage their bodies," I selected from the data all of the sections where participants talk about reading or writing and the body. Participants talked about reading significantly more than they talked about writing. Within the sections where participants talk about reading, I identified three general categories: (1) participants describe in general their reading activities as they relate to the body or health by (a) reading about their own bodies or (b) reading about those of others; (2) participants identify obstacles to reading or discuss why they don't read; (3) participants complexly define reading either by (a) broadly defining literacy practices as including such things as television or radio; and (b) identifying a time when they read about the body or health, but then underscoring that it doesn't count as "reading."

Within this theme, I analyze the first category, part (a), in Chapter 3. Within the selections of data where participants read about their own health issues, there is a subset of data in which participants describe how their literacy practices intersect with conversations they have had with medical professionals. I selected and analyzed these

examples in fine-grained detail to develop an understanding of seniors' talk about their

literacy practices in relation to remembered interactions with medical professionals. I first

analyze this selection of the data by using positioning theory (Davies & Harre, 1990;

Moita-Lopez, 2006; Wetherell, 1998) to understand how participants perceive power in

reported interactions between themselves and medical professionals. I then analyze

participants' descriptions of these interactions to construct a model that explains how

literacy is used.

I also analyze in detail category 3, part (a), in the second half of Chapter 4. This

section of the data includes places where participants complexly define what counts as

reading by broadly defining literacy practices as including the use of other media. I

analyze examples within this sub-category to explain the ways seniors closely associate

reading with the use of different types of media, and I describe the implications of this

association.

The second theme, "how interpersonal relationships in participants' lives impact

or relate to their bodies," elaborated on the first theme, "how participants use literacy

practices to manage the body," in ways that would not have been discovered by looking

at the first theme alone. In this theme, I looked at all of the ways relationships were

mentioned within conversations about the body. From this, I identified a set of categories

that explained this phenomenon. The categories are as follows: participants describe how

the body is used rhetorically to persuade others; participants verbally (or textually, by

sharing texts) make arguments to others about the body; they compare themselves with

others in diet and exercise practices; they talk about how stress and other emotions are

caused by others, which prompts them to exercise or make other bodily changes; they reference genetics; and they discuss their interactions with doctors or teachers. A small selection of the data fell into an "other" category that included sections that could not be explained by the list above. This wide-reaching theme included a large amount of information that could be discussed at length in another study; for the present study, I needed to limit my discussion to the ways the theme could answer the second research question. Two of the categories relate to literacy practices. First, the category, "participants talk about how the body is used rhetorically to persuade others," is discussed in the analysis in Chapter 4. The second category that relates to literacy practices, "participants verbally (or textually, by sharing texts) make arguments to others about the body," is already covered in the theme discussed in Chapter 3, "how seniors use literate practices to manage the body." Therefore, I did not need to analyze this phenomenon through the second theme in addition to the first theme.

In Chapter 4, I describe an analysis of the second theme, first category: how seniors use the body rhetorically to persuade others. I select a set of examples within this category to explain how seniors talk about the body as a rhetorical, persuasive tool.

Conclusion

Very little about qualitative research is neat and orderly. The human interactivity that is essential to gathering data calls for a feminist methodological approach, which is not a straightforward set of guidelines but an attitude that must be reflexively honed throughout the data collection process. Research questions cannot stay the same from the beginning of the study to the end, and large amounts of data and entire data collection

methods are abandoned as the researcher comes closer to connecting questions with answers. By narrating the process of constructing research questions, collecting data, refining questions, and synthesizing data for this study, I display the reciprocal nature of qualitative research when using a grounded theory approach.

CHAPTER 3

Embodied Texts and Embodied Literacies

As discussed in Chapter 1, this study's main research question was prompted by a
need in contemporary scholarship to explore the dialectical space between the discursive
construction of the aging body and the aging body itself (see Chapter 1, Fig. 1). On the
one hand, literacy practices are inherently discursive and rhetorical. Texts rhetorically
represent people, things, and ideas, and the ways people use texts through literacy
practices extends that rhetorical representation to specific social contexts. On the other
hand, the material body, while represented rhetorically through texts and discourses, also
has a "lived experience" that cannot be ignored (Hughes & Paterson, 1997; Oberg, 1996;
Siebers, 2008; Twigg, 2004; Tulle, 2003; Whitaker, 2010). I argue that discourse and
rhetorical methods can be used to examine lived experience (Twigg, 2004), thus
positioning discursive representations of the body and materiality not as competing points
of inquiry but as points on a continuum that create a dialectical space between them. This
stance privileges rhetoric and composition as the primary field for inquiry about seniors'
bodies by bringing to the forefront a focus on texts and literacy practices (Vieira, 2013).

This study aims to explore the dialectical space between these points by asking
the following research question:

- How do seniors use literacy practices to manage the body?

One category of the data that emerged through the grounded theory analysis helped to answer the research question by selecting places where participants characterize the ways they read about their own bodily issues or problems. From that category, examples from four participants were selected for further analysis because they revealed some of the complex and interesting ways that seniors use literacy. Examples from the same four participants are analyzed in two ways throughout the chapter to reveal this complexity. Through an examination of participants' talk about the ways they use literacy practices to manage the body, the first section describes how participants construe the inherent, uneven distribution of power that exists in the relationships between patients and medical professionals. The second section describes several ways participants use literacy practices to attempt to leverage control over their body management within these relationships; it also constructs an argument for a model that can be used to characterize how people use literacy in powerful ways. Finally, the chapter concludes with a discussion of how the analysis' findings answer the research question and contribute to our understanding of the ways literacy functions in the lives of seniors.

Perceptions of Power Dynamics in Doctor-Patient Relationships

This section uses positioning theory to analyze the ways patients report on conversations with doctors. The purpose of this section is to provide background for the analysis of the ways participants use literacy practices, which is described in the next section. This analysis shows that participants place doctors in a position of hegemony and, at times, try to leverage control over their bodies in relationships with doctors.

Positioning theories of discourse describe the ways people construct new identities for themselves in each new discursive situation. Davies & Harre (1990) write that positioning theory provides a more flexible approach to understanding identity construction by viewing individuals as constructing identity in relation to their interlocutors with each new utterance. This contrasts with viewing identity as role-taking, in which people take on roles in particular situations that are relatively static and unable to be adjusted in real time. Instead, the idea of positioning allows for individuals to have agency and flexibility in constructing their identities (Davies & Harre, 1990).

Wetherell (1998) writes that positioning theory needs to consider both interactional, real-time conversation and institutional norms as part of identity construction. Real-time conversation allows people to position themselves in a variety of ways in the moment of conversation. However, there are limits to the ways people can construct their identities in relation to others. These limits are imposed by institutional norms, which exist when "people and objects and the relations between these entities are pulled together or emerge in stable forms which may last for quite long historical periods" (p. 393). In a doctor's office, people can use discursive tools to position themselves in specific ways, but underlying those conversations is the institutional norm that positions the doctor as the authority.

The examples in this chapter are descriptions by participants of conversations or interactions they had with doctors or other medical professionals. The narratives sometimes contain reported speech, which allows for the speaker to evaluate the conversation as they report it (Holt, 2000). As a result, these reconstructions of

remembered conversations are layered with constructions of participants' memories of conversations and constructions of their self-positioning in relationship with the medical professionals.

While positioning theory is generally used to analyze conversations in which at least two interlocutors interact and position themselves in specific ways toward each other, positioning theory also can be used to analyze reported conversations. A person's retelling of an interaction with an absent individual allows the speaker to report the conversation in specific ways and reconstruct the positions of both parties. This can tell us a lot about how the speaker conceptualizes her position and the position of the interlocutor. Moita-Lopez (2006) makes a case for the use of positioning theory to analyze speakers' reported conversations:

> I argue that positioning is a useful construct in the analysis of narrative practices, to locate tellers, listeners and characters vis-à-vis one another (Bamberg 1999) in the meaning construction struggles they are involved with. It helps to illustrate how social identities are being discursively constructed in narrative practices as well as how their enactments can be fluid, fragmented and contradictory in nature. (p. 296)

Positioning theory is a useful theoretical framework from which to analyze all types of interactions, including those that are reported by speakers. When speakers recount interactions through verbal narratives, they reconstruct the interaction from their perspective, which provides insight into the speaker's perception of the positionings of the narrative's characters.

Another important component of recounted interactions is that they are *remembered* interactions. Interactions that are remembered can be very different from how interactions actually transpired. Elliot Mishler explains:

> Indeed, it is an inherent and intractable feature of how we remember and continually restory our pasts, shifting the relative significance of different events for whom we have become, discovering connections we had previously been unaware of, repositioning ourselves and others in our networks of relationships. The past is not set in stone, but the meaning of events and experiences is constantly being reframed within the contexts of our current and ongoing lives – a view that not only reflects studies of narrative but has gained acceptance among neuroscientists and psychologists in the field of memory research (Schacter 1995; Schacter and Scarry 2000). (Mishler, 2006, p. 36)

Remembered stories are not fair representations of what actually took place in the past, but they instead represent the speaker's current perceptions of those events. The perceptions might be impacted by events that have taken place since the time of the remembered event. Or, the narratives might be a representation of several events as one remembered event. In this section, the interactions are not only reported but also remembered, so claims made about these interactions are claims about participants' conceptions of those interactions and not the interactions themselves.

Many scholars have discussed the ways hegemony is employed through discourse in conversations between doctors and patients, with patients positioned as having less

power than doctors (Ainsworth-Vaughn, 1992; Barton, 1997; Dunmire, 2000; Fisher & Groce, 1990). Patients sometimes use discursive tools to leverage control in these conversations (Dunmire, 2000). This section will show how participants construe medical professionals as having hegemony in these relationships.

This chapter examines in depth four participants' examples of remembered interactions with doctors. The examples come entirely from the category that groups the ways participants talk about reading about their own bodies. The examples in this chapter were selected for further analysis because they represent a specific phenomenon in the data: participants read about themselves and then use that literacy in interactions with medical professionals. While the chapter examines several aspects of these remembered interactions, this section discusses only the ways participants position themselves and the doctors within these remembered interactions.

The terms power, hegemony, authority, and control are used in purposeful ways throughout this analysis. The term "power" is used to describe in general the dynamics at play in a relationship in which one person dominates in some way. I use three terms to describe more specific types of power. The term "hegemony" refers to the institutionally and culturally sanctioned power that one party possesses even though neither of the parties involved may be consciously aware of that power (Kiesling, 2006). Kiesling writes of her analysis of white male Discourses that "hegemony does not function through ideologies controlled by elites, but is created and perpetuated by Discourses in the post-structuralist sense" (p. 262). The term "authority" refers to the type of power that a person has when they have more knowledge or literacy on a certain topic.

The term "control" is used a little differently in this analysis than in other studies. For instance, in Patricia Dunmire's (2000) study, a health care provider controls the length of conversations with patients through specific discursive choices. Sue Fisher and Stephen Groce (1990) explain how doctors and patients use accounts in ways that allow doctors more control in the conversation. In this study, "control" is used more broadly to refer to the ways doctor and patient "control" the patient's body by conceptualizing the body in a particular way or making material changes to the body. Doctors have control over the patient's treatment when they diagnose ailments or conceptualize the body in a particular way, prescribe medications, and make suggestions for changes to the body with which patients comply. However, patients can also gain control by agreeing with diagnoses or conceptualizing the body in a particular way, taking (or refusing to take) prescribed medications, and making decisions that have material effects on the body. Importantly, the concept of having control over the body is not just about the physical body because the body is not just material. As discussed in Chapter 1, the body is both material and social; it is embodied in that social conceptions and materiality work together to construct the body.

This section examines the narratives of four participants: Elizabeth, Charlotte, Cindy, and Sandra, and how they position themselves in relation to medical professionals in reported interactions. Participants in the following interactions position medical professionals as having hegemony, or power in the relationship that is not consciously

acknowledged. In the scenarios below, hegemony often is due to authority, which is established based on doctors' literacy in medical discourse.[7]

In describing her interactions with doctors when she was having gynecological problems, Elizabeth positions herself and the doctors in particular ways. As her narrative unfolds, she positions the doctors as unknowledgeable and herself as powerless and with few resources to address her problem. This initial positioning allows her to later position herself as somewhat rebellious in engaging in a literacy practice to diagnose her own problems. Elizabeth says, "actually when I was younger I did have a particular health problem that –. I scoured books about this particular health problem and actually diagnosed myself with it before the doctor did." Elizabeth says that her problem, endometriosis, which is a medical condition in which the uterine lining grows in places other than the uterus ("Endometriosis," 2013), "affected my fertility and my quality of life." She says that it was a painful condition that limited her to having only one child when, in other circumstances, she would have chosen to have more.

Prior to her diagnosis, Elizabeth talked with doctors about her symptoms, but no one could identify the cause:

> It was very painful. And the doctors that I went to –. I mean, at the time endometriosis wasn't diagnosed very much. I think they were just starting to recognize it as a real problem. And the doctors, I mean, it was just kind of –. One doctor told me, 'Well, you have a choice of the three P's: the

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[7] Indeed, it is an obvious statement to claim that doctors and nurses have increased authority on bodily topics due to having greater literacy in medical discourse than patients. The purpose of this section is not to make this claim, but to show the ways participants position medical professionals as having this authority.

pill, Ponstel, (which was a painkiller,) or pregnancy.' And I thought, wait

a minute. You can't tell me that there's not something wrong with me. So

like I said I was scouring these books and I finally figured out that this

must be what it is. And I was right.[8]

Elizabeth positions the doctors as having more authority and control over her treatment

options, and she positions herself as having less authority and control. She positions the

doctors as having control through her report that the doctors gave her three limited

options: "the pill, Ponstel, (which was a painkiller,) or pregnancy." That doctors are

positioned as giving her only these three options emphasizes their control over

Elizabeth's care. Her reported response is one that implies frustration and, hence, a lack

of control: "And I thought, wait a minute. You can't tell me that there's not something

wrong with me." If she had reportedly responded in a way that did not show emotion,

then she would have positioned herself as having the ability to calmly pursue other

options. That she reportedly responds in a way that shows frustration reveals that she is

positioned as lacking control. Furthermore, Elizabeth positions the doctors as having

more authority over her treatment. She uses the plural form, "doctors," implying that she

had visited more than one doctor. This indicates that she sought a solution to her problem

by going to doctors, which positions doctors as having a certain amount of authority. This

positioning likely is the result of doctors' increased literacy in medical discourse. The

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[8] The original transcriptions, the approach to which is described in Chapter 2, were used for analysis. At the conclusion of the analysis, the excerpts from the transcripts were rewritten for readability. Sentences were imposed, punctuation was added, and interjections were eliminated. The researchers' interjections were eliminated where irrelevant to the analysis. False starts, where relevant to the analysis, were maintained and represented by an m-dash concluding the fragment. See Appendix E for a sample of the original transcription used for analysis.

increased authority and control that doctors are positioned to have indexes their hegemony in this situation.

This initial positioning of the doctors as having authority and control in this interaction then provides Elizabeth with the opportunity to position herself as somewhat rebellious in her rather subversive literacy practice. She reports to have responded to what she construed as a hopeless situation in the following way: "And I thought, wait a minute. You can't tell me that there's not something wrong with me. So like I said I was scouring these books and I finally figured out that this must be what it is. And I was right." Elizabeth's initial construal of a situation in which she had less control allowed her to then construct a new position for herself in which she takes the matter into her own hands. Elizabeth positions herself as powerless, which then allows her to position herself as rebellious and subsequently powerful. This is accounted for in positioning theory: "Positioning adds, in part, one conceptual index to another: a position for the individuals within a structure of rights for those who use this index. Once a determined position has been taken, the individual perceives and interprets the world from and through that strategic position" (Tirado & Galvez, 2008, p. 230). Positioning oneself in a particular way allows one to act in accordance with that positioning. In Elizabeth's case, positioning herself as having less control and being frustrated then allows her to act in a rebellious manner that ultimately repositions her as having more control than before.

Like Elizabeth, Charlotte describes her health problems and how she made an attempt at using literacy to manage her own health care. In discussing her heart health problems, Charlotte construes the nurse as having authority in a reported interaction with

her. Charlotte says she read an article that reported that some heart patients taking

Coumadin, a common blood thinner, may be able to switch to a new medication. This

appeals to Charlotte because Coumadin requires that she get frequent blood tests and

limit the amount of green vegetables she eats as they interact with the Coumadin. But

when she asked a nurse about this possibility, she was informed that she would not be

able to switch medications:

> I'm always looking at all the articles in the newspaper or online or
>
> anywhere about getting rid of the Coumadin and some pill that's going to
>
> take its place, which they came out with this new thing. But unfortunately
>
> anybody with a mechanical valve cannot take it. The valve people cannot.
>
> But it's good for any other person on Coumadin. So when I first saw it I
>
> thought, 'Oh, great.' You know, 'This is me. I can take this pill and I
>
> won't have to go have the blood tests and I won't –. I'll be able to eat my
>
> salad and do what I want to do.' But it's for everyone but. And then when
>
> I talk to the nurse she said they'll [*sic*] probably never be something for
>
> people with valves. Because you have to keep such track of it. … If [the
>
> blood] gets too thick it can't go through if it gets too thin you can have a
>
> stroke so you have to be checking it all the time.

Charlotte construes the nurse as having authority on the topic of heart prescriptions and,

hence, hegemony in her relationship with Charlotte. Charlotte describes how she reads

about a new heart drug that could replace Coumadin, but she then finds out that people

with mechanical heart valves are unable to take it. She then reports that the nurse

informed her that there will "probably never be something for people with valves." After reporting the nurse's claim, Charlotte provides evidence for that claim; it is unclear whether that evidence came from the nurse, from Charlotte's knowledge about her heart condition, or from her reading. Charlotte positions the nurse as an authority on the future of heart medical research because she reports the nurse's hedged claim and then supplies evidence to support her claim. She seems to accept the nurse's prediction as persuasive because she does not imply that she questions the nurse's claim or that she plans to seek information elsewhere. In this way, she positions the nurse as having a certain amount of authority on the subject of heart medication that is likely due to her increased literacy in medical discourse. I do not argue that she claims the nurse has more authority than doctors or researchers, but she does appear to position the nurse as having more authority than she does. This positioning allows the nurse to maintain hegemony in this situation.

Another example of a participant who describes her literacy practices about her body reveals that she construes the authority of medical professionals in a similar way. Like Charlotte, Cindy uncritically accepts the advice of the medical professional and places that advice in high esteem. When she was diagnosed with Crohn's disease, Cindy did research on managing the illness that affects the digestive system and requires dietary restrictions. She talks about finding a book to help her manage the disease:

Cindy: When I found out I had Crohn's I knew noth–. I didn't even know what it was. I did get a book on [it] and read that. But I'll go online and find out. Like, if he thinks I have this or that, I look at food to eat rather than take medicine for it.

Researcher: When you said, 'He thinks,' is that your doctor?

Cindy: Yeah.

This is the first time in the interview that Cindy mentions that she "got a book" on Crohn's disease to learn more about the chronic condition that she was now managing. In this excerpt, Cindy acknowledges that she had not known much about the disease and then talks as if she sought the book on her own volition to counteract her ignorance: "I did get a book on [it] and read that." She continues to present herself as the agent in making decisions about her literacy practices. She says, "But I'll go online and find out. Like, if he thinks I have this or that." In each of these statements, Cindy uses active voice and presents herself as actively seeking reading materials on the conditions that affect her body: "I did get a book," and "I'll go online and find out." While Cindy's search for literacy to manage her body appears to be an agentive act, her later mention of the doctor-patient relationship shows that her body management is not entirely independent of outside help:

Researcher: So when were you diagnosed with Crohn's?

Cindy: Probably when I was about forty.

Researcher   Okay.

Cindy: Forty, forty-five.

Researcher: And at that time you went and found a book on the subject.

Cindy: I got a book on Crohn's. In fact, he recommended one 'cause I didn't know anything about it.

In this excerpt, Cindy reveals that finding a book on Crohn's was not entirely independent, but that her doctor recommended a book that she then pursued. Cindy forefronts the fact that she uses a book to help her make decisions about her diet and later discloses that her doctor recommended the book. By adding the doctor's sponsorship (Brandt, 1998) of this reading as a footnote, Cindy construes the source as a reliable one that needs no rationalization. Her positioning of the doctor as a reliable source likely is due to the doctor's increased literacy in medical discourse. In this excerpt, Cindy construes the doctor's unquestionable authority over her disease management, which suggests his hegemony as well.

Cindy's reading about her body reveals that her reading is supplemented by her doctor's opinion. For example, she discusses the foods she can and cannot eat:

Cindy: And I can pretty much eat anything I want when I'm not in a flare up, but if you're in a flare up, it's bland. You can eat like baked fish, baked chicken, green beans, nothing fresh, no fresh fruits or vegetables, no red meat, no dairy, no caffeine. Of course, tea; I drink tea. What else?

Researcher: So did your reading help you to identify those things?

Cindy: Basically, yeah. And plus the doctor told me when I was flaring up, this is what you can't eat.

Because she had mentioned earlier in the interview that she reads information on the Internet to find tips and advice for foods to eat and foods to avoid, I ask Cindy if her information comes from that reading. She agrees that it does, and then adds that her

doctor is the source of much of this information. Her use of "and plus" to tack on her mention of the doctor's expertise is an additive semantic relation (Fairclough, 2007, p. 89) that construes her literacy practices to have equal relevance to her doctor's advice. This simply shows that Cindy construes the doctor-patient relationship as a valuable component in the management of her disease on par with her own literacy practices.

In another participant example, the authority of doctors in doctor-patient relationships is reiterated by a participant's acknowledgement of doctors' access to medical literacy and fluency in medical discourse. Two years prior to our interview, Sandra had been treated for a form of non-Hodgkin's lymphoma, which she described as a type of blood cancer that is so rare that doctors in the medium-sized town in which the study takes place see only six or seven cases of it in their entire careers. After her diagnosis, Sandra enrolled in a clinical trial at a large state university located in the state's capitol, about a ninety-minute drive from her home. Her treatment, which lasted 6 months, consisted of rounds of medication and testing for which she was frequently hospitalized for three or four days at a time, culminating in a stem-cell transplant at the end of the treatment.

After her diagnosis, Sandra conducted research on the Internet to find out more about her disease and its treatment:

Researcher: Have you done much reading about the body throughout your life?

Sandra: Probably not a whole lot. I'm sure I did research when I was sick. A lot of it on the Internet. I've done more reading maybe about nutrition and things than I have the body per se.

Researcher: Now when you say you did some research when you were sick,

what types of things did you look at?

Sandra: Mostly what I had and what the different studies showed. I tried to

get my hands on as much as I could. Medical people have access to

different Web sites than we do so they, of course, have more

information they can go to. But I still did searches on the Web and

everything so that I could be more informed about choices and

treatment.

Researcher: Did you use that information?

Sandra: I did to some extent. Some of it was very technical about which

part of the cell is attacked, and that was way above me. But I did.

Researcher: How would you say you used it?

Sandra: I knew a little bit more about the terminology they were using

about some of the medications that were commonly mentioned in

the articles. So I knew what to expect.

Sandra's discussion of her literacy practice construes doctors' authority on medical topics

due to their access to literacy materials and ability to engage in medical discourse.

Typically, we talk about literacy access as determined and allocated based on socio-

economic positioning (Brandt, 1998). Wealthier individuals and those with connections

to universities and other resources (Brandt, 1998) may have greater access to better and

more informative literacy resources than those with fewer financial resources and

institutional connections. Interestingly, Sandra comes from a background that one would

not normally consider underprivileged. While she did not disclose her income level, Sandra does belong to the senior center in the wealthier township of the two jurisdictions in which the study was located, where the median income is $88,000. Other small details about her life indicate that it has been comfortable: she stayed at home with her children until the youngest was in school, at which point she began teaching; she has a master's degree; and she and her husband, along with one other couple, have enjoyed private yoga lessons from a local instructor. Access to literacy for someone with a master's degree and an arguably comfortable lifestyle is not typically seen as a problem. However, Sandra acknowledges that she lacks physical access to medical journals and other studies that could give her greater information about her disease. She says, "Medical people have access to different Web sites than we do so they, of course, have more information they can go on." Doctors' access to these journals is financed by the institutions, such as universities and hospitals, for which they work. Even though Sandra can be presumed to have a comfortable disposable income and to be a member of the middle class, she does not have the buying power of these institutions.

Whether or not Sandra can afford physical access to the medical journals is irrelevant when we consider the larger barrier to access this information: a lack of literacy in medical discourse that would allow her to read and understand the journals (Gee, 2012). Even the accessible texts that are free and public are difficult for her to understand: "Some of it was very technical about which part of the cell is attacked, and that was way above me." This "technical" terminology that is "way above" her construes Sandra as unable to fully participate in the discourse that discusses the details of the

disease that was attacking her body. In other words, she lacked literacy in medical

discourse and therefore lacked authority on this topic.

In other talk about literacy practices as they relate to her disease management,

Sandra reveals additional power dynamics at play. Sandra describes how State School

doctors gave her a booklet that described the study in detail, including the various types

of treatments and drugs that would be administered and when. She showed this to her

local oncologist to get his opinion on the study. Sandra's talk about this literacy practice

reveals the authority that she perceives each party to have in this interaction:

> I was actually in a clinical study. They gave me the whole booklet, so to
>
> speak, of how they would treat this. This was up at State School. So we
>
> went up there for the treatment from here. And we had my oncologist here
>
> look at the study. He felt that it would be good.

Sandra construes a lack of familiarity with State School doctors, which is emphasized by

her use of pronouns and distance terms. Pronouns are often used by speakers to draw

themselves closer to or distance themselves from particular situations or things

(O'Connor, 1994). Sandra says, "**They** gave me the whole booklet, so to speak, of how

they would treat this." She emphasizes the distance that exists between herself and

"them" by referring to their geographic location: "This was **up at State School**. So we

went **up there** for the treatment **from here**." Sandra emphasizes distance between herself

and the State School doctors through the use of "they" as well as the repetition of

distance terms "up there" and "from here." This contrasts with her construal of her

relationship with her local doctor, which is closer, as implied by her use of "my

oncologist" and her implication that her decision was partially based on his opinion: "he felt that it would be good." The distance terms coupled with the pronouns imply a lack of familiarity with the State School doctors and a familiarity with her local oncologist. In addition, Sandra acknowledges that the State School doctors possess literacy in this unfamiliar study while her local doctor, at least initially, does not. Sandra's use of distance terms and pronouns position State School doctors as unfamiliar; her acknowledgement of their greater literacy on this disease and its treatment positions them as more knowledgeable and, thus, authoritative. These positionings construe State School doctors as having authority over Sandra's disease management and treatment because Sandra and her doctor are unfamiliar with both the doctors and their study.

This section shows that in talking about their body-related literacy practices, these seniors position doctors as having hegemony through having authority or control. This finding aligns with prior research that finds doctors have more control in conversations with patients (Ainsworth-Vaughn, 1992; Barton, 1997; Dunmire, 2000; Fisher & Groce, 1990) and with elderly patients, specifically (Coupland & Coupland, 1994). In many cases in this section, participants' talk shows that they perceive doctors as authorities on the subject of the body. This likely can be attributed to doctors' literacy in medical discourse and patients' relative lack of literacy in medical discourse, among other cultural factors. In the next section, a closer look at the ways participants use literacy practices will reveal how they leverage some control over their body management.

The Use of Literacy to Leverage Control Over the Body

In the prior section, I argue that participants position medical professionals as having authority or control in the management of participants' bodies and thus have hegemony in these interactions. Participants indicate that they have this perception because doctors operate within the discourse of medicine (Gee, 2012). In many instances, however, participants describe how they attempt to use literacy in medical discourse to leverage some control over the management of their bodies. In this section, I argue that participants recount that they use literacy as one way to leverage control over their bodies in relationships with doctors and other medical professionals. I also suggest a visual model that helps to characterize participants' perceptions of a lack of control over their body management and the ways that they acquire literacy and regain control.

The prior section discussed ways participants perceive doctors' authority and control, and this section discusses the ways participants leverage control over their bodies. However, this chapter does not argue that the participants depict "power struggles" between themselves and their doctors or other medical professionals. The chapter does not argue that patients and doctors attempt to wrest power from the other in order to control what happens to the patients' bodies. Instead, the prior section provided background that colors participants' perceptions of doctors as having a certain amount of authority and control. Against that background, we can examine participants' reported literacy practices and observe the ways these practices allow them the perception of more control over their body management. In other words, participants do not engage in literacy to try to usurp the power that doctors have. Instead, they engage in literacy to

affect the ways their bodies get managed or to come to a better understanding of the ways doctors help them manage their bodies.

A model depicting participants' positioning of themselves and medical professionals through participants' reported speech helps to understand literacy's role in these scenarios. We can conceptualize participants' status prior to their reported turns to literacy in Fig. 3.1. The basic components of the model include a beam positioned over a fulcrum, the medical professional on the left-hand side, and the participant on the right-hand side. The symbol that represents the doctor or nurse is larger, depicting a greater amount of medical knowledge and his or her firm position within the medical discourse community. The patient is represented by a smaller symbol, depicting her[9] relatively small amount of medical knowledge and her lack of medical discourse. The beam's original position shows an imbalance because the doctor or nurse has greater medical discourse and greater authority than the patient regarding the particular matter at hand.
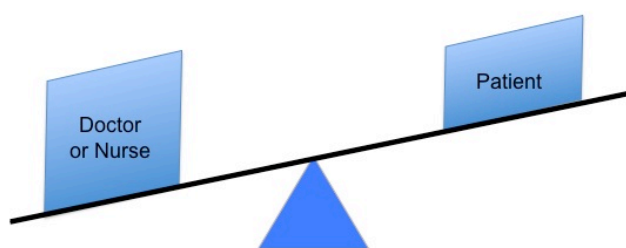

Fig. 3.1: Basic Components of Model

The model is generated based on participants' reported perceptions of doctor-patient relationships described in the prior section. In the prior section, I argue that

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[9] The adjectives "his" and "her" are used intentionally in this description. In each of the examples in this chapter, the participants are women and their doctors are men. In one example, the medical professional is a female nurse, and the adjectives are adjusted accordingly.

participants construe medical professionals as having authority and control due in part to their greater literacy in medical discourse. This is depicted in the model by the larger symbol representing the medical professional on the left-hand side of the beam and the smaller symbol representing the patient on the right-hand side. In this section, I will focus on participants' discussions of their use of literacy within these interactions. In each case, participants describe how their use of literacy provides them with increased medical discourse on a particular topic. Each of the participants report their interactions in the same general way:

- they lack literacy on a particular medical topic and are seeking a change in the management of their care;
- they gain literacy on this topic through reading texts, talking with medical professionals, or both;
- they enact change in their care or come to a greater understanding of the management of their care.

The process described in the list above is represented by the dynamic models below. The lack of literacy is represented by the smaller symbol depicting the participant. Participants then use literacy practices to gain literacy in medical discourse in a particular area. When they do so, they enact change in their treatment plans or come to an understanding of the reasons behind their current treatment plans. The imbalanced beam represents participants' dissatisfaction with or lack of understanding about their current treatment plans; the balanced beam, which is achieved, in part, through their use of literacy, represents participants' satisfaction with a change in their treatment plans or an

understanding about their treatment plans that they share with the doctor. This understanding gives participants a confidence in their treatment plans and a sense of control. Hence, participants report that they use literacy to gain a sense of control over their body management.

There are limitations to the model. The doctor and the participant are positioned on opposite sides, which may imply an adversarial relationship, but this is not the goal of the model. Instead, in each example, participants attempt to bring the beam into balance, which represents the patient's sense of control over their body management. The balance also implies an equal amount of power, yet the doctor and participant cannot be considered to have a completely equal amount of power because every new interaction will pose a new context that can alter the power dynamic. For instance, a patient who refuses to follow a doctor's orders leverages more control over her body than the doctor has. Furthermore, if we think about power as residing in the possession of medical discourse, the doctor always will have more of this. The balanced beam instead implies a shared understanding about a particular component of the patient's body. It also is important to note that the model does not account for the inevitable, additional factors that affect participants' changes in perceptions or changes to their bodies. These other factors might include additional conversations with doctors, conversations participants do not describe in the interview, cultural norms, and many other elements. This study examines the ways seniors use literacy practices to enact changes, but it does not account for these other factors. The model is only relevant insofar as it is used to depict participants' perceptions of hegemony, their understanding of the reasons behind their

treatments, their use of literacy practices, and their sense of control over their body management.

In the case of Elizabeth, who was suffering from gynecological problems, doctors were not giving her answers that satisfied her, so she turned to books to find out what was going on with her body. She says she does not remember the specific book she was looking at, but that she remembers that one of the books helped her to "pin it down." She says, "It had a very nice chapter on endometriosis, and it was just women's gynecological issues." She adds, "the symptoms that they were describing were exactly what I was going through." While she does not remember the details of what happened after that discovery, Elizabeth says she soon after had a laparoscopy and was properly diagnosed with endometriosis. Elizabeth's literacy practice of searching on her own for information about gynecological problems allowed her increased control over the way her health problem was managed.

At first, the way Elizabeth describes the doctors who disregard her symptoms can be represented by Fig. 3.1. The doctors have the medical knowledge and are in control of the management of Elizabeth's condition. Elizabeth's dissatisfaction with her medical treatment and frustration with the doctors is a relative lack of control, which is represented by the imbalanced beam.
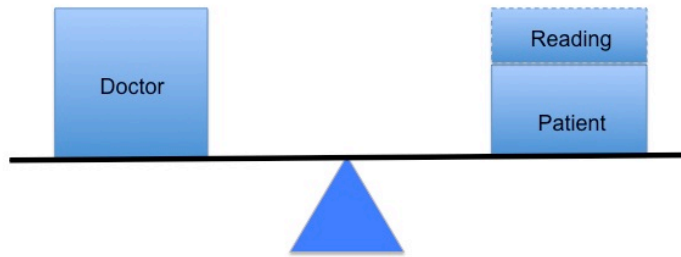
Fig. 3.2: Model Depicting Elizabeth's Scenario

When Elizabeth engages in a literacy practice – researching women's gynecological problems in the library – she gains some literacy in medical discourse, which is represented by Fig. 3.2. Note that the symbol representing Elizabeth is now larger, revealing her reported increase in medical discourse. The leverage Elizabeth has gives her power over the management of her body. In fact, because she now possesses more knowledge about this particular issue than her doctors, Elizabeth's symbol might be depicted as larger than that which represents the doctors, which would result in her side of the beam falling lower than the doctors. Eventually, Elizabeth finds doctors who agree with her assessment of her condition, and Elizabeth's and her doctors' mutual understanding and confidence in the diagnosis of endometriosis and subsequent treatment for it show a balance on this particular issue (Fig. 3.2). Indeed, literacy likely was only one of the factors that allowed Elizabeth to obtain this diagnosis, but it is important to consider its integral position.

Charlotte also uses a literacy practice to attempt to leverage control over the management of her body. Charlotte describes her frustration with taking Coumadin for her heart health because the drug limits her diet and requires regular testing. Through

reading, Charlotte discovers that there is a new drug on the market that can replace

Coumadin. She brings that information with her to the doctor's office, yet the nurse

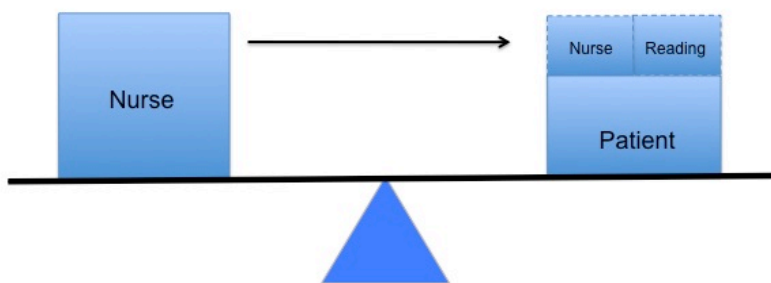informs her that people like Charlotte who have heart valves cannot use this drug.

Fig. 3.3: Model Depicting Charlotte's Scenario

The dynamic model can map Charlotte's reported use of a literacy practice to

manage her body and lend insight into how literacy functions in this context. In Fig. 1,

Charlotte is represented on the right side of the beam as a smaller symbol, showing her

lack of medical discourse. The nurse has literacy in medical discourse and is represented

by a larger symbol on the left. The imbalance of the beam represents Charlotte's

dissatisfaction with the way her body currently is being managed. Charlotte then uses her

reading about new blood thinners to start a conversation with the nurse about switching to

the new medication. The literacy practice prompts a conversation, and thus serves as a

tool for Charlotte to obtain additional literacy in medical discourse with the knowledge

that this new drug is unavailable to people with heart valves. This new knowledge

contributes at least partially to Charlotte's understanding of why her body is managed in

the way that it is. With this enhanced understanding, Charlotte has a sense of equilibrium

in that she understands why her body is being managed with Coumadin and not a new

drug (Fig 3.3). Note that the arrow shows the nurse provides additional literacy in the medical discourse to Charlotte, adding weight to her medical literacy and bringing her into balance in understanding her condition and why it is being managed in that way.

In the example above, Charlotte says that she tries to use literacy to attempt to leverage control over her body. While the story did not result in Charlotte changing her medication as she had desired, Charlotte did come to a better understanding of why her disease was being managed in that way through her conversation with the nurse. With the increased literacy provided to her by the conversation with the nurse, Charlotte and the nurse are able to move forward with a mutual understanding of Charlotte's care, as represented by the balanced beam. In this way, Charlotte leverages control over her body through the use of literacy.

Cindy provides a slightly different example of the use of literacy practices to gain control over her body management. Cindy lacks literacy on Crohn's disease, as represented by the imbalanced beam in Fig. 3.1. Her doctor has more medical knowledge and thus is represented by a larger symbol. Cindy says that her doctor shares a book title with Cindy, which allows her to obtain some literacy in this particular area of medical discourse. This increased medical literacy is part of what allows her to control her disease and to bring her beam into balance (Fig. 3.4). Cindy's scenario is similar to Charlotte's in that the medical professional provides some medical literacy to the patient. It is also similar to Elizabeth's story where reading provides the bulk of the acquired medical discourse. Yet in Cindy's example, the doctor actually provides her with a text. This shows that participants gain literacy in particular areas of medical discourse in a variety

of ways – by finding texts on their own, by taking texts from medical professionals, by receiving oral advice from medical professionals, and so on.
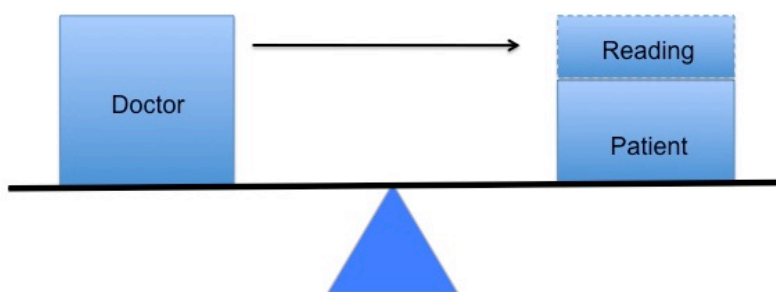
Fig. 3.4: Model Depicting Cindy's Scenario

Sandra describes two literacy practices that help her to leverage control over her body as she dealt with cancer. First, she describes using Internet research to obtain some literacy in medical discourse that allowed her to interact more productively with medical professionals. She said, "I knew a little bit more about the terminology they were using about some of the medications that were commonly mentioned in the articles. So I knew what to expect." Even though before her diagnosis Sandra knew little to nothing about her disease, her efforts to engage in literacy practices and to gain some literacy in this discourse afforded her some control where before she would have had none. Her control lies in her familiarity with medications and her ability to understand what the doctors were saying to her; it also lies potentially in her ability to ask questions and gain some understanding about what was happening to her body and what steps doctors were taking to provide her with treatment. This situation may best be expressed by Figs. 3.1 and 3.2. Without any medical discourse regarding her cancer, Sandra appears to feel less in

control of her situation, as represented by Fig. 3.1. By using Internet research, Sandra

obtains some literacy in medical discourse, and this is part of what affords her

comprehensible conversations with her doctors; this is part of what allows her to regain a

sense of control over her body management, as represented by Fig. 3.2.

Sandra's second description of a literacy practice when managing her cancer was

a discussion of how she used the booklet to communicate its contents to her local

oncologist and ultimately decide to participate in the study. As noted in the section above,

Sandra described the State School doctors as having more power in this situation because

of their increased literacy in the medical discourse surrounding this particular type of

cancer and its treatments. Moreover, her local doctor has less literacy in this discourse.

Before Sandra decides to join the study with State School doctors, she confers with her

home doctor. Because Sandra has the booklet in her possession, she is able to transfer

that text to her home doctor, who, with his literacy in medical discourse, is able to read it

and recommend that Sandra agree to the study. Once her doctor agrees to it and advises
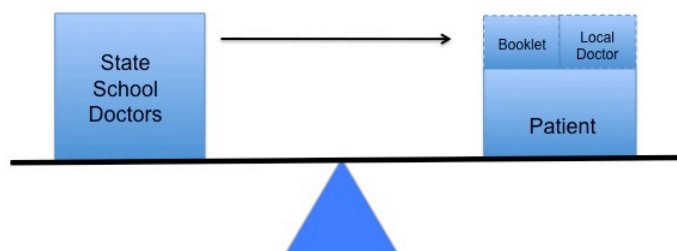
her, she decides to participate in the study.

Fig. 3.5: Model Depicting Sandra's Scenario

The dynamic model again can be used to explain how the participant reportedly uses literacy to leverage control over her body. When Sandra is presented with the opportunity to participate in the study, she is unsure of whether it is the best decision for her, which is evidenced in her choice to seek the advice of her local doctor. She talks with her local doctor, using the booklet as a tool to communicate with him the details of the study. By giving the local doctor the booklet, she enhances his literacy in this particular area of medical discourse. The local doctor then is able to advise her, and with his guidance, she decides to participate in the study. That Sandra's decision to participate follows her distribution of the booklet to her local oncologist indicates she has a certain amount of confidence in the decision to participate in the study. This confidence, represented by the balanced beam (Fig. 3.5), is achieved at least in part through a literacy practice in conjunction with her local doctor.

In the first section of this chapter, I show that in the course of discussing literacy practices about their bodies, participants reveal that they perceive medical professionals as having greater authority over the management of their bodies. I conclude that this authority is partially attributable to doctors' literacy in medical discourse. This understanding provides background against which we can examine participants' reported uses of literacy to leverage control over the management of their bodies in relationships with medical professionals.

The dynamic model was grounded in the data and structured from a thorough understanding of the contexts of each of the stories from the perspective of the participant. The imbalanced beam (Fig. 3.1) represents times when participants have less

control over their bodies because they do not fully understand their treatment or they are not fully satisfied with a current approach. Greater understanding of their bodily issues and treatments comes with increased literacy in a specific area of medical discourse. Participants claim that they seek texts – often prompting conversations with doctors and nurses that lead to the acquisition of more literacy – that help them to come to a greater understanding of the issues they are having with their bodies and their treatments. This understanding and comfort is a form of power over their body management. To have knowledge of one's body and bodily treatments that one understands and accepts is to have a sense of control over them.

The models are limited to describing participants' perceptions of specific uses of literacy in a specific type of medical discourse in a given social context. In each story, participants begin with a question or concern about their treatment plan, introduce a literacy practice as a change agent, and then conclude with a sense of control. The balanced beam is not intended to imply that participants have an equal amount of medical discourse as their doctors. Furthermore, participants' acquisition of control over their bodies does not imply that doctors relinquish control over participants' bodies. Finally, literacy is unlikely the only factor in the progress that is made from unbalanced to balanced beam; other factors might include conversations with others, additional literacy practices, and so forth. The models represent participants' conceptions of body management situations with health care professionals and the ways literacy practices are productively used to allow participants a sense of greater control over their body management.

A dynamic model such as the one based on the lever metaphor can help to identify the specific role literacy plays in detailed social contexts. First, the model allows for characterizing the ways participants use literacy *in a given social context*. Mapping participants' uses of literacy through a model organizes the messiness that typically characterizes any social situation. The model does not decontextualize the literacy event because the model was generated based on a thorough understanding of the event. The lever model is helpful in these scenarios because participants communicated situations that involved uneven distributions of power, and they used literacy to attempt to leverage power. For other situations that include power dynamics, the lever model may be used productively. Still other social contexts may require different models to be generated based on other factors, such as additional agents, texts, and impetuses that prompt the literacy practice.

Second, the model is useful because its components are limited to those that we want to examine. In this study, literacy practices are the main focus, and a symbol in each model represents those practices. If participants talk about other factors, such as other characters or methods of obtaining information, those components can be added to the model. This model was limited to three components – doctor, patient, and literacy practice – because participants' reported interactions repeatedly brought up those components as relevant. This does not imply that other components were not integral to the changes participants made.

Furthermore, the model is dynamic, which allows for an examination of how literacy functions, or how it is an agent that can enact change (Brandt & Clinton, 2002).

Each participant's narrative is characterized by at least two models – Fig. 1, which

represents the starting point of the scenario, and the latter figure that shows the beam in

balance. This movement allows us to see how literacy functions to create change.

Conclusions

This study began with the research question, How do seniors use literacy practices

to manage the body? This question was designed so that the answer would characterize

the dialectical space between the body and rhetoric about the body with a specific focus

on seniors (see Chapter 1). Chapter 1 describes how the body is co-constructed by the

dialectic interaction between the material body and rhetoric about the body (Hughes &

Paterson, 1997; Oberg, 1996; Siebers, 2008; Tulle, 2003; Twigg, 2004; Whitaker, 2010).

Scholars have called for the need to examine the dialectical space between both of these

elements. This section will explain the ways the analysis in this chapter contributes to an

understanding and characterization of that dialectical space.

I argue for the use of a new term and tool that describes the way texts and bodies

interact. I propose that participants *embody texts*[10] when they use texts in ways to enact

control over their bodies. A person can be considered to embody a text when she uses

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[10] Other terms have been used to describe rhetoric and the body, but they do not quite capture the phenomenon happening in this study. One might say participants "internalize" texts, yet the definition of "internalize" has different connotations: internalization is typically used to describe the mind's consumption of a text, and not the body; moreover, "internal" calls to mind the internal/external division that is mediated by the body itself (Grosz, 1993). Another term often used to characterize the body as a rhetorical device is "embodied rhetorics" (Wilson & Lewiecki-Wilson, 2001). Yet "embodied rhetorics" has a meaning that is specific to what the body says; for example, the Christian tradition views the disabled body as a sinful body that dissuades others from making the same mistakes (Wilson & Lewiecki-Wilson, p. 15). Similarly, American Sign Language, as a semiotic system contingent upon the body, is an embodied rhetoric (Brueggemann, qtd. in Wilson & Lewiecki-Wilson, 2001). The focus in this chapter was not on what the body *says* but on how people *use texts* to effect changes in their bodies.

that text to enact some body-related change, as with the examples in this study. The examples in this chapter show that participants' stories begin with dissatisfaction about the ways their bodies are managed. Then, participants describe how they engage in a literacy practice, which allows them to acquire some literacy in medical discourse, thereby enhancing their confidence and bolstering their understanding about their bodies and bringing the beam into balance. Real, bodily change, or change in the perception of one's body, which can be just as important in some instances, happens when a person uses texts in this way. Therefore, a person embodies a text when the text gets incorporated into her body or her perceptions of her body.

An example will help to clarify the term, *embodying text*. When seniors use a literacy practice to manage the body in some way, they take up a text that is a rhetorical representation of the body or of aspects of the body, and they attempt to use that representation to make a change to the body. In other words, they seek to apply the text to the body itself. This is not unlike what people do with texts on a daily basis. For example, when a person reads a recipe, they seek to apply that recipe on the ingredients in their kitchen and construct an actual, physical meal as a result. Yet with literacy and the body, the stakes are higher because we're talking about a body, not disposable ingredients from a pantry. The texts one takes up and applies to one's body rhetorically represent the body in some way, for better or worse. For instance, if that representation contains ageist assumptions, the participant might physically embody those assumptions if they choose to enact what the text suggests. This is unlike the use of the recipe, which would prompt

the ingredients to embody the text of the recipe, a less serious result than our scenarios with the body.[11]

Each participant in this study embodies texts when using them to manage their bodies. The models described above show how participants enact change to their bodies or understandings of their bodies through acquiring literacy. The acquired literacy gives them leverage or control over the body. Elizabeth finds a book on endometriosis and uses that book to help her obtain a diagnosis and treatment for endometriosis. She reports that she takes the text and enacts change on her body as depicted in the dynamic model's move from imbalance to balance. While it's likely that other factors unaccounted for in this study led to bodily change, we can say that the text, in part, helps to change her body. In other cases, the change is not as drastic as Elizabeth's. For instance, in Sandra's case, her literacy practices allow her to enact change on her perception and understanding of her disease and body management. Yet while Sandra's use of text may not have impacted precisely what was done to her body, it does impact her understanding of her body, and that understanding can be just as important as the actual, bodily state. Twigg argues that the body is not just a material, fleshy thing, but "a social text, something that is both formed and given meaning within culture" (2004). This understanding of the body influences everything we do, from how we go on to take care of the body, treat the body, and so forth.

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[11] Of course, the physical use of the recipe in the making of a dish requires human embodiment that could have implications just as serious as the ones we describe; yet that is beyond the scope of this discussion.

This argument falls in line with yet diverges from the way scholars have conceptualized rhetoric and the body. Viewing disability as a social construction, scholars argue that the body's disability exists because rhetoric maps meaning onto the body's features (Hughes, 2002; Rembis, 2008; Thomas, 2007). For example, the impairment of nearsightedness becomes a disability when the measurements fall within the parameters of our socially constructed conception of blindness. Wilson and Lewiecki-Wilson (2001) write,

> Disability provides one of the best examples of how the language of institutional discourse systems determines material practices in ways that can work to the advantage – and disadvantage – of the disabled person. For example, diagnostic labels both predict and determine outcomes by denying or providing medical treatments or educational services" (p. 11).

Embodied rhetorics happen when rhetorical constructions of disease determine a person's diagnosis and then treatment of that persons' body. The rhetorical construction affects what the body is and how it is treated.

However, the proposed concept of *embodying text* is slightly different. The term represents instances of the ways people actively use texts to enact bodily change. The term is a verb for a specific reason: the verb form captures the dynamism, or movement, in the dynamic model generated from the data and presented in this chapter. When Charlotte *uses a text to enact change* to her understanding about her body, she *embodies* the text. This term is different from the term "embodied rhetoric" which presumes that a rhetoric is already embodied and we theorists need to figure out what it is and how it is

embodied. Second, the concept *embodying text* is applied at the local level where there is a specific instance of a person using a text for a purpose within a context. For example, Charlotte uses a text about Coumadin replacements in a specific conversation with her nurse. While embodying a rhetoric can refer to the embodiment of the rhetoric constructed by a number of different narratives in a given culture, embodying a text refers to the specific focus of an instance of embodying a specific text. Embodied rhetorics may refer to texts more generally or in hypothetical terms, but they don't always discuss specific texts and how they function within a given narrative. Next, embodying text emphasizes a focus on the text itself, taking a cue from literacy studies scholars Brandt & Clinton (2002). By focusing on the text and the text's agency, we can come to a better understanding of how the text interacts with the body at the local level. The term embodying text, then, can be used in situations that study the *use of text on the body in a specific social context.*

This section has argued thus far that the ways seniors use literacy practices to manage their bodies can be called *embodying texts*. We can now move to the overarching goal of the study, which is to characterize the dialectical space between "rhetorical constructions of the body" and the "material body" (Chapter 1, Fig. 1.1). Instead of thinking about rhetorical constructions of the body and the material body as abstract concepts that apply to all bodies, this study allows us to think more specifically – at the local level – about the bodies under study. By focusing on the local level, we can characterize this dialectical space for particular participants.

The ongoing, complex interaction that goes on within this dialectical space might be characterized as *reciprocal.* For instance, there is a dialectical relationship between Sandra's literate practices – her personal understanding of the rhetorical constructions of the body as they are represented in her Internet research and the cancer study booklet – and her body, which is the actual physical state of dealing with a rare form of cancer. Sandra's account shows that her literacy practices influence the way she talks with doctors and ultimately deals with and makes choices about her body, and the body itself impacts what Sandra chooses to research and read and how she plans to embody that information. Sandra uses Internet research to find out information about the cancer that she deals with. This text prompts her to see her body and her disease in a new way. This new understanding of her body is marked by her embodiment of that text. With that embodied text, Sandra visits with her local oncologist. Because Sandra has embodied these texts, her conversations with her oncologist are affected by that new awareness, and those conversations in turn affect the decisions the two of them make for future treatment. Sandra reports that these literacy practices affected her perceptions of her body and her conversations with her doctors: "I knew a little bit more about the terminology they were using about some of the medications that were commonly mentioned in the articles. So I knew what to expect." She also noted that she did this research "so that I could be more informed about choices and treatment." One of those decisions was to participate in the State School study. Sandra retains the booklet and provides it to her local oncologist. He advises her to partake in the study, and her new understanding of the study generated through literacy practices of reading the booklet and having

conversations with her oncologist, who read the booklet, are then embodied. In her larger story, Sandra has constant interactions with literacy and constant changes and refinements in the treatments of and perception of the cancer in her body. These activities might be considered reciprocal: bodily status affects the literacy pursued; that literacy is embodied and affects bodily status, and so on.

I suggest that this reciprocal activity be identified as *embodied literacies*. One instance of an individual embodying a text can be identified with the term, *embodying text*. Yet *embodied literacies* connotes the idea that a person is continually enacting change to her understanding of her body by engaging with a literacy practice within a particular Discourse. A model helps to explain this hypothesis (Fig. 3.6). In Sandra's example above, she embodies texts within medical discourse as represented by the curved arrow stemming from the text and to the body. Future bodily change prompts her to do additional research, represented by the curved arrow stemming from the body and to the text. This suggests that she constructs herself and her body as actively fighting her cancer. Thus, Sandra's embodied literacies allow her to construct that dialectical space – lived experience – as fighting cancer.
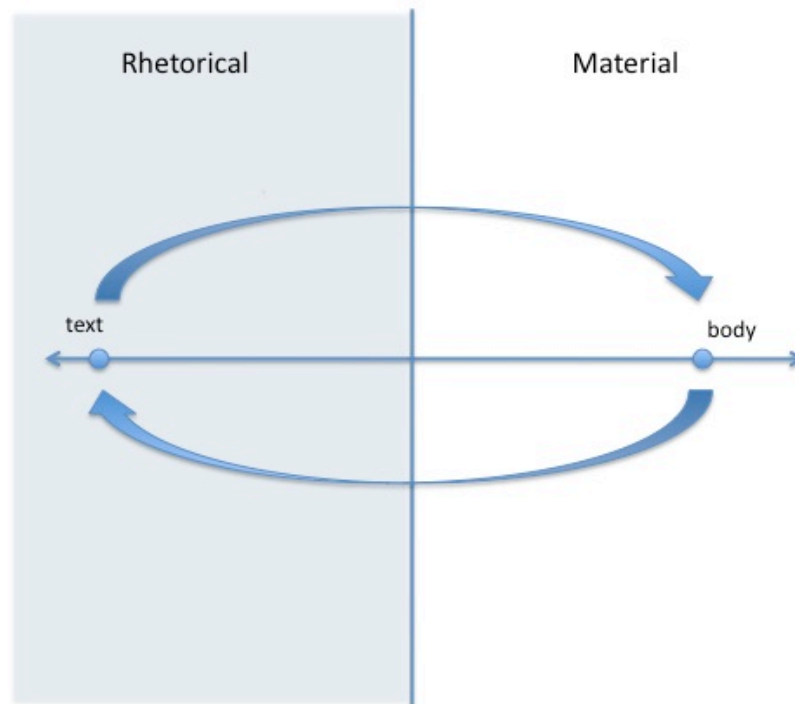
Fig. 3.6: Embodied Literacies

Sandra's example provides us with some insight into how this reciprocity, termed *embodied literacies*, functions. However, this study was not designed to examine this reciprocity in detail. The concept *embodied literacies* is a hypothesis that needs to be examined more specifically in future research. The data collected for this study does not reveal additional examples beyond the one described in Sandra's scenario because interviews were not structured to ask several follow-up questions about what happens *after* seniors use texts within a particular context. However, future studies can ask a set of layered questions to understand if and how the reciprocity happens over time. Through

this type of questioning, the researcher might build a better understanding of the ways text and body co-construct this dialectical space.

Through a close examination of seniors' literacy practices, this study has found that senior participants construe relationships with doctors and other medical professionals as asymmetrical, with the medical personnel having greater authority over their bodies. In addition, literacy practices are at least part of what participants use to leverage control over their bodies against the background of these relationships. Literacy practices were the focus of this study, but participants likely use a number of tools, including conversations with others, to obtain information about their bodies. A dynamic model best represents the ways in which seniors reportedly use literacy to enact change in the conceptions of their bodies or in the actual treatments of their bodies. The model led to a generation of the concepts *embodied texts* and *embodied literacies*, which represent the ways individuals' bodies are changed, at least in part, by the textual agent. The dialectical space between the body and rhetorical representation of the body can thus be characterized by the concept of *embodied literacies*, revealing the crucial nature that texts and literacy practices have in constructing the body.

These claims are limited because they are based on a small segment of the data that was generated from a data set that included a limited number of participants. The claims are made based on only four examples in which participants brought up literacy practices that were involved in some way with remembered interactions with medical professionals. I have few examples to discuss in part because of the small participant pool, but mainly because the study did not set out to discuss seniors' uses of literacy

practices in relationships with medical professionals. Additional studies might examine this phenomenon more specifically by asking seniors about their uses of literacy in the context of conversations with medical professionals. However, this phenomenon reveals the productive nature of grounded theory-based research. With a grounded theory approach, I allow new concepts and categories to emerge from the data that may represent phenomenon that I could not have predicted. By allowing these categories to emerge, I can discover new phenomena that are grounded in the data and that provide guideposts for future research projects.

These claims also are limited because they are based on reported and remembered interactions between participants and medical professionals. Remembered narratives do not represent the past event in the precise way in which it transpired. Furthermore, participants describe these remembered interactions, which means that they construct and comment on the interactions and determine how they and the medical professionals are positioned. Future studies might examine actual doctor-patient interactions to identify the ways in which literacy practices might enter the conversations in real time.

The roles texts and literacies play in constructing the senior body is important to examine because aging is a rhetorical construction. The texts that represent the aging body represent it in particular ways that may not be beneficial to seniors (Bowen, 2012). Additionally, the body itself can be ignored when we examine aging as a rhetorical construction (Hughes & Paterson, 1997; Oberg, 1996; Siebers, 2008; Tulle, 2003; Twigg, 2004; Whitaker, 2010), so understanding the interactions between texts and body are relevant as well. Examining the ways these two components to the aging body function

reciprocally to construct the body thus is a critical task, and it answers calls by

researchers of both disability (Hughes & Paterson, 1997; Siebers, 2008) and aging

(Oberg, 1996; Tulle, 2003; Twigg, 2004) to examine this dialectical space. Furthermore,

due to the stigma about the aging body that individuals must negotiate, the ways seniors

embody literacy becomes an important question. Texts that get embodied must be

examined to find out if and how those texts include ageist assumptions (Bowen, 2012), or

are sponsored by institutions with divergent interests (Brandt & Clinton, 2002). On the

other hand, even texts that adhere to the medical model may provide seniors with helpful

advice on dealing with painful impairments. The ways seniors embody literacy and the

texts that they embody become relevant points of inquiry for future research.

CHAPTER 4

The Rhetorical and the Cybernetic Body

In an effort to respond to this study's research question, "How do seniors use literacy practices to manage the body?", Chapter 3 discusses the ways participants use literacy practices to manage their own bodies or to manage the bodies of others. Specifically, Chapter 3 provides a sketch of what seniors' literacy practices look like in relation to body management, thereby directly characterizing the dialectical space between the rhetorical construction of the body and the body's materiality (see Chapter 1). Chapter 3 concludes the analysis there, and this chapter adds to the description of this dialectical space by examining literacy practices alternative to the types discussed in Chapter 3. In the course of describing how they use literacy practices to manage the body, seniors also construct a complex and multifaceted picture of what counts as literacy practice, blurring conventional definitions of text and literacy. In this chapter, I examine the ways seniors broaden the conception of text and literacy when managing the body and discuss how these moves add to the characterization of the dialectical space between rhetorical construction and materiality.

The grounded theory-based analysis generated two themes on which this chapter is based. A description of the coding process is provided in Chapter 2, and a chart outlining the themes and categories is provided in Appendix C. The two themes included

components that revealed the ways seniors broaden the definition of text and literacy, so those categories within the themes were selected for further analysis and discussion.

One of the themes explores how interpersonal relationships in participants' lives impact or relate to their bodies. Within that theme, one category related to literacy because it involved rhetoric: participants talk about how the body rhetorically persuades others.

Another theme explores the ways participants discuss reading about the body. Within that theme, three categories emerged, and one of the categories, "how participants read about themselves," is analyzed in Chapter 3. A second is relevant for this chapter's discussion: participants make statements that complexly define reading. Within that category, two subcategories emerged, and one was selected for further analysis in this chapter: participants complexly define reading by broadly defining literacy as including other media, such as television or radio.

As a whole, this chapter presents the ways seniors use literacy or literacy-like practices to manage the body outside of traditional text-based practices. In part I, I argue that seniors' conceptions of the rhetorical body are not literacy practices, but they are "literacy-like" practices because they include rhetorical components. This chapter complements Chapter 3 because while the prior chapter discusses how seniors use literacy, this chapter discusses how seniors' discussions of literacy practices complicate our understanding of literacy.

Part I: Composing and Interpreting the Rhetorical Body

This section discusses examples of the ways seniors use the body as a rhetorical tool to persuade others to make bodily changes, or the ways they "read" others' bodies as persuasive. In this section, I discuss how participants "write," or compose, their bodies when they make changes to the body and have an awareness of the body's persuasive power. I also discuss how participants "read," or interpret, others' bodies when they are persuaded by the changes in others' bodies to make changes to their own bodies. The analysis shows how seniors' use of the body as a rhetorical tool to manage their own or others' bodies helps to characterize the dialectical space between the rhetorical construction of the body and the material body. This chapter does not argue that "reading" and "writing" the body are literacy practices, but that these activities can be considered similar to a literacy practice in that they are keenly rhetorical. By examining the ways participants talk about the persuasive nature of bodies, we can better understand how the body is managed through rhetorical construction and materiality. In the prior chapter, the focus is on the text-as-object and how seniors use texts to manage their bodies or others' bodies. In this chapter, the focus is on the body as a rhetorical object and how seniors use the body-as-rhetorical-object to manage their own or others' bodies.

Other scholars in literacy studies have examined how activities include rhetorical features such as persuasive power but exclude encoded texts. Encoded texts[12] are texts

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[12] Knobel & Lankshear (2007) write, "By defining literacies in relation to 'encoded texts' we mean texts that have been rendered in a form that allows them to be retrieved, worked with, and made available independently of the physical presence of another person. 'Encoded texts' are texts that have been 'frozen' or 'captured' in ways that free them from their immediate context of production so that they are 'transportable.' Encoded texts give (semi) permanence, transcendence, and transportability to language that is not available in the immediacy of speech, hand sign, and the like. They can 'travel' without requiring

that record language (verbal or written) in such a way that the recording is "frozen" and able to be transported, such as digital audio files or text messages (Knobel & Lankshear, 2007). Studying items that are not encoded texts does not typically fall within the purview of literacy studies, which is why examples in this section are considered "literacy-like" practices and not literacy practices. Yet some literacy scholars like Jamie White-Farnham (2012) study the rhetorical aspects of things that are not encoded texts. She studies retirement-age women who belong to the Red Hat Society to gain an understanding of how these women perceive and use literacy practices in the domestic sphere. Within this analysis, White-Farnham describes participants who "compose original recipes" without the use of writing or reading, but with a keen sense of their rhetorical situations:

> Donna and Edna actually have nothing – no artifacts, that is – to share. Rather than relying on websites, cookbooks, or recipe cards, they compose *in situ*, or work from ingredients on hand to address the demands they face in their immediate, rhetorical situations. In this way, the women's practices are comprised of basic rhetorical principles: they must consider their audience (children? adults? how many?), purpose (to nourish? to impress?), genre (simple lunch? Sunday dinner? party?), and material conditions (various ingredients and tools, money, and time). (p. 26)

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particular people to transport them. They can be replicated independently of needing other human beings to host the replication. The particular kinds of codes employed in literacy practices are varied and contingent. Literacies can involve any kind of codification system that 'captures' language in the sense we have described" (p. 5).

When cooking, the women think about who their audience is and what they have in the cupboard in order to meet their purposes and the audiences' expectations. For example, Donna thinks about her daughter's intolerance of preservatives and uses many fresh ingredients to create balanced meals. White-Farnham notes that describing these women's approaches to cooking excludes textual practices, but that the "rhetorical nature" of their decision-making reveals a "social practice literacy."

Similarly, the participants in this study show a rhetorical awareness of the body on several occasions when describing instances of decision-making regarding bodily changes, such as beginning an exercise regimen or changing a diet. This rhetorical thinking is characterized by a metacognitive awareness of the persuasive power of the body – whether it is composed or interpreted. Participants who compose their bodies reveal a metacognitive awareness of the changes they make to their bodies and of how those changes may have the power to persuade others to make changes. Similarly, interpreting the body requires a metacognitive awareness of the persuasive power of others' bodies, and it can include actually being persuaded, which would require the person interpreting to make changes that the body text suggests. While this section discusses how participants compose and interpret the "body-text," it is important to note that while these are rhetorical activities, they are not purported to be literacy practices. Furthermore, while I show in this section how participants are persuaded by others' bodies, there are other factors of persuasion that this study did not examine. I only argue for the persuasive awareness that participants show they have about the body, and I do

not purport that the persuasive body is the only factor that prompts a person to change his or her mind.

In this section, I describe four participants' accounts of the ways they either use their own bodies to persuade others or find others' bodies to be persuasive. In the examples of Bob and Charlotte, the participants describe how they are aware of the potential persuasive powers of their changing bodies to their spouses. In the examples of Elizabeth and Mildred, the participants describe how other people's bodily changes have persuaded them to make changes to their own bodies.

In his interview, Bob discusses the way he used his body to try to persuade his wife to make changes to hers. At the time of the interview, Bob's wife had died almost two years earlier, in 2010, from complications from diabetes. Prior to her death, Bob encouraged his wife to make changes to her diet that could help to improve her health. Bob's wife was diagnosed with diabetes in 2000, and he said that after the diagnosis, his wife would not return to the doctor to get treatment. Bob says, "Yeah. She had diabetes but she denied it. She denied it to me. I guess the doctor told her a long time before but she would not – did not want to do any medication, any diet." In the final year of her life, Bob began to make changes to his own dietary habits in an effort to persuade his wife to make the same changes. Ultimately, Bob's efforts failed to persuade her.

Bob's actions can be considered composing the body because Bob has a metacognitive awareness of the persuasive power of one's decisions about one's physical body. Bob shows that he made the decisions with this persuasive power in mind when he talks about these decisions with temporal reference to events in his wife's life:

Bob: Yeah. That was a change, and since October before she passed

                away and last year, I lost sixty pounds.

Researcher: You did? How did that happen?

Bob: I stopped eating sugar, any high glycemics. I don't usually eat a

                bagel.

Researcher: Were you trying to lose weight?

Bob: Yeah. I was trying to lose weight, yeah. And, you know, I wasn't

                getting exercise. She wasn't well. I had retired at the beginning of

                '09. January of '09. Was around just taking care of the house and

                she couldn't walk and do things. I was just gotten –. Well, I didn't

                gain all that weight then. I mean I gained the weight over the years.

                Never could lose it before until I got into the watching the

                glycemics.

Researcher: Was any of her health issues a reason for you to start looking out

                for yourself?

Bob: Yeah. She had diabetes but she denied it. She denied it to me. I

                guess the doctor told her a long time before but she would not –

                did not want to do any medication, any diet. He couldn't get her to.

                I thought, oh, if I try it, you know. Maybe could get her to start that

                way. It didn't help.

Bob describes his weight loss in reference to his wife's date of death. He says, "since

October before she passed away and last year, I lost sixty pounds." By talking about his

own weight loss in reference to her death, Bob shows that these two bodily events are

connected, even though he has not yet made clear why they are connected. When Bob

talks about the decisions he made about his own body, he continues to reference his

wife's health. For example, he states that he was trying to lose weight by reducing the

sugar in his diet, and then he returns to talking about his wife: "She wasn't well. I had

retired at the beginning of '09. January of '09." He continues to discuss his wife's health

and his own bodily changes, and the connection begins to become clearer: "Was around

just taking care of the house and she couldn't walk and do things. I was just gotten –.

Well, I didn't gain all that weight then. I mean I gained the weight over the years." Bob

says that his wife's ill health prompted him to make changes, but he later clarifies that he

did not make changes for his own health, but to persuade her to make similar changes:

"He [the doctor] couldn't get her to. **I thought, oh, if I try it, you know. Maybe could**

get her to start that way. It didn't help" (emphasis added). Throughout the conversation,

Bob talks about his own changes in reference to his wife's ill health and death, showing

that the two things are connected. A likely explanation of that connection is that Bob does

not want to end up like his wife, so he makes changes to improve his health. But when

asked about the reasons behind his decision to change his diet, Bob does not point to his

own health. This is an instance of exclusion: Bob excludes that reason, if it was part of

the reason, in his explanation for why he changed his diet. Fairclough (2007) describes

the discourse analytic concept "exclusion" as the elements a speaker leaves out of his

stream of talk in a representation of social events that can index the lack of significance

of the excluded elements. Instead of talking about his own health, Bob says that he made

these changes to try to encourage his wife to make the same changes, showing that he was aware that his bodily changes had the potential for persuasive power. Not only was Bob aware of the potential for the persuasive power of his body, but he made an effort to change his body to leverage its persuasive power by attempting to generate a body-text that his wife could interpret.

Bob's discussion of the way he used his body like a text to persuade his wife reveals rhetorical awareness (White-Farnham, 2012). The use of his body – as opposed to his words or a tangible text – indicate that he is aware of his audience's sensitivity to the subject of her diabetes. Bob does not describe bombarding his wife with persuasive, linguistic arguments that may have been met with anger or fear; instead, he describes how he made changes in his own habits and body that would be more subtly persuasive. Bob also describes how seriously he takes his bodily change; he loses 60 pounds in the process, which indicates that he changed his diet drastically and/or made consistent changes in his eating habits. This hints at Bob's rhetorical purpose, which was to get his wife to make drastic changes.

In the example above, Bob reports that he makes the conscious decision to compose the body. He has a purpose in mind prior to the composing, and then he begins the composing process, aware that the work he is doing may produce a body-text that is persuasive to his wife. Not everyone in the study showed this level of meta-awareness as they were composing the body. But after the body was written in a particular way, the participants showed an awareness of the resultant rhetorical power the body had.

Charlotte provides one of these examples. After she began doing yoga, she says that her husband noticed that she was becoming more limber, and he decided to start the practice, too. Charlotte was not conscious of the ways her bodily changes would persuade her husband at the time she was making those changes. However, she was aware of the ways her body had persuasive power over her husband after the fact, showing that she was conscious of her body's similarities to a persuasive text:

> I feel so good, and I hate it when I can't go. In fact, my husband's going and, you know, he would not. He's really stiff. And I tried to –. I didn't really ever say, "Go," because he's the kinda guy that he plays golf and he gardens and he does lots of things. So I thought, a lot of men really are not into yoga. And I thought, well, he's really gonna wanna do it. But what happened was, he noticed that I was getting able to do more things. He said, "Boy, you're really doing so much better with that." And I said, "You know, you really ought to try it." So he tried a little bit with me at home. And he says, "You know, this is good." And I said, "Well, why don't you –. You know, we have men in the class."

Charlotte points out that she did not try to verbally persuade her husband to join her in yoga, but that her husband was persuaded by his interpreting her body. She does this by beginning her narrative with explanations for why she did not try to verbally persuade him and why he might not want to join the class. For example, she notes that her husband does a lot of active things like golf and gardening, implying that he does not need an additional physical activity to add to his life. Furthermore, she adds, he's a man, and "a

lot of men really are not into yoga," so she dismissed the idea that he might be interested.

In providing this background, Charlotte then is able to emphasize that she thinks her body

did much of the persuading. She uses the contrastive conjunction "but" to transition from

emphasizing her lack of oral persuasion to emphasizing her awareness of her body's

persuasion: "But what happened was, he noticed that I was getting able to do more

things. He said, 'Boy, you're really doing so much better with that.' And I said, 'You

know, you really ought to try it.'" Charlotte shows that she thinks her husband interpreted

her body and was persuaded by the changes that he perceived. Charlotte creates a contrast

between her husband's lack of interest in yoga and Charlotte's initial lack of oral

persuasion with her husband's awareness of her physical changes. This serves to

underscore that Charlotte thinks her bodily change was the first thing to persuade her

husband to join her in yoga.

While Charlotte does not consciously compose the body to persuade her husband

to start yoga, she later discovers her body's rhetorical power. Charlotte had no intentions

of persuading her husband to begin yoga and even identifies reasons why he would not

want to join. Because Charlotte did not compose the body in the way Bob did, this

example shows that Charlotte had no original purpose for persuading her husband. But

she later discovers the persuasive power of her body and reveals a metacognitive

awareness of her body's rhetorical activity. She reveals audience awareness when she

describes how her husband likely would not have responded to oral or text-based

arguments, noting that he is physically active and he's a "manly" guy who would not

want to participate in a feminine activity such as yoga. She seems to see her body as a

more persuasive tool for this particularly stubborn audience, indicating that once he saw

the results she acquired from the yoga class, he became open to joining. Just as showing

instead of telling can be more persuasive in many conversations, so it may be with

arguments about the body.

In additional examples, participants show that they have interpreted others'

bodies, further demonstrating how the body can function rhetorically. The way

participants talk about others' bodies shows that the other's body has a persuasive effect

on the participants. In a conversation about learning healthy eating habits and making

dietary changes – in part due to her husband's heart problems – Mildred mentions a

vegan friend whose bodily experience and choices have had an effect on her own choices:

> When my husband was going through that and –. I have a friend, very
>
> good friend, who's a vegan, and she gets me thinking every once in awhile
>
> about what we put in our body. And she's survived a kidney transplant,
>
> and she's so careful about what she eats and kind of rubs off on me
>
> sometimes. But I think I'll get serious about it, and then I fall back.

In this example, Mildred talks about how her friend's choices and her friend's body have

persuaded her to sometimes make different dietary choices for her own family. She notes

that her friend "survived a kidney transplant, and she's so careful about what she eats."

The order of Mildred's mention of her friend's kidney problems and then her friend's

healthy lifestyle implies that she thinks that the healthy diet was a change her friend made

as a result of her health problems, surgery, and/or recovery. These dietary changes, then,

allow the friend to recover and/or stay healthy, Mildred seems to think. Mildred interprets

the friend's healthy body as a success story caused by careful eating, and she talks about how she wants to translate that into her family's life. Mildred's perception of her friend's healthy bodily activity (eating vegan) and her perception of her friend's healthy body prompt Mildred to rethink her and her family's diet. Indeed, her friend's talk about her body may have played a part in that persuasion, but her friend's body played a role as in that persuasion as well.

Mildred uses a bodily metaphor to show that desire: "she's so careful about what she eats and kind of rubs off on me sometimes." The phrase "rubs off on me," idiomatically means that one person's actions influence another person to change her actions. The metaphor replaces the idea of influence with the idea of the physical act of rubbing and transferring something. Yet the metaphor has a deeper meaning in the context of reading bodies rhetorically. When Mildred reads her friend's body and is persuaded by what the body represents – the results of smart eating choices – she makes similar changes that will have an impact on her own body. Thus her friend's healthy body will transfer its healthier status to her own body, and as these bodily transformations are made, the healthy bodily choices get transferred not only mentally but also physically, making the metaphor "to rub off on someone" an even closer analogy to the events as Mildred described them.

Mildred also seems to think about interpreting her friend's body rhetorically because she brings up this example of the vegan friend within the context of talking about reading texts about the body. When asked what books about the body she reads, Mildred replies,

When I can. What kind of health books? I don't really know. I can't think.

Nothing comes to my mind right now. If there's a current research or

something about a part of our bodies. Like heart, I guess I read some heart

books when my husband was going through that and –. I have a friend,

very good friend, who's a vegan …

This is how the conversation led to Mildred talking about her vegan friend who "rubs off on" her sometimes. Mildred is talking and thinking about the books she has read and transitions quickly into talking about the influence of her vegan friend on her choices. While talking about reading "heart books," she also talks about the persuasive power a friend's bodily decisions have had on her own. This easy movement from talking about books to talking about bodies shows that Mildred focuses on the functions of these "texts," which is to gather strong arguments to help her make body-related decisions. The body and the book are thus connected because of their rhetorical natures.

In the examples in this chapter so far, participants show how they use their bodies as texts to try to persuade others to make positive changes, or how they interpret others' bodies as they would read texts and are persuaded to make changes themselves. Yet body-texts also can be cautionary tales that persuade others to make decisions that would lead them away from making poor choices. Elizabeth interpreted her mother's aging body this way. She talks at length about her mother, who died two years previously at the age of 87, and about her mother's three- to four-year struggle with decreasing mobility. Her mother had successful back surgery but she "refused to for whatever reason to make the effort to do the physical therapy," Elizabeth says. She continues, "And as a result she

never recovered from that surgery the way she could have." Elizabeth describes how after the surgery her mother kept falling in her home where she lived alone. She says, "It reached the point where we had to say you can't live alone anymore." At the suggestion of a doctor, Elizabeth helped her mother move to an assisted living facility where, after about ten months, she had a slight stroke. She recovered well, but after the rehabilitation, she moved into a nursing home. Elizabeth says,

Elizabeth: It was not a pleasant experience. It was frustrating in a lot of ways, and I know it's not the way she wanted to end her life. But she had always said she never wanted to go into a nursing home, but it was frustrating for me and my sister because she wouldn't do what she needed to do that we thought her needing to do to stay out of the nursing home. And I suppose that also contributed to me thinking more about my lifestyle and my physical condition.

Researcher: So what types of things did you think about then?

Elizabeth: Well that's about the time I guess that I started taking the yoga class and eating better. I've cut down – I say this as I'm sitting here with a café mocha – but I have cut down on my sugar intake a lot. Making more of an effort to walk and just to be more active physically.

Elizabeth's frustration with her mother is obvious. Elizabeth knew her mother wanted to avoid going to a nursing facility, and what she saw as a simple solution, physical therapy, may have redirected her path. Her mother, however, did not take the physical steps

necessary to enhance her mobility and to continue to live on her own. Elizabeth then makes the connection between her frustration with her mother's preventable bodily decline and the choices she makes about her own body. Elizabeth's mother's failure to take action to avoid bodily decline materialized in her slowly immobilizing body that persuaded Elizabeth to take action for her own body. She says that this is the time she began to think about her own "lifestyle and my physical condition" and when she began to take up yoga, eat less sugar, and walk more. Elizabeth's discussion of her decisions after observing her mother's slowly declining body is crowded with images of physical mobility: "my physical condition," "I started taking the yoga class," "making more of an effort to walk," "to be more active physically." Her emphasis on her active lifestyle directly contrasts with her mother's decline in physical ability, showing that her decisions were prompted, at least in part, by her mother's bodily limitations. Her discussion of physical activity shows that she makes a conscious choice to move in a different direction from that of her mother, emphasizing that her mother's body-text was successfully persuasive as a cautionary tale.

Elizabeth shows rhetorical awareness of the persuasive power of her mother's body by making a direct connection between her mother's physical limitations and the decisions Elizabeth made about her body to avoid the same physical limitations. Elizabeth directly states that the changes she made in diet and exercise were a direct result of her reading of her mother's bodily decline, revealing not only that Elizabeth's mother's body sent a clear message but also that that message was persuasive enough to prompt Elizabeth to change bodily habits.

This section presents several ways that seniors reportedly compose and interpret each other's bodies and discusses the various purposes for composing and interpreting that drive these activities. The section shows that the body can be used rhetorically to persuade others, and others' bodies can be viewed rhetorically and can persuade one to make certain types of decisions. The rhetorical nature of bodies allows us to extend the metaphor of the body-as-text and interrogate the ways in which it mimics a literacy practice.

The concept "embodied rhetorics" can shed light on the body-as-text described in this chapter. Wilson & Lewiecki-Wilson (2001) describe the ways rhetoric is embodied within disabled individuals. For example, the ill and injured in hospitals embody a rhetoric of "deviancy" that supports and perpetuates medical and scientific discourses (Wilson & Lewiecki-Wilson, 2001, p. 16). They describe the rhetorical functions of disabled bodies with an eye toward using rhetoric to rewrite the social stratification that privileges abled bodies. They argue, "This requires a postmodern rhetoric, a rhetoric of political engagement, to challenge the names, the language, and the frameworks for understanding disability, to revise official histories and develop new ones" (p. 17). Currently, bodies with certain genetic codes are considered abnormal and disabled; these material genes embody the names of specific disorders. Changing the way we talk about bodies might rewrite the boundaries of abled and disabled so as to eliminate exclusion.

The bodies described in this section embody rhetorics that persuade others to make changes to combat the health problems and the limitations that participants claim come with aging. For instance, Charlotte embodies the argument that yoga enhances

flexibility. As noted above, this argument likely is sponsored by a variety of factors, including the yoga class, senior center, texts, cultural norms, and so on. Considering Wilson & Lewiecki-Wilson's goal, we must ask if this embodied rhetoric is one that moves in a productive direction. Even though the embodied rhetorics described in this chapter persuade or attempt to persuade readers to make bodily changes that positively affect their health, this does little to advance the cause of the disability studies movement. By promoting activities that combat the physical decline of aging, these embodied rhetorics emphasize the status quo that disability is a negative thing. It does not do anything to change "such thinking that reads 'difference' as defect and deficit and thereby lays the foundation for the many walls of exclusion" (Wilson & Lewiecki-Wilson, 2001, p. 18).

In spite of participants' implications that disability is negative, it is important to consider the latest calls in disability studies to "account for both the negative and positive valences of disability, to resist the negative by advocating the positive and to resist the positive by acknowledging the negative" (Siebers, 2008, p. 5) through acknowledging materiality. When we think about seniors' lived experience, we cannot deny that exercise and healthy eating likely promotes a more physically active, healthy, and comfortable lifestyle. Even while the embodied rhetorics that these seniors compose and interpret may not advance the cause of overturning the hegemony of the fully able-bodied, they advance the health and well-being of seniors in ways that "resist the positive by acknowledging the negative" (Siebers, 2008).

In addition, by viewing interpreting and composing the body as similar to a literacy practice, we can help to characterize the dialectical space between the rhetorical construction of the body and materiality (see Chapter 1). Taking Chapter 3's conclusion as a starting point, we can state that texts are embodied when a person uses that text (among other things) to make decisions about the body. Chapter 3 went on to argue that this process likely is reciprocal, where texts are embodied and the resultant changes prompt additional literacy practices that may get embodied again. If we replace "text" in that argument with "rhetorical body," then we drastically expand the reciprocal nature of text-and-body interaction. Instead of thinking about texts and bodies as acting reciprocally along a two-dimensional continuum, we might add a third dimension that accounts for the rhetorical nature of bodies (Fig. 4.1). This additional continuum represents the ways bodies are influenced by other, rhetorical bodies, and how those changes might then prompt others to make changes. What began as a two-dimensional space in which texts and bodies interact (Fig. 3.6) becomes in this chapter a three-dimensional network that includes bodies, texts, and body-texts that play multiple roles.
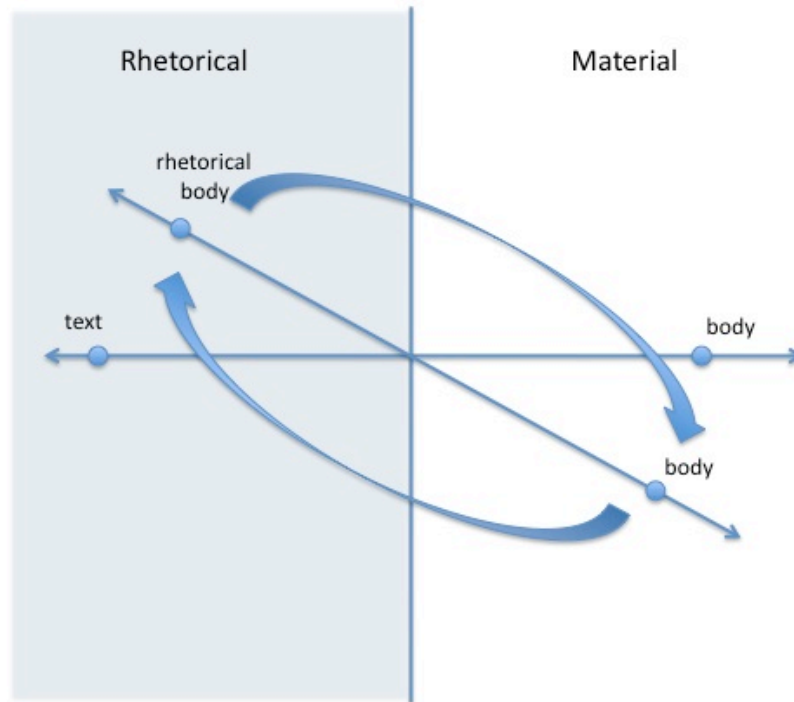
Rhetorical

Material

rhetorical
body

text

body

body

Fig. 4.1: Three-Dimensional Embodied Literacies

Part II: A New Literacies Mentality and the Cybernetic Body

In Part I above, the analysis showed how seniors have an implicit rhetorical

awareness of their own and others' bodies and at times interpret and compose the body in

ways that impact their own and others' health and wellness. This section will complement

that discussion by examining the ways seniors use nontraditional literacy practices to

manage the body. When participants talk about reading about the body, they often make

statements that broaden the traditional pool of literacy resources to include items beyond

books, including television, seminars, and the Internet. A close analysis of these

statements will show how these seniors at times possess a new literacies mentality (Knobel & Lanskhear, 2007).

The way some seniors talk about literacy shows a movement toward embracing "new media" texts. Ann Frances Wysocki (2004) defines "new media" in a way that calls for writers to be aware of the "materialities of texts" and to exert agency over materials – the stuff of which texts are made, as well as the structures in which texts function – to change how texts get constructed and what that construction communicates. She writes,

> we should call 'new media texts' those that have been made by composers who are aware of the range of materialities of texts and who then highlight the materiality: such composers design texts that help readers/consumers/viewers stay alert to how any text – like its composers and readers – doesn't function independently of how it is made and in what contexts. Such composers design texts that make as overtly visible as possible the values they embody. (p. 15)

Wysocki goes on to say that "new media texts do not have to be digital," but that new media texts are ones whose materialities are made apparent and "contribute to how [the text], like its producers and consumers, is read and understood" (p. 15). New media texts are ones that provide evidence that the author considered the materiality important to the message, and that the reader should be aware of this, too. Wysocki writes that we can think in new ways about materialities in part because of the advent of new technologies that allow for texts to be constructed on screen and on paper in a variety of ways.

Similarly, Bolter & Grusin (2000) emphasize that "new media" is not simply adding a digital component to existing media, but it is a transformation of the way in which the media functions:

> The World Wide Web is not merely a software protocol and text and data files. It is also the sum of the uses to which this protocol is now being put: for marketing and advertising, scholarship, personal expression, and so on. These uses are as much a part of the technology as the software itself. (p. 16)

New media, Bolter and Grusin write, encapsulates more than digital components of a technology. It also includes how writing and reading are done differently within the context of what we have constructed new technologies to do.

Knobel & Lankshear (2007) provide a similar definition of this concept, but they name the concept differently. Knobel & Lankshear use the term "new literacies" to describe texts that are produced with a new mindset that has been facilitated by technological change. The term "new literacies" is a troublesome one because it is already in use as a way to mark the New Literacy Studies movement within the literacy studies field. As discussed in Chapter 1, New Literacy Studies represents the shift in the field to the study of literacy within social contexts and the abandonment of the assumption that literacy itself can inherently produce positive change (Gee, 2012; Street, 2003b). Knobel & Lankshear repurpose this term to allow it to represent texts that are not unlike the new media texts that Wysocki describes.

Knobel & Lankshear write that new literacies are marked by a "new mindset," or "new ethos stuff." They argue that new literacies are practices that promote a mindset that is open, fluid, participatory, and egalitarian, and that has been facilitated by technological change. A literacy is new if it promotes a new way of thinking about texts as fluid, shared, and able to be remixed. On the other hand, the old mindset is determined by an allegiance to print, authorship, and strict boundaries that define what is and is not text.

Knobel & Lankshear's term "new literacies" aligns with Wysocki's concept of "new media" insofar as the two concepts refer to texts that have been facilitated by technological change and yet that do not necessarily require technological materials to count under this new categorization. The terms relate to this study for the same reason they relate to each other: they articulate the importance of a new way of thinking about texts that seems to be facilitated by technology. In this section of the study, my analysis of participants' talk about text shows that seniors oscillate between an old and a new literacies mindset. While both Wysocki's "new media" and Knobel & Lankshear's "new literacies" are useful terms, the latter provides a set of tools that explicitly describes a "new literacies mindset" or "new literacies mentality" that can be examined against the data for a better understanding of how participants think about text.

By examining participants' talk about reading, we can see that they at times adhere to the old mindset and at other times adhere to the new. This leads to two important arguments for this section: (1) Knobel and Lankshear's model of understanding the concept of new literacies would be better conceptualized as a continuum connecting

the new and the old, as opposed to two distinct categories; and (2) seniors, traditionally thought of as having an "old" mindset, in fact may be at the forefront of engaging with new literacies alongside the "young people … who are now adolescents, [for whom] cyberspace has been integral to their experience of 'spatiality' since their early years" (Knobel and Lankshear, 2007, p. 9).

Knobel and Lankshear's new literacies mindset that they term "new 'ethos stuff'" (p. 7) includes anything that prompts a new way of thinking about the literacy practice that one is using:

> New literacies are more 'participatory,' 'collaborative,' and 'distributed' in nature than conventional literacies. That is, they are less 'published,' 'individuated,' and 'author-centric' than conventional literacies. They are also less 'expert-dominated' than conventional literacies. The rules and norms that govern them are more fluid and less abiding than those we typically associate with established literacies. (p. 9)

This "new ethos stuff" can be characterized by a new mindset that embraces the free flow of information and finds value in something that can be widely disseminated (Knobel & Lankshear, 2007). This mindset contrasts with an old mindset that sees text as scarce and thus valuable in its scarcity. They describe how the new mindset is egalitarian, where everyone is an author or collaborator, taking bits of culture and refashioning them into new texts; the old mindset is hierarchical, where the author is a central authority and the distribution of information is based on a model of ownership and unevenly distributed power relations. The new mindset is characterized by its freedom of exchange and use of

information, artifacts, and texts to construct new artifacts and texts, and its focus on relationships: people engage in textual production and consumption in order to connect with others. Knobel and Lankshear (2007) call instances of literacies that share both new technology and a new mindset *paradigm cases* of new literacies, while those that have only a new mindset are *peripheral cases*. On the other hand, literacies that simply redraw a print linguistic text in a digital form and that do not promote the new mindset are not to be considered new literacies.

Much of the research in rhetoric and composition about seniors' literacy practices has focused on their practices with technological literacy. For example, McKee and Blair (2006) describe their work in providing technological literacy programs for seniors. They recount national statistics that show how older adults are less likely to use computers and they state that "older adults who do not use the Internet are at an increasing disadvantage in terms of developing social relations, participating in civic discussions, and gaining valuable knowledge on issues such as health care" (p. 14). They note that a lack of technological literacy is partly to blame for this shortfall in the senior population. Their experiences working with senior technological literacy programs show that there are a number of "barriers" to seniors acquiring technological literacy including health and physical limitations, financial restrictions, and internalized ageism that results in a lack of confidence. McKee and Blair provide some suggestions for developing programs that help to break down these barriers and to capitalize on the benefits that they have seen flourish in their programs.

The internalized ageism that is a barrier to technological literacy (McKee & Blair, 2006) has been found to be prevalent in media marketed directly to seniors (Bowen, 2012). Bowen studied AARP publications to examine the ways they represent seniors' uses of technological literacy. She found that the publications "promoted discourses of fear, reinforcing the widespread idea that old people are, or else should be, afraid of new technologies" (p. 450). She cited a number of AARP articles that show the dangers of technology and that perpetuate the idea that seniors' mental abilities are weakened with age and that seniors are vulnerable to online scams.

This study's analysis of the ways seniors talk about reading about health and the body shows that when they talk about reading, they talk not only about decoding text on paper and screen, but they also include in their discussion of reading a variety of media that does not include the decoding of text. In other words, when asked, "Do you read about health, exercise, or the body?", participants often mention specific print linguistic texts that they read, but sometimes they include non-print linguistic texts in their discussions. This unique and puzzling response happens throughout a number of interviews and therefore became a category that was further explored within the grounded theory analysis. A close analysis of some of the conversations about these other-than-print "readings" reveals the ways participants think about text that uses a "new literacies mindset," although they don't know it as such, and qualifies their engagement with those texts as engagement with new literacies.

Kay, a 66-year-old volunteer at a senior center who takes the weekly yoga class, casts a broad net when defining the types of things she reads, including in that group

seminars and classes she attends. Kay says she has not read much about the body

throughout her life. When asked if she reads anything that relates to health or exercise,

she says that she has probably done more of that type of reading in the past five or six

years on a variety of issues:

> Issues related to blood pressure and heart, and basically better diet and
>
> able to keep your heart healthy. And with Kate starting this Lean-On-Me
>
> program, we did have –. I did go through a weight management seminar
>
> type thing where we checked our BMI and did all that with a gal who is in
>
> our yoga class. And she was in charge of it. And she works –. She's a
>
> nurse, and she works down at, I think it's the Health Group? Down in
>
> Townsville. But she did the class, and it was excellent.

When prompted to specifically talk about her reading practices related to health issues,

Kay easily transitions into talking about seminars that she has attended to retrieve

information about health issues. She gives no sign of pivoting the conversation to a

slightly different topic, and she makes no apologies for answering the question in a

different way than what might traditionally be expected. Kay begins her answer by

naming the topics that she has read about: "Issues related to blood pressure and heart, and

basically better diet." Then, she uses the coordinating conjunction "and" to show that she

is adding a similar topic to the discussion before telling about the Lean-On-Me program

that hosts sessions and seminars about healthy activities. In addition to discussing the

helpfulness of the weight management seminar, Kay goes on to describe additional

seminars she attended in the 6-week program that taught her about body toxins, heart

issues, and reflexology. While Kay is clearly prompted to talk about reading in this conversation, she transitions easily to talk about obtaining information in ways other than through print linguistic texts, such as through attending and participating in seminars on various health topics.

Kay's discussion of her reading about the body and health issues represents a mentality that is partially indicative of using new literacies. First, Kay decenters the book, a move that brings her away from the "old" mentality in which books dominate: "The dominance of the book as the text paradigm, social relations of control associated with 'bookspace,' and a discernible textual 'order' are integral to the first [old] mindset" (p. 13). She decenters the book by responding to the question with *ideas* about high blood pressure and heart health and not on *texts* about those ideas. She also limits the book's authority by citing a medium other than the book – a seminar – as a source of this information. Indeed, I do not argue that Kay is conscious of these choices, but that a new literacies mentality is evident in her discussion of literacy practices.

At the same time, Kay strays away from the new literacies mentality and moving toward the "old" mindset that values expert authority. The old literacies mindset follows norms that are "defined by 'centralized' authorities and experts" and that focus on "credibility" (p. 14). In describing the seminar leader, Kay emphasizes her credibility by noting her qualifications: she is a nurse with Health Group. Furthermore, Kay underscores the nurse's centralized authority by saying that "she was in charge of it." Finally, she reiterates the value of the class based on these attributes by saying, "But she did the class, and it was excellent."

While on the one hand Kay's focus on ideas and mention of a seminar in her discussion of "reading" appeals to the new literacies mindset, her later focus on authority and credibility within the alternative medium of the seminar speaks to the old mindset. If one were to argue that the seminar should be considered a "new" literacy, it would have to be acknowledged as a *peripheral case* of a new literacy because it does not, to our knowledge, contain "new 'technical stuff'" (Knobel & Lankshear, 2007). Still, making the argument that the seminar is a new or old literacy is less important than highlighting the ways Kay's mindset about literacy practices is complexly composed of both new and old characteristics. It seems that in this example, Kay's approach to this literacy practice falls somewhere along a continuum between the old and the new.

As Kay continues to discuss reading practices – specifically, print linguistic practices – Kay's second diversion from the print linguistic holds additional clues to her new literacies mentality:

Researcher: You said you've also read about blood pressure. Anything in particular? Any book or anything?

Kay: Just mostly things that I've read on the Internet, probably. No, I can't think of a book specifically. Just knowing that if keep your heart healthy, your blood pressure's going to be better. Watching what you eat so you don't eat bad things, then you're going to put more weight on. I don't read nearly as much as my sister does. She's constantly telling me about things. I'm trying to think. Just mostly trying to eat heart healthy foods and checking my blood

> pressure. I do take medicine, and we're very fortunate here that we have someone come in a couple times a month – there's usually somebody here every week – to take blood pressure readings. So that helps.

The first interesting transition in the example above happens when Kay begins to talk about reading online materials about health and then transitions into talking about what she knows about health. In response to the researcher's prompting to discuss reading, Kay says, "Just mostly things that I've read on the Internet, probably. No, I can't think of a book specifically." Kay's use of "no" provides a specific answer to the researcher's question, and her pivot to a new topic is almost unnoticeable. She pauses for three seconds before stating not a text that she has read, but a piece of knowledge she has gained from a text – whether that was in the form of a print linguistic resource, an online source, or even a seminar or class. Kay easily transitions from talking about reading as decoding to talking about her knowledge of the subjects about which one might read; this shows that the focus is not on the text, but on the knowledge she has gained from it. As with the example above, this suggests an attitude that limits the authority of texts, authors, and experts, which is an attitude conducive to using new literacies.

This example also reveals a spirit of collaboration that is part of the new literacies attitude. Kay's focus on the information gleaned from resources coupled with her discussion of her sister who is "constantly telling [her] about things" privileges the importance not only of information but also reveals the relevance of gleaning information from co-participants in literacy practices (e.g., Internet reading). Knobel and Lankshear

(2007) have cited Schrage in arguing that new literacies are more about the development

of relationships in the act of engaging in literacy practices, and less about the

transmission of information. To that end, new literacy practices have changed the ways

social relations and texts interact in our culture: "Conventional social relations associated

with roles of author/authority and expert have broken down radically under the move

from 'publishing' to participation, from centralized authority to mass collaboration" (p.

14). While we cannot know from this data the extent of the relationship building that

happens between Kay and her sister through these literacy practices, what is evident is

that the literacy practices happen in relationship with her sister, with the focus less on the

authority of the text and more on the exchange of information among users.

Indeed, it's important to acknowledge that this example does not fit the

quintessential model of a new literacy practice, as Kay does not give evidence of

interacting with her sister online. She instead implies that her sister verbally tells her new

ideas, though we could assume that e-mails are exchanged and even perhaps more

modern technologies are used. Still, her online literacy practices, the focus away from

textual authority, and the emphasis on relationships reveal a new literacies mentality that

is relevant to highlight.

In answering the question about what he reads, Ernest also shows that he falls

somewhere along the continuum between the old mentality and the new literacies

mentality. On the one hand, Ernest, age 80, shows he possesses the new literacies

mentality by citing media alternative to print linguistic texts in response to a question

about reading. On the other hand, his acknowledgment of expert authority reveals some

traces of the old mentality:

> Researcher: Do you ever read about physical, body, health, exercise, anything
>
> like that?
>
> Ernest: Yeah. Yeah. But I do it on a piece basis. I have some –. I use
>
> iTunes for a lot of my stuff. And there are things available on
>
> iTunes that relate to National Institutes of Health, relate to some
>
> science observations. And in the articles that I get from sources
>
> like that, I find a lot of that information. So, I listen to it. The
>
> iTunes, I listen to it. And I get a lot of information, and if it seems
>
> that I need to learn more about it, then I can Google it in and get all
>
> kinds of stuff on it. That's one of the things I really like about the
>
> computer. I can take any concept, put it in Google, and I can get
>
> something that relates to that. Now, of course, you have to learn
>
> how to use it so that you don't grab the first few, 'cos those are
>
> ads.

Before providing specific details about what he reads in response to this question, Ernest

pauses for four seconds, and then mentions that he uses iTunes, a place for purchasing

and storing digital audio recordings, especially music. Ernest's response to a question

about reading with a medium that does not include reading reveals that he may have a

new literacies mentality that reduces the authority of books. Yet Ernest does connect

iTunes back to something he can actually "read" when he notes that, through Google, he

can find additional information on a topic that was described in an audio file that he had

listened to. That Ernest begins his discussion with iTunes and later talks about related

Google searches shows a more fluid conception of information gathering and thus a new

literacies mentality. This mentality is one that is opposed to "the dominance of the book

as the text paradigm, social relations of control associated with 'bookspace,' and a

discernible textual 'order'" (Knobel & Lankshear, 2007, p. 13). At the same time,

Ernest's citation of an expert authority, the National Institutes of Health, might reveal an

adherence to the old mentality that privileges "authorities and experts" (p. 14).

Still, Ernest's comments on Google reveal he moves toward a new literacies

attitude more than the old mentality. Two components of his discussion of Google above

connect to two characteristics of the "new" mentality. First, unlike the old mindset where

scarcity of goods creates value, the new mindset values availability of information: "In

the economy of cyberspace, however, the opposite holds. Barlow argues that with

information it is familiarity, not scarcity that has value," (p. 11). Ernest appreciates

Google because of its ability to bring him a lot of information on a given topic: "if it

seems that I need to learn more about it, then I can Google it in and get all kinds of stuff

on it." Ernest values the amount of information and the ease with which he can access it,

thus revealing a new literacies mentality. Second, Ernest reveals a new literacies mindset

in this part of the conversation when he comments on the value of internetworked

sources. Knobel and Lankshear describe the importance of relationship of information:

> Applying certain kinds of copyright and permissions restrictions to the use
>
> of information may constrain the dispersal of that information in ways that

undermine its capacity to provide a basis for relationship. This will, in

turn, undermine the potential of that information to work as a catalyst for

generating creative and productive conversations, the development of

fruitful ideas, the emergence of effective networks, and so on (cf., Lessig

2004). (p. 11-12)

Knobel and Lankshear note that "information" should have the ability "to provide a basis

for relationship" and "work as a catalyst for generating … the emergence of effective

networks." This is precisely what Ernest claims to value when he describes Google:

"That's one of the things I really like about the computer. I can take any concept, put it in

Google, and I can get something that relates to that." Ernest indexes the significance of

information by emphasizing that his starting point is a "concept," and he shows that he

values the interconnectivity of information by stating that he "likes" that he can "get

something that relates to that." This focus on concepts and their relationships with other

concepts provides strong evidence that Ernest holds a new literacies mindset.

Ernest then describes how he uses Google to help facilitate the free exchange of

information and the collaboration that are indicative of a new literacies mentality. He

notes that Kelly, the yoga instructor, was looking for affordable yoga blocks to purchase

and keep at the center:

She wanted to get some more blocks, but she wanted to get them at a

decent price. So over the holidays, I looked at the –. I put "yoga block" in

Google, and came up with about several sources of blocks, which is not

unusual. So I picked up and checked some of them out. And some of them

I recognized, I looked at some of the site before I knew yoga accessories

would be a standard business, and there's several things that I recognized.

And they were like eight dollars or more per block. Well I happened to

scan down, I noticed that there was a listing there that said Wal-Mart and

the address. Not in the description, but the address. So I priced that, and I

came up to a site, Wal-Mart, they had a package of two blocks and a strap

as a package on sale for less than eight dollars. So I sent the message to

Kelly, I said, "Hey, take a look at this." She did, and she bought ten

packages.

Ernest reveals a new literacies mindset in talking about collaborating with Kelly on a

problem. Knobel and Lankshear state that "new literacies are more … 'collaborative'" (p.

9) and encourage the "free" exchange of information (p. 12). Ernest narrates his

interactions with Kelly that take place on a number of spatial levels. He speaks with her

in person about a problem, and then he uses Google to search for solutions to that

problem. Finally, he communicates with her by sending her a message (presumably an e-

mail), and she takes up that information and uses it to solve her problem. This complex

network of in-person and online exchanges of information is an example of the "fluid"

nature of interacting with new literacies.

In discussions of examples from both Kay and Ernest, I argue that while they

possess a new literacies attitude in some ways, they retain the "old" mindset in other

ways. In many instances they seem to reduce the authority of text and embrace other

media, yet they still show evidence of bowing to authorial credibility. Knobel and

Lankshear (2007) hasten to note that their description of new and old mindsets is not meant to create a dichotomy that divides literacies into one or the other category and that there are other ways of conceptualizing literacies. Still, their descriptions of the "new" and "old" provide a relevant heuristic for prioritizing what is important when considering what counts as a new literacy. While a continuum polarizes the "new" and the "old," a continuum also allows for a number of additional plotted points that reveal the gray area that exists between the two mindsets. If we were to consider the new and old mindsets as an informative heuristic, then conceptualizing them as on a continuum would be advantageous because of the complexity of description that a continuum provides. The data in this study reveal that individuals may possess a mindset that is in the process of evolving from old to new.

As seniors, participants show that a new literacies mindset is not limited to the young who are assumed to be more familiar with new technologies. Traditional characterizations of seniors show that they do not have technological literacy and should not have technological literacy (Bowen, 2012), and that they internalize those characterizations to the detriment of their literacy skills (McKee & Blair, 2006). Yet in the examples in this study, seniors show the emergence of a new literacies mentality that reveals that perhaps seniors are not so isolated from the modern world's evolving technologies or at least the mentalities that come with them.

Importantly, this study does not collect data to specifically examine seniors' uses of technology to manage the body, but instead finds that when some seniors talk about reading, they show evidence of having, at times, a new literacies mentality. Within that

conceptualization, seniors show that they fall along a continuum between the old and the new literacies mindsets. Where they align with a new literacies mentality, they at times use new technologies, which counts as paradigm cases of new literacies; where they don't use new technologies but retain the new literacies mentality, their activities are considered peripheral cases of new literacies (Knobel & Lankshear, 2007). Insofar as the new literacies mentality is evidenced in this data, seniors seem to buck expectations of lacking technological literacy.

The data in this section lend insight into the dialectical space between rhetoric and the body that this study attempts to characterize. This section shows that seniors adopt new literacies mentalities when talking about how they use alternative media to manage the body. If seniors' literate practices and material bodies work in a dialectical fashion to construct the body, as argued in Chapter 3, we can consider such bodies cybernetic creations. In the last chapter, it was argued that texts are embodied when people use them in ways that allow them to change their bodies; text and body work in a reciprocal fashion. If some of the texts one embodies are new literacies, then it might be argued that one's embodiment of such texts creates a metaphorical cybernetic body.

Wysocki's (2004) concept, "new media," can help to explain this idea. New media texts are ones that are constructed in ways that make obvious the communicative natures of the materialities of texts. When readers interpret new media texts, they are made aware of the materialities and what those materialities communicate. Participants in this study have a new literacies mindset, or an awareness of the ways texts are fluid, egalitarian, and interconnected. In other words, they are aware of the materialities of

texts. It's impossible for us to know whether the authors of these texts intended for the materialities of texts to be known, but reading texts in these ways means that participants are reading new media. As such, when participants use these new media texts to enact changes to their bodies like in the examples in Chapter 3, they embody these texts that were made possible by the influences of technology. In this way, the embodiment of these texts creates a cybernetic body, one whose rhetorical construction is built in part with technology.

The cyborg body is not a new concept in feminist literature on embodiment and disability. Erevelles (2001) summarizes Haraway and Butler, reminding us that the norm only exists with the existence of the other, and the other only exists with the existence of the norm. As a result, the body "can occupy spaces that are both inside and outside those limits. … For Haraway, this image is the transgressive and blasphemous cyborg, a 'hybrid of machine and organism, a creature of social reality as well as a creature of fiction' (191)" (p. 96). In fact, Haraway's concept of cyborg is another way to perceive of the dialectical space we have been discussing – the body is part rhetorical construction and part materiality. The cybernetic body described in this chapter extends this metaphor to consider the ways the body is rhetorically constructed in part with new media texts.

The body as cybernetic, part flesh and part technology, creates an image that is a far cry from the ageist image of the senior who cannot figure out how to turn on a computer (McKee & Blair, 2006). Bowen (2012) argues that seniors' uses of technology are often represented in an ageist way that has a connection to the standard image of the aging body: physical and mental decline prevents their ability to learn new technologies.

In fact, because of the ageism that positions aging bodies as disabled, flawed, and needing care, aging consumers likely do as much or more bodily research. As this study shows, much of that research is done with a new literacies mentality, whether these are paradigm cases that include new technologies, such as Internet research, or peripheral cases that include only the new literacies mindset (Knobel & Lankshear, 2007). If seniors engage in more literacy practices about the body with new literacies mentalities and, as they do more research, they move along the continuum toward the new literacies mentality and away from the old mentality, then it's possible that seniors actually are more cybernetic than younger adults. As they continue to embody new media texts, seniors may even be considered more cybernetic than the bodies of younger readers.

The irony here is that it is not the aging body but it is likely society's rhetorical representation of the aging body that prompts seniors to conduct more research on the body; and that research allows them to refine their new media skills, thus generating cybernetic bodies. Cultural representations of age have been widely characterized as negative (Faircloth, 2003), and the ailments often associated with age come into being when discursively constructed within society (Rembis, 2008). The body only is old because it is contrasted against the norm of youth, just as the body is only disabled because it is contrasted against the norm of what "most people" can do. Furthermore, as we age, our bodies do change, and that physical change in addition to rhetorical representations of it may prompt seniors to adapt to new impairments. When a body becomes "abnormal" with age, societal pressure and altered materiality prompts the aging to stay young through exercise, diet, products, and so forth. Thus, seniors are prompted to

do more research, to look up more of what they perceive to be ailments on WebMD, and read up on more skin-care products than those who fall into the "norm" of youth. If true, this makes the group of people deemed least competent in the use of technology become the most competent to the point of embodying new media texts. That which made seniors cybernetic was, in part, the rhetorically constructed ageism that told them they couldn't do technology in the first place.

Conclusion

This chapter describes the ways seniors use nontraditional tools to engage in literacy or literacy-like practices in the management of the body. In the first part of the chapter, I describe how they frequently see the rhetorical impact of the body as they make decisions about body management. This rhetorical awareness points toward a literacy-like practice that adds a dimension to the reciprocity shared between text and materiality. Bodies, texts, and the rhetorical body-as-text work together in complex ways as seniors use literacy practices to advance their purposes. The second part of this chapter adds another component to this reciprocity. When seniors use new media texts to enact changes on the body – in other words, when they embody new media texts – they add a cybernetic dimension to the reciprocal relationship. The reciprocity identified in Chapter 3 thus has been fleshed out to include rhetorical bodies and cybernetic components, characterizing this space in complex ways.

The conclusions in this chapter are limited in that they each stem from an analysis of one category within a larger theme that was generated based on a limited number of participants. The affordances of grounded theory-based studies are that these new and

unexpected phenomena make themselves known in the analysis. However, the nature of grounded theory research requires that phenomena could not have been a target for exploration. This means that the researcher may be left with a small category of examples to share. A future study can explicitly look for these categories in a new and larger data set. Grounded theory research (Glaser & Strauss, 1967) calls for researchers to apply themes and categories to new data sets to test whether this categorization works for additional data. Thus, future studies need to examine whether and how these categories exist in additional, larger data sets.

The claims in this chapter also are limited in that they are based on participants' remembered interactions with family members and recalled research activities. I must stop short of arguing that these activities are what participants actually did, but I can only claim that these activities are what participants *say* they have done. Future research might try to get at participants' actual, and not reported, activities. A study examining the rhetorical body's persuasiveness in real time may be difficult to accomplish because these interactions did not happen at specific scenes, as did the interactions in the doctors' offices discussed in the last chapter. However, a future study might examine seniors' actual research practices on the body through using think-aloud protocols as seniors describe, for example, Internet research they conduct. This is one approach to addressing the limitations of this study.

CHAPTER 5

Conclusions and Implications

Scholars across fields who have studied aging and rhetorical representation of bodies have identified the danger in ignoring either the rhetorical construction of bodies or materiality. Many have made the call to return to a study of the body through studying its "lived experience" as a way to enhance our rhetorical understanding of aging (Oberg, 1996; Tulle, 2003; Twigg, 2004; Whitaker, 2010) and disability (Hughes & Paterson, 1997; Siebers, 2008). Identifying lived experience as the area between the rhetorical construction of aging and the aging body itself, this study aims to examine that space by simultaneously asking about literacy and materiality: How do seniors use literate practices to manage the body? This question provides one way to examine the dialectical space at issue.

This study uses seniors' talk about their literacy practices that relate to the body to examine this question. I conducted interviews with 12 seniors and transcribed and analyzed the transcripts, and I discuss the analysis in Chapters 3 and 4. In this final chapter, I summarize the ways this study's findings color the dialectical space between rhetoric and body and discuss the implications of those findings for the rhetoric of disability. Next, I discuss implications of this study's findings for literacy studies. Finally, I examine this study's limitations and implications for future research.

Contributions

This study contributes to the interconnected fields of rhetoric, literacy studies, social gerontology, and disability studies by identifying that seniors embody texts. First, I argue that seniors report to use literacy practices to leverage control over their bodies in relationships with medical professionals. I term this activity *embodying texts* because they use a text to make changes to the body or understandings of the body. This leads to the hypothesis that when someone embodies a text, this may in turn prompt additional literacy practices, a reciprocal activity I have termed *embodied literacies*. Furthermore, seniors engage with text-like rhetorical bodies as well as new media, providing potential for seniors to embody bodily texts and digital texts, leading to the concept of the cybernetic body. The concept of *embodying texts* makes several contributions to the abovementioned fields.

Part of the goal in studying how seniors use literacy practices is to develop an understanding of seniors' "lived experience," which is the dialectical space between rhetorical and material constructions of the senior body. The concept *embodying text* allows for a characterization of that dialectical space, which contributes to conversations among theorists who have voiced concern with focusing too much on the body or too much on its rhetorical constructions as we seek to understand aging (Faircloth, 2003; Oberg, 1996; Tulle, 2003; Tulle-Winton, 2000; Twigg, 2004; Whitaker, 2010) and disability (Hughes, 2002; Hughes & Paterson, 1997; Siebers, 2008; Mitchell & Snyder, 2001; Thomas, 2007).

This concept, *embodying texts*, has a number of implications for seniors' lived experiences. Importantly, if the texts seniors embody are ageist, this could pose problems for seniors or further their marginalization. Contemporary understandings of rhetoric tell us that texts depict many different representations of bodies (Wilson & Lewiecki-Wilson, 2001), and some of those may be negative representations of seniors' abilities (Bowen, 2012). For instance, Bowen's study found that AARP texts presume bodily decline and market technological tools that accommodate that decline, thus promoting an image of the disabled senior. Seniors who use these texts to enact change in their bodies – who embody these texts – might, for example, identify themselves as physically limited and use technological tools to accommodate those limitations. Whether this is a good or a bad idea depends on the context, but in a case where the use of technology only will further the individual's lack of activity and promote bodily decline, the power of embodying literacy might be considered counterproductive. Because texts represent seniors in many positive and negative ways, it is important to consider which texts seniors embody to determine the consequences of embodied literacies.

Another implication for seniors' lived experiences is that texts may represent bodily states in particular ways that can prove problematic for seniors. When seniors embody texts of specific discourses (Gee, 2012), they may promote, enhance, or broaden the uses of these discourses. In this study, many of the texts that seniors referenced appeared to be texts within medical discourses. The problem with a medical approach to disability of any sort – whether or not it is related to aging – is that it constructs impairment as a problem that needs to be fixed. Through identifying impairments as

problems, medical discourse creates a population of disabled people that is positioned in opposition to the norm of the healthy and nondisabled (Linton, 1998). Therefore, when seniors embody texts that are part of the medical discourse, they embody the ideology that their impairments are negative and medical intervention is needed to return to a nonimpaired, youthful state (Tulle-Winton, 2000). More generally, these actions reinforce the stigma of aging and the norm of youth. Therefore, the discourses to which the texts belong become an important factor in determining the consequences of embodied literacies.

In the interpretations above, I presume a disability studies perspective that sees disability as socially constructed and impairments as positive aspects of one's body. At the same time, recent and more complicated theories of disability allow room for an alternative interpretation of seniors' literacy practices. Tobin Siebers (2008) calls for a complex theory of embodiment. He writes, "Disability studies needs to account for both the negative and positive valences of disability, to resist the negative by advocating the positive and to resist the positive by acknowledging the negative" (p. 5). The above descriptions of the implications for this study's findings "resist the negative by advocating the positive" in that they presume actual, physical change as one ages is only a good thing to be embraced and celebrated as part of one's identity. Yet Siebers reminds us that we must also "resist the positive by acknowledging the negative," which may include stiffness, soreness, and lack of flexibility that may indeed come with age and that potentially has prompted participants to take the yoga class in the first place. Approaching this study's findings from this alternative perspective, I argue that seniors'

embodying texts within medical discourse can be a productive way for seniors to adapt to the inevitable bodily changes that come with aging. Seniors embody texts to change the body or the ways they understand the body, and even though these texts might be part of the medical model, the changes that seniors undergo as a result of embodying these texts may be helpful for them.

For example, a text might promote the idea that seniors' joints become arthritic as they age and suggest yoga as an option to relieve pain. This text may be rooted in the medical model and may position the impairment of arthritis as a negative, unwanted condition that marks one as old, promoting the correlation between ageism and bodily decline and negative conceptions of impairment. Yet seniors who embody this text and heed this advice may actually relieve some of their pain, and this can be a positive outcome in spite of the effects on identity construction and the way impairment gets positioned in our culture. By "resist[ing] the positive and acknowledging the negative," we must consider the ways seniors embody literacies to adapt to their changing bodies in positive ways.

Additional Contributions to Senior Writing Research

Much of the work in rhetoric and composition that has focused on seniors has examined the ways seniors write (Ray, 2000) and the ways they use technology (McKee and Blair, 2006). Additionally, Bowen has examined how AARP publications have construed seniors' technological literacy. This dissertation adds to the work in the field by asking about seniors' literacy practices about the body.

More specifically, this study contributes to the ongoing conversation about seniors' technological literacies. McKee and Blair (2006) have argued that internalized ageism, among other factors, can cause seniors' lack of technological literacy. Bowen (2012) also critiques the way AARP texts construe seniors' technological literacy, limiting seniors to only using technology for age-related aids and promoting a sense of anxiety surrounding the use of technology. Part of this study examines seniors' talk about literacy practices and finds that seniors adopt a new literacies mentality (Knobel & Lankshear, 2007). New literacies mentalities, which can be used with traditional or digital texts, are a way of thinking and perceiving texts that are influenced by advancing technologies (Knobel & Lankshear, 2007). This study shows, then, that while seniors may be depicted to have a lack of technological literacy (Bowen, 2012) or feel that they lack technological literacy (McKee & Blair, 2006), their talk about literacy in general reveals their engagement with and embodiment of new literacies texts.

Limitations

There are several limitations to this study. First, I limited the pool of possible participants from the beginning of the study by choosing to study seniors who take yoga classes at senior centers. This selection of a research site limits potential participants to those who live in jurisdictions that can afford to run senior centers, which limits participants to those who can afford to live in those jurisdictions. Furthermore, because I solicited participants from yoga classes at senior centers, I limited the participant pool to those who have the funds to take the yoga classes and who have the time and health to participate in yoga. This may explain why the participant pool included mostly seniors

that trend toward the younger side of the spectrum because younger seniors are presumably in better physical health than older seniors. Furthermore, this may explain why all of the participants who had worked for most of their lives were at the time of the interviews retired from work. That participants were retired implies that they can afford to stop working and to live on one or more forms of continuing income. Because I solicited seniors only from yoga classes, I limited the participant pool to like-minded people who have a certain level of concern about their health or a certain amount of interest in participating in physical activity.

There are affordances and constraints to limiting the participant pool in this way. The homogenous nature of the participant pool may have been helpful because I was interviewing so few people. If I had interviewed people from a range of backgrounds, income levels, health statuses, and with varying interests in physical activity, there might be difficulty in finding some common ground among the participants. However, this also is a disadvantage because this participant pool does not include representation from these other populations and excludes potentially helpful and relevant data that these populations might have provided.

Second, because I wanted to conduct a fine-grained analysis of participants' language, I had to limit the participant pool in number to make the data manageable. After conducting 12 interviews, I had almost 120,000 words in the data set that needed to be coded. Two themes with their own coding schemes emerged, which means I coded the data set twice. The generation of codes and the coding process requires time because I needed to immerse myself in the data, reading it many, many times. I also need to refine

the codes and re-code the data several times to generate coding schemes that fairly explain phenomena in the data. Because of the demands a fine-grained analysis requires, the participant pool had to be limited to 12 so that the data set was a workable size.

There are affordances and constraints to a fine-grained analysis that limits the pool of participants. First, this type of analysis allows for a close and careful description of subtle phenomena that might not otherwise have been discovered in a larger data set. However, because the participant pool is limited in number, the findings are not generalizable. Still, this is often the nature of grounded theory research. My study is not a full grounded theory study, but one that is grounded-theory based. I took several steps toward generating theory, but I stopped short of actually generating theory. To generate theory, I would need to collect a larger data set and test the coding schemes against this new data set. A future study that tests these themes and potentially generates grounded theory might provide findings that are generalizable to a larger population.

Third, as a grounded-theory-based analysis, this study allows the research question to be refined as new data is collected and new and interesting themes emerged in the analysis (Corbin & Strauss, 2008). This approach has the advantage of allowing the data to lead the way in identifying the most salient themes and most interesting items to analyze. There are drawbacks to this approach as well. The theme that might become relevant and salient may not have been explored as thoroughly as possible during the data collection phase. For example, seniors' literacy practices were a focus at the data collection stage, but they were not the only focus; thus, a significant amount of additional data was collected that does not relate to seniors' literacy practices. Because of this

broader focus, less attention was paid during data collection to seniors' literacy practices than could have been given. If the focus from the beginning had been on seniors' literacy practices, additional data might have been collected. For example, I was only able to hypothesize that seniors' embodiment of texts might function in a reciprocal way as embodied literacies; this hypothesis might have emerged as a supportable claim if additional follow-up questions had been asked. Further interview questions might have allowed seniors to elaborate on what they did after they embodied a text, and if those actions or changes led to additional literacy acquisition.

However, allowing this theme to emerge – instead of beginning with a focus on this theme – comes with benefits that outweigh the drawbacks. An explicit focus on seniors' literacy practices likely would not have allowed for the identification of the ways in which seniors compose and interpret the rhetorical body. In this way, the emergence of this theme allows for a fuller picture of seniors' literacy practices to develop.

A fourth limitation discussed in Chapters 3 and 4 relates to the study's use of interviews, which allows me to gather only retrospective accounts of the literacy practices participants claim to have done. As discussed in Chapter 3, retrospective accounts change as narratives are told in new settings and do not represent actual, past events (Mishler, 2006). The data used throughout this dissertation is retrospective accounts, and so claims cannot be made for what participants actually did, but only for what participants reported to have done. However, this study provides me with a starting point for future research projects that would allow me to examine how seniors actually engage in literacy practices. For example, a future study might include digital audio

recordings of doctor-patient interactions that would allow me to examine the specific ways conversations transpire and how literacy might come up in these interactions. Another study examining the technological literacy practices of seniors would require a think-aloud protocol in which seniors do online research about the body and record their thoughts as they do so. These methods might get closer at depicting the ways in which seniors use literacy practices as they relate to the body.

Implications for Future Research

As a grounded theory-based study, this study provides a clear path to a future study that might allow for more general claims to be made. After a coding scheme is generated based on existing data, the scheme needs to be tested against a larger data set to see if it explains the new data in a fair way (Glaser & Strauss, 1967). In this study, I generated a coding scheme, but I did not test this scheme against a larger data set. Now that I have a coding scheme to use on a larger data set, I am able to design a study that would allow me to conduct a larger number of shorter interviews that are focused specifically on the phenomenon within the coding scheme. The larger number of interviews would allow for a mixed-methods approach that both quantifies the frequencies of the coded elements of the scheme and that qualitatively examines seniors' talk about literacy and the body. This future study would allow for more general claims to be made.

In such a future study, the population would have to be similar to the one that I studied in the current study in that they would have to be interested in physical activity. This component is a thread that runs through each of my current participants and is likely

one similarity that shapes the answers they provide. Because the focus of the analysis is on the ways participants talk about their bodies, the fact that all participants engage in physical activity must affect the way they talk about physicality and how they manage their bodies. This factor in future participant selection would have to remain for the coding scheme to continue to be relevant. However, additional future studies might solicit participants from a broader population that includes people at varying interests levels in health and physical activity. Such a study would allow for interesting comparisons to be made between those who self-identify as "healthy" or "active" and those who do not.

Furthermore, studies also might examine the ways seniors compose the body by writing about it. Ruth Ray (2000) has pioneered this work by studying senior writing groups. New studies might broaden this line of inquiry as well as focus on the senior body by examining how seniors write about the body in various spaces. For instance, how do seniors take notes about the body when visiting medical practitioners? How do they write about the body in e-mails to friends and relatives? How do seniors write about the body on blogs or Web site forums? These types of questions might allow for a new way to examine senior writing practices in the context of writing about and composing the body.

This study also examines the ways seniors talk about engaging in literacy practices, and their talk reveals at times a new literacies mindset (Knobel & Lankshear, 2007). This finding goes against much of what some rhetoric and composition scholars have found when studying seniors' literacy practices and writing about seniors. McKee & Blair (2006) find that seniors lack technological literacy in part because they internalize

ageism and lack resources to access it. One reason why the seniors in this study might

diverge from the seniors that McKee and Blair study is that these seniors live in a heavily

populated suburban area have ready access to the senior centers, which were the

recruitment sites. Government-sponsored facilities like senior centers may provide a

certain amount of material access to new discourses that those in more rural or poor areas

may not have (McKee & Blair, 2006). Additional studies could examine how the senior

center functions as a literacy sponsor. Furthermore, McKee & Blair study seniors in

technological literacy classes, which may have limited their pool of participants to

seniors who lack technological literacy and who are seeking to gain it. Additional studies

might investigate seniors' uses of technology in everyday contexts, such as the home or

library.

Finally, this study is a local literacies study in that it explored seniors' literacy

practices in local contexts. Yet much of the literature in literacy studies has asked

researchers to go beyond a local examination of uses of literacy and to make connections

to global structures (Brandt & Clinton, 2002; Collins & Blot, 2003; Horner, 2013; Pahl,

2008; Prinsloo & Baynham, 2008; Street, 2003a; Vieira, 2013). A future study can use

the tools created by Brandt and Clinton (2002) to identify connections between local

literate practices and the global structures that help to shape them. Brandt & Clinton write

that one must trace the text's movement from iteration to publication to consumption in

order to identify the literacy sponsors and global influences that are embedded within the

text. A future study might interview participants to identify the specific texts that they use

so that the texts can be traced to these global influences and connections between the local and global can be made.

This study's findings also may provide the groundwork for a community literacies study. Linda Flower (2008) defines community literacy as "a rhetorical practice for inquiry and social change" (p. 16). Flower notes that community literacies projects allow individuals who function within a community to identify a social problem and to use literacy to effect some kind of change. She adds that community literacies projects allow individuals within the community to identify the problem or difficulty that exists and can be aided by university researchers to use literacy practices to work toward resolutions to those problems. Through the use of interviews, this study has identified a number of ways that seniors use literacy practices about their bodies. A local literacies study like this one provides some insight into the problems that seniors have identified that exist within their communities. For example, many seniors in this study identify the need to access medical discourse. Additional conversations with seniors might reveal a desire for additional classes or seminars at the senior center that would help to bring seniors into the fold of medical discourse so that they are better equipped to navigate medical institutions. Those types of projects could be facilitated through a community literacies project founded by the seniors themselves in partnership with university researchers. Furthermore, seniors in this study have revealed a new literacies mindset that is influenced by technology, contradicting the ageism that has been shown to exist in discourse about seniors (Bowen, 2012). Perhaps additional community literacies studies can allow seniors to explore their specific needs in technological literacies and call for senior centers to provide the

services that they define. Alternatively, community literacies studies might allow seniors to examine texts for which they are the audience, such as AARP documents, as Bowen (2012) studies, or senior center newsletters. They could critique the newsletters for potentially ageist discourses and call for changes that they see as necessary. This study provides data about seniors' literacy practices on which future community literacies studies can be based.

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APPENDIX A

RECRUITMENT SCRIPT

To the entire exercise class at the beginning of the first day of class:

Hi. My name is Yvonne Stephens, and I am a doctoral candidate at Kent State University. For my dissertation project, I would like to study the way adults participating in an exercise class at a senior center talk about their participation in the class and how it makes them feel. I would like to invite all of you to participate in my study.

Participation is completely voluntary, and you do not have to participate in my study in order to continue taking this exercise class. If you choose to participate, I would like to invite you to do the following activities.

First, I would like to sit down with you, at a time and place that is convenient for you, to talk about your experience with the class. I would like to an interview with you. The interviews will be audio-recorded.

Next, I would like to invite you to write in a journal each week about your experiences with the class. I will provide you with the journal, and topics are open-ended; I just ask that you write about something that is related to the exercise class. I would like to collect the journals for analysis when the exercise class concludes, and later, I will mail the journals back to you.

Those who would like to participate in the journal writing also will be asked to join a journal-writing group. The group will meet once per week, after the Thursday class, for about 45 minutes. During group meetings, which will be informal, you'll be invited to chat about what you wrote about, if you like, as well as your experiences with the class, along with other topics that come up. These sessions also will be audio-recorded.

Your instructor has allowed me to take the yoga class with you. If you are in any way uncomfortable with that, please let her know.

Please stay for a few minutes after class if you wish to participate in the study. You'll be asked to review and sign the consent form, I'll pass out the journals, and you can ask any questions at that time.

APPENDIX B

INTERVIEW QUESTIONS

Specific question or prompt	Follow-up questions (if needed)	Potential topics the speaker may choose to cover:
Describe yourself. Who are you?	What type of person are you? How would you describe yourself to someone who doesn't know you?	This question allows me to get at discussions of identity, and depending on how closely that relates to age, the participant may describe an age identity. The fact that we are talking within the context of an exercise class may also allow for discussions about physical characteristics.
Why do you participate in the yoga class?	What do you gain from the yoga class? Are there other benefits from the first one you mentioned? Would you take the class again?	This question allows me to get at discussions of physical characteristics, potentially regarding the benefits of the yoga class. The participant may also bring up age identity in the context of discussing the class as combating age (Tulle, 2003). The speaker may also talk about the importance of this social element in her life.
Have you always engaged in exercise?	How would you describe your level of physical activity throughout your life?	This question is posed in this way so that the participant can speak to former identities as compared with current identities. The reference to the past (Coupland et al., 1991) also may spark the speaker to discuss age-related issues.
Throughout your life, have you spent much time reading about exercise or health?	Do you do any reading about health and the body? Do you do any writing?	This question stems from the prior question, getting at identity and age, yet tries to get more specifically at the participants' literate practices. The follow-up question may allow me to find out specifically how literate practices intersect with conceptions of exercise and the body.

How does the yoga class impact your life?	How do you feel, day to day?	This question will allow me to get at the speaker's conception of her lived experience as it relates to the body's well-being. This may also spark discussions of age and age identity.
Are there times when you do not want to come to class?	Are there times when you physically don't want to come to class? Have you experienced changes over time? Has your body changed over time?	This question comes closest to getting at the participant's conceptions of her body's weaknesses and opens the door for the speaker to talk about decline that is presumed to come with age (Coupland et al., 1991). However, the question does not necessarily presume decline because it is a question that could be asked of people who exercise at any age.
What is your favorite pose, and why?	What does the pose feel like?	This question is kind of a wild card. It allows the speaker to potentially elaborate on earlier discussions about physical characteristics and to potentially talk in more detail about the lived experience of the mind and body's engagement with the exercise class.
How does the yoga class make you feel?	(See next question)	This question is important to pose this way because it allows the speaker to interpret it as asking about the body or the mind or both. The choice of direction the speaker makes may reveal some insight into how she perceives a mind/body conflation or divide. Furthermore, the question likely will lead to discussion about the speaker's lived experience of the body and potentially the speaker's moods or lived experience of the mind and emotions.

Kelly has said during class[13] that the breath is the link between body and mind. What do you think about that?	Do you think some of the philosophical traditions of yoga practice impact your thinking? Do you see the body and mind or spirit as one, or as separate? Why do you think that?	This question directly gets at the participants' conception of mind/body conflation or divide.
Do Kelly's readings impact your thinking in any way? What do you think about her readings?		Kelly has said that the readings are rooted in yogic philosophy and that may be hard for some participants, especially men, to swallow. With an interest in the mind/body divide or conflation, I ask this question to get at participants' attitudes toward or reflections on yogic philosophy. Furthermore, the question gets at literate practices by addressing the literate practice that takes place each class.
Has the yoga class sparked you to do any additional reading or writing in any way?		This question allows me to follow-up on inquiries about participants' use of literate practices that relate to the body and exercise.

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[13] Based on an initial observation (January 10, 2012).

APPENDIX C

CODING THEMES AND CATEGORIES

Theme #1: How participants use reading and writing to manage their bodies
Note: Two layers of coding were used for this theme. All data were coded with layer 1.
When it was found that a vast majority of the data represented participants' reading, that
code was then coded again with layer 2.

Coding Scheme Layer 1:
• Participants mention reading or conflate reading with other media
• Participants mention writing

Coding Layer 2: applied to items coded as "reading" in Layer 1:

• General characterizations of how people specifically use reading to make bodily changes
  o participants read about themselves **(discussed in Chapter 3)**
  o participants read about others

• Participants discuss obstacles to reading

• Participants make statements that complexly define reading either by
  o broadly defining literacy practices as including television or radio **(discussed in Chapter 4, Part II)**; or by
  o identifying a time when they read about the body or health, but then underscoring that it doesn't count as "reading"

Theme #2: How interpersonal relationships in participants' lives impact or relate to their bodies

Coding Scheme:
• Participants talk about how the body persuades others **(discussed in Chapter 4, Part I)**
• people verbally (or textually, by sharing texts) make arguments to others about the body. *While this category was identified within this theme, the phenomena it captures also is captured by Theme #1. Therefore, this category was not needed in the analysis.*
• participants compare themselves with others in diet and exercise

• stress and other emotions caused by others prompts participants to exercise or make other bodily changes
• participants refer to genetics
• participants recount interactions with doctors and teachers
• other

APPENDIX D

SAMPLE OF TRANSCRIPT USED FOR ANALYSIS

This is a sample of the original transcript that was used for analysis. Examples within the dissertation manuscript have been revised and refined for readability.

Elizabeth	=um (.) it was very painful (.) and the doctors that I (.) went to I mean at that time endometriosis wasn't (.) diagnosed [very much? I think they were just starting to recognize it
Researcher	[mmhm. mmhm
Elizabeth	as a real problem (CT) and um the doctors I mean it was just kind of (.) one doctor told me well (.) you have a choice of the three P's: the pill (.) ponstel which was a painkiller (.) or pregnancy
Researcher	.hhh=
Elizabeth	=and I thought you know wait a minute (.) you know you can't tell me that there's not (laughs) something wrong with me you know (.) and um (.) so like I said I was scouring these books and (.) and I finally figured out that this must be what it is
Researcher	t (.) wow.
Elizabeth	and I was right