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THE PSYCHOLOGICAL EFFECTS OF AGEISM ON OLDER

ADULTS: ARE THERE ANY?

_____

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

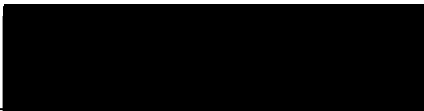Christina Denise Nieblas

June 2013

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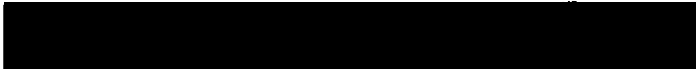California State University,

San Bernardino

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by

Christina Denise Nieblas

June 2013

Approved by:

_____   6-4-13
Dr. Teresa Morris, Faculty Supervisor   Date
Social Work

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Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

The focus of this study was the psychological effects and experiences of ageism on older adults. It was conducted using the post positivist paradigm. Data was gathered qualitatively through interviews with seventeen older adults living in independent living apartments of a continuing care retirement community. A theory emerged that older adults in that particular setting seem to not be affected by society's negative perception of aging. The participants had a lack of experiences of ageism and did not report any psychological effects related to its occurrence or possible occurrence. This seems to be due to the community that they live in, a buffer they experience against ageism, and a lack of shame regarding aging. This study contributes to social work practice by presenting older adult's perceptions of aging as well as the benefits of living in a positive communal setting for older adults.

ACKNOWLEDGMENTS

A huge thank you to everyone who has helped me throughout this program. Thank you, Mom and Dad for your constant love, support, and patience. Thank you to my amazing cohort; you were exactly what I needed to make it through these past two years, especially to Ame, who has always been my very own social worker.

A special thank you to my grandparents, who made me love the field of social work and gerontology before I ever knew it existed.

DEDICATION

For my Benny, who taught me more about love and kindness than I ever knew was possible.

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ASSESSMENT

Introduction

Chapter one covers the research focus of this study, the psychological effects and experiences of ageism on older adults. It explains and provides rationale for using the post positivist paradigm to conduct this study. This chapter also provides a review of the literature focusing on ageism with older adults and the theoretical orientation of the study. Lastly, this chapter explains this study's contributions to micro social work practice.

Research Focus and/or Question

The research focus of this study is the psychological effects and experiences of ageism on older adults. This includes older adults' experiences of ageism, and how these experiences have affected the views of themselves, and of others.

It is predicted that by the year 2030, there will be 72 million adults over the age of 65 (older adults) living in the United States. That is twice the amount of older adults than there were in 2000 (U.S. Census Bureau, 2009). More locally, according to the U.S. Census Bureau

(2012), 11.7% of California's population is over the age of 65, and in Riverside County, CA, 12% of the population is over the age of 65. With this large population of older adults, it shows the increasing need to address issues they frequently face, such as ageism.

The majority of older adults reside in the community. In 2009, 4.1% of older adults were living in institutional settings such as skilled nursing facilities, assisted living facilities, and continuing care retirement communities. Although this number is proportionally small, it is about 1.5 million people (Administration on Aging, 2011).

Continuing care retirement communities offer different levels of residential options ranging from independent apartments to assisted living and skilled nursing. In a study examining the income and assets of older adults, older adults living in continuing care retirement communities had higher incomes as well as more assets than older adults living in their own homes (Boyle & Coe, 2013).

Ageism is defined as "a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this

for skin color and gender" (Butler, 1975, p. 35). Ageism has shown to have a very negative impact on older adults cognitively, physiologically, physically, and longevity wise. For example, negative aging stereotypes on older adults have been shown to impair their views of aging, memory performance, as well as memory self-efficacy, (Levy, 1996). These negative stereotypes have also increased older adults' blood pressure and heart rates (Levy, Hausdorff, Hencke, & Wei, 2000). Positive aging stereotypes, however, have been shown to improve their views of aging, memory performance, memory self-efficacy, and walking speed (Levy, 1996; (Hausdorff, Levy, & Wei, 1999). Older adults with positive self-perceptions of aging were also predicted to live 7.6 years longer than those who held negative self-perceptions of aging (Levy, Slade, Kunkel, & Kasl, 2002).

Paradigm and Rationale for Chosen Paradigm

This study was conducted using a post positivist perspective. According to Morris (2006), post positivism "takes an inductive exploratory approach to understanding an objective reality" (p. 71). There is no specific hypothesis in post positivist studies and data is

collected qualitatively in a naturalistic setting. The data collected is used to build a theory about a research topic from themes and ideas that emerge through data collection. The rationale for using this paradigm is that the experiences and effects of ageism is best understood when the data is obtained in a naturalistic and un-manipulated setting. Since data is collected qualitatively in post positivism, objective truths can be discovered from the qualitative data (Morris, 2006).

Literature Review

This literature review discusses the need to address issues older adults face in relation to ageism. It gives the definition, prevalence, and effects of ageism on older adults.

Definition

The classic definition of ageism is Butler's (1975) definition which is "a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this for skin color and gender" (p. 35). Ageism is manifested through stereotypes, for example, the stereotypes that older adults have problems with hearing and are affected with

slower cognitive functioning and decreasing intellect.

Ageism is also manifested through negative labels that

depict older adults in negative ways such as senile,

dependent, sad, lonely, ill, demented, sexless, and

disabled (McGuire, Klein, & Chen, 2008). In addition, it

is manifested through patronizing language such as over-

accommodation, where younger people speak louder and

slower, become overly polite, exaggerate their

intonation, have a higher pitch, and talk in simple

sentences when speaking with older adults. An additional

aspect of patronizing language is baby talk, which is a

more negative, condescending form of over-accommodation

(Nelson, 2011).

Prevalence

Empirical data shows that ageism is a very common

problem that older adults face. In Palmore's (2001)

survey of 84 participants over the age of 60, 77% of

participants reported experiencing one or more incidents

of ageism. In addition, more than half of those incidents

occurred more than once. "I was told a joke that pokes

fun at old people" (p. 575) was the most frequently

reported incident of ageism, with 58% of respondents

having experienced it. "A doctor or nurse assumed my ailments were caused by my age" (p. 575) and "Someone told me I was too old for that" (p. 575) were both reported as being experienced by 43% of participants. These two incidents represent the assumptions that being frail or having ailments are caused by age. In this study there was very little variation in frequency of items reported among subgroups of gender as well as younger versus older adults (those under 75, and those over 75).

In a later study of participants over the age of 60, Palmore (2004) found that 84% of United States respondents and 91% of Canadian respondents had experienced one or more incidents of ageism. "I was told a joke that pokes fun at old people" (p. 42) was again the most frequent type of ageism. It was reported by 72% of Canadians and 68% of Americans.

In a study of 247 older adults ranging from 60 to 92 years old in the East Tennessee area, 84% of the participants had experienced at least one type of ageism. The types of ageism that were most frequently reported were birthday cards making fun of older people as well as jokes. This study also found a variation in subgroups between those living in rural versus urban/suburban

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settings. The participants living in the urban/suburban setting reported higher occurrences of ageism than those living in the rural setting for four events. These events were as follows: "I was sent a birthday card that pokes fun at old people" (p. 13), "I was told a joke that pokes fun at old people" (p. 13), "A doctor or nurse assumed my ailments were caused by my age" (p. 13), and "I was ignored or not taken seriously because of my age" (p. 13) (McGuire et al., 2008).

In contrast to Palmore's (2001) study not showing variation in gender and young versus old subgroups, other studies have shown variation within these subgroups. Tan, Hawkins, and Ryan (2001) found that the "young-old" were viewed more positively than the "old-old." Hatchett, Holmes, and Ryan (2002) also found that older women were viewed more positively than older men.

According to Nelson (2011) ageism is very also evident in health care and has a detrimental effect on health care delivery to older adults. Many physicians have a stereotypical or negative view of their older patients. They are often viewed as senile, depressed and untreatable. Other examples of ageism in health care include the fact that 60% of older adults do not obtain

recommended preventive services, and only 10% of older

adults obtain the appropriate screening tests for

prostate and colorectal cancer as well as for bone

cancer. (Anti-Ageism Taskforce, 2006).

Effects

It has been found that ageism has many detrimental

effects on the lives of older adults. These include

cognitive, physiological, physical, and longevity

effects.

Cognitive Effects. In a study of 90 participants

over the age of 60 with an intervention that activated

negative aging stereotypes, the intervention worsened the

participant's memory performance, memory self-efficacy,

as well as views of aging. However, in an intervention

that activated positive aging stereotypes, there was

improved memory performance, memory self-efficacy, and

views of aging (Levy, 1996).

Physiological and Physical Effects. In Levy,

Hausdorff, Hencke, and Wei's (2000) study, 54 older

adults between the ages of 62 and 82 were subliminally

exposed to either a positive or negative aging

stereotype. They then faced verbal and mathematical

challenges. Those exposed to the negative aging

stereotypes showed higher blood pressure and heart rates

than those exposed to the positive aging stereotypes.

Physical abilities can also be improved by positive

stereotypes. An increase in walking speed and the time

spent with one foot in the air while walking were found

in older adults exposed to positive stereotypes, and

there was no improvement in older adults exposed to

negative stereotypes (Hausdorff, Levy, & Wei, 1999).

Longevity Effects. Not only are negative stereotypes

hurtful, but they may even shorten the lives of older

adults. It has been found that participants who had

positive self-perceptions of aging were predicted to live

7.6 years longer than those in the study who had negative

self-perceptions of aging (Levy, Slade, Kunkel, & Kasl,

2002). These negative aging stereotypes can also affect a

person's will to live. For example, participants were

given subliminal messages that had either positive or

negative stereotypes of old age and then were asked to

make a life choice based on a hypothetical disease that

was potentially fatal. The older adults given the

negative stereotype chose to refuse potential life-saving

treatment, and the older adults given the positive

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stereotype chose to pursue the potentially life-saving treatment. These findings were only found in the older participants of the study, and not the young participants (Levy, Ashman, & Dror, 1999).

Societal Effects. When older adults are treated like infants, as in the case of patronizing language, it creates a self-fulfilling prophecy where older adults begin to believe that they must undertake a more dependent and passive role and that they are no longer independent. Therefore, when older adults start to believe these age stereotypes and then respond in action to the beliefs, it reinforces the stereotype and the treatment of older adults; thus perpetuating the cycle and maintaining ageism (Nelson, 2011).

It has been thought that ageism may be a contributing factor to younger adults exploiting, neglecting, or abusing older adults. These types of actions are referred to as elder abuse. It is a contributing factor because of the notion that the negative attitudes that society holds for older adults makes it easier to think of the welfare of an older adult as less important than the welfare of younger adults (Nelson, 2011).

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As discussed previously, ageism is a very common occurrence that older adults face, and research has shown the detrimental cognitive, physiological, and physical effects of ageism. However there is a lack of information regarding the psychological effects of ageism. As the aging population continues to grow, it is imperative to discover the psychological effects of ageism so that the psychological needs of this population can be better served.

Theoretical Orientation

The theoretical orientation of this study was social exchange theory, as it offered a cause to ageism. In social exchange theory, society is viewed as a system where social interactions consist of a trade in valued resources, including tangibles, intangibles, and activities (Homans, 1961). In addition, a person's status is defined by the balance between their contributions to society and society's costs of supporting them (Hooyman & Kiyak, 2011). In other words, we value people in terms of what we get from them, and what they give to us. In analyzing ageism according to this theory, we hold ageist attitudes towards older adults because we do not value

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them or their contributions to society. Possible contributions of older adults, such as wisdom and knowledge are not seen as valuable in today's society as there is an increase of technology and lessened need to gain wisdom and knowledge from older adults.

Contribution of Study to Micro and/or Macro Social Work Practice

This study has the potential to contribute to micro social work practice. The information learned can allow social workers to be more informed about the possible psychological effects that older adults face due to ageism. Social workers can become more observant to the psychological effects and in turn offer services for this specific population to address those effects.

Summary

Chapter one covered the assessment phase of this post positivist study including the research focus. It provided information about the post positivist perspective as well as a rationale as to why it was appropriate for this study. Previous literature focusing on ageism in older adults was also presented as well as the theoretical orientation that was used for this study.

Lastly, chapter one explained this study's potential contribution to the field of social work.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two addresses the engagement stage of this
study. It introduces the study site and how the
gatekeeper was engaged. It also addresses the self
preparation that occurred. This chapter addresses
possible diversity, ethical, and political issues in the
study. Lastly, the role of technology in this study is
discussed.

Engagement Strategies for Gatekeepers at
Research Site

The gatekeeper of this study was the Resident
Services Director at the study site; they were first
engaged by a telephone call where the focus of the study,
timeline, and the possible benefits and impact of the
study was further explained. The gatekeeper was told of
the researcher's interest in improving the lives of the
population that the gatekeeper serves by discovering
additional information about their needs and bringing
awareness to these needs. The researcher stressed the
potential benefits of this study to the gatekeeper and

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that it could potentially better the lives of future

residents of the retirement community. In this

conversation, micro practice skills were used to further

engage the gatekeeper, such as interviewing techniques

and active listening (Morris, 2006). Throughout all

contact with those involved in the study, the goal of the

researcher was to develop and maintain a positive

relationship.

Self Preparation

In post positivism, the problem focus, literature

review, and theoretical orientation are developed by the

researcher, however through engagement with the study

site, the focus can change and further develop (Morris,

2006). Therefore, through the completion of the

literature review with information about ageism and older

adults, the researcher was prepared regarding the

subject. The researcher was also prepared to address the

possible needs and concerns of the study participants.

These possible concerns included issues of

confidentiality, and the participants were assured their

involvement was confidential. Steps taken to ensure

confidentiality were explained to the participants, such

as not reporting their name or the study site. The importance of being sensitive to the participants was something that was constantly remembered throughout the study. This included remembering that the participants were volunteers, and they should be treated respectfully at all times. It also involved being sensitive to the participant's potential reactions to discussing a sensitive topic such as ageism, by treating the participants in a nonjudgmental way.

Diversity Issues

Diversity issues had the potential to emerge in this study. A possible diversity issue inherent in post positivist studies is the participants challenging previous assumptions that have been based in theory. Luckily, for a post positivism study, these challenges can be explored by looking for repeating themes or patterns in these challenges (Morris, 2006).

Diversity issues including age and race were possible. There was an obvious age difference between the potential study participants who were 60 and over, and the researcher who is in her early twenties. The researcher attempted to minimize this issue by dressing

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and acting in a professional manner at all times, as to not draw more attention to this age difference. There was a possibility that participants in this study would be of different ethnicities and have different cultural backgrounds. To address this issue, the researcher attempted to structure interview questions in a cross cultural style, with clear and non-technical questions.

Ethical Issues

To address the issue of consent, participants were given an informed consent form to sign, and were informed about the subject of the study as well as the length of time the interview would take. The informed consent form also stated that the participant's involvement was voluntary and they could withdraw at any time without penalty. The informed consent form can be found in Appendix A. To address the issue of confidentiality, during each interview, participants were assigned an interview and participant number, and those numbers were used throughout the study to refer to the data obtained by that participant. After the interview conversations were transcribed, the interview recordings were

destroyed. The names of neither the participants nor the study site were published or made public.

Political Issues

Possible political issues lied in this study. Due to the nature of post positivist studies, the engagement between the participants and researcher results in an unstated partnership. Despite this partnership, the researcher holds the power to decide upon data collection and usage. Therefore, participants are not collaborators in the study; they are a source of data (Morris, 2006). To address this unstated power the researcher held, the researcher attempted to act in a trustworthy way and reiterated to the participants that their participation was purely voluntary, and they held the power to stop their involvement at any time.

The researcher was aware of the inherent nature of research sites to want to be viewed in a positive light. Since this study addressed ageism, which is viewed negatively, the researcher needed to be cautious to not assume that the research site was involved in ageist behavior. The research site fearing that the research

would show ageism at their site may have been a potential hindrance in the research relationship.

The Role of Technology in Engagement

Although face to face contact is crucial in the engagement phase, technologically was used as well. Telephone communication was used as the main form of contact and planning with the gatekeeper. Email communication was also used between the researcher and gatekeeper.

Summary

Chapter two addressed the engagement stage of the study, including the research site and engaging gatekeepers. Self preparation and possible diversity, ethical, and political issues were also addressed. Lastly, the role that technology had in this study was given.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three addresses the implementation stage of this study. Information about the research site, study participants, and selection of participants are given. Data gathering, phases of data collection, data recording, and data analysis is also discussed.

Research Site

The study site was a continuing care retirement community with independent living apartments for older adults in Riverside County, Ca. In 2011, 81% of Riverside County's population was Caucasian (U.S. Census Bureau, 2012). The retirement community is representative of the county's demographics as residents are primarily Caucasian. There are roughly 200 residents, both male and female living in the community. The community offers many amenities and activities such as transportation services, a library, a fitness center, a swimming pool, dining rooms, a hair salon, and many activity rooms.

Study Participants

Participants in this study were residents living in apartments of a 60 and over continuing care retirement community. These apartments are considered independent living; therefore the participants were independent in all of their activities of daily living. There were 17 participants in the sample, as this number was large enough for redundancy to emerge in the data. There were 11 women in the study and 6 men. Participants ranged in age from 66 years old to 94. The average age for all participants was 83.8, the average age for women was 82.4 and the average age for men was 86.3. The length of time that the participants had resided at the study site ranged from 10 months to 18 years. The average of all study participants was 8.5 years. All study participants reported a history of employment. The types of employment varied greatly. Examples included secretaries, a registered nurse, librarians, administrative workers, and a military veteran. All study participants were Caucasian.

Selection of Participants

The method of sampling that was used in this study was systematic random sampling. According to Morris, 2006, in systematic random sampling, items from the sampling frame are chosen that are equally apart. The gatekeeper at the site randomly selected residents by counting every 10th resident in the retirement community phone list. The gatekeeper then contacted the residents and read a script the researcher prepared to see if they were interested in participating in the study and also told them the dates the researcher would be at the site. The script gave general information about the study including the estimated length of the interview, that participation was completely voluntary, and that the researcher was not connected to the retirement community in any way. When the gatekeeper contacted a resident who lived with a spouse, the spouse was also asked if they would like to participate. The list was repeated until approximately 20 residents agreed to participate. The gatekeeper then called the participants on the day of their scheduled interview and reminded them of their interview with the researcher and confirmed that they still wanted to participate.

Data Gathering

Data was gathered qualitatively through face to face

interviews with participants. At the participants'

request for convenience, 6 of the interviews took place

with 2 participants being interviewed at once. These 12

participants were all married couples. Interviews took

place either in the participant's apartment or in the

gatekeeper's office. Interviews lasted approximately 15-

30 minutes and were voice recorded. Interview questions

were developed by the researcher prior to the interview

(See Appendix A). Questions were a mixture of

descriptive, structured, and contrast questions.

Descriptive questions are overarching questions, such as

"What are your experiences of ageism." Structured

questions expand the understanding of a specific topic

such as "How do you feel when you experience ageism?"

Contrast questions develop criteria for specific themes

or categories that emerged through open and axial coding

(Morris, 2006). Questions progressed from establishing if

the participant had experienced ageism, to how that

ageism has affected them psychologically, including

asking about their experiences of ageism, how they felt

when they experience ageism, if experiencing ageism

affected how they view themselves, if it affected how they view the person engaging in ageist remarks or actions, or if it affected how they view society.

Phases of Data Collection

According to Morris (2006), an interview includes engagement, development of focus, maintaining focus, and termination. In engaging the research participants, Morris (2006) advises to treat everyone with respect, to explain the study clearly, to ask for permission to interview the participants, and to address any concerns that the participants have. Therefore, the study was explained to the participants in a clear and understandable way. Participants were told that in this study they were considered the experts on the topic and that their responses would be reported in the study. Participants were given an informed consent to sign and notified that they would be recorded during the interview.

In developing and maintaining the focus of the interview, essential, extra, throwaway, and probing questions were used. Essential questions addressed the specific research topic, such as "How do you feel when

you experience ageism?" Extra questions were used to check the consistency of responses, such as "Do you feel negatively when you experience ageism?" Throw away questions are general questions that were used to establish report, such as "What did you do for employment?" Lastly, probing questions requested for elaboration, such as "Tell me more about that" (Morris, 2006).

In termination of the interview, Morris (2006) suggests the researcher summarize his or her understanding of the conversation. Then, the participant is to be asked for feedback or if they have any concerns. The participant was thanked for their time, given a small gift, and given a debriefing statement, which can be found in Appendix A.

Data Recording

A voice recorder and note taking were used to record interviews. After each interview, the researcher reflected on the interview and wrote down any necessary notes needed to remind the researcher of special details to be aware of for the next interview. Two journals were used; the first was a narrative account journal that

stored all transcriptions of the interviews. A second reflective journal was used to keep reflections, reactions, rationales, and analysis during the actual interview itself or during transcription (Morris, 2006).

Data Analysis Procedures

The data obtained was analyzed utilizing a bottom-up approach; where recurring themes in the data were discovered, which were the open codes (Morris, 2006). Axial coding was then used, which is "a procedure for linking the emergent categories and making statements about the relationship between categories and their dimension" (p. 115). The last stage of data analysis was selective coding, where the categories and their dimensions were integrated and a theory was developed (Morris, 2006).

Summary

Chapter three addressed the implementation stage of the study including the research site, study participants, and the selection of those participants. Information about the data gathering, phases of data collection, data recording, and data analysis process was given.

CHAPTER FOUR

EVALUATION

Introduction

Chapter four addresses the evaluation stage of the study. The data analysis of the study is addressed, including open coding, axial coding, and selective coding. The implications of the findings for micro and macro practice as well as the limitations of the study are also given.

Open Coding

There were 10 open codes that emerged from the data, "Identification of Ageism," "Delayed Identification of Ageism," "No Identification of Ageism," "Negative Reaction to Ageism," Positive Reaction to Ageism," "No Reaction to Ageism, "Acknowledging Physical Aspects of Aging," "Acceptance of Aging," "Acknowledging Death," and "Positive Living Atmosphere." The overarching categories in the study were then discovered. These were "Lack of Experiences of Ageism," "Minimal Reactions to Ageism," "Openness regarding aging," and "Positive Environment." Then, from the data analysis, a theory emerged.

Identification of Ageism

"Identification of Ageism" refers to the participants identifying and sharing an experience of ageism. This code emerged from the data when Participant 5 that her daughter assumed she needed to care for her parents, "Well one daughter, she just thought she had to take care of us" (personal communication, February 18, 2013). In addition, Participant 12 stated, "Some lady came up to us one day and asked us if she could help us take the suitcases out of our car." She also stated, "People sometimes give us their seat on public transportation" (personal communication, March 14, 2013).

Delayed Identification of Ageism

"Delayed Identification of Ageism" refers to a participant initially responding that they had not experienced ageism, and then subsequently in the interview speaking of an experience of ageism. This code first emerged when Participant 6 initially responded "No, no" after he was asked if he had experienced ageism. He later described an instance when he was involved in a car accident and the other party involved in the accident automatically placed fault on the participant due to his age (personal communication, February 18, 2013). Data

that also contributed to this code was when Participant
17 stated, "No not really, not yet" regarding whether she
had experienced ageism and then later stating, "Maybe
just like the grandchildren or something they think that
I can't do something, that they need to help me walk or
something like that" (personal communication, March 21,
2013).

No Identification of Ageism

"No Identification of Ageism" refers to the
participant denying any experience of ageism and not
providing any examples of ageist experiences. The
researcher was surprised at the high number of
participants who reported that they did not have any
experience of ageism. The majority of the participants
reported that did not have any experiences of ageism,
which was surprising. There were many examples of this
code, Participant 4 reported "No problem, I don't have
any problems like that no" (personal communication,
February 18, 2013). Participant 7 reported, "Not really,
I don't feel that I have" (personal communication,
February 18, 2013). Participant 13 also reported, "No I
really haven't, I've never been told oh you're too old

for that or been made fun" (personal communication, March 14, 2013).

Negative Reaction to Ageism

"Negative Reaction to Ageism" refers to any negative reaction the participant felt or reported that they would feel should they experience ageism. Participant 9 stated, "I probably feel a little bit offended" (personal communication, March 14, 2013). Another example was Participant 11 stating "Oh, of course if I thought someone was looking down on me that would make me feel badly, yes" (personal communication, March 14, 2013).

Positive Reaction to Ageism

"Positive Reaction to Ageism" refers to any positive reaction the participant felt or reported that they would feel should they experience ageism. An example of this code emerging in the data was when Participant 12 stated "That's very nice. I don't think anything negative" after describing her positive experience of ageism (personal communication, March 14, 2013). Another contribution to this code was when Participant 17 stated, "They're trying and I appreciate it" (personal communication, March 21, 2013).

No Reaction to Ageism

"No Reaction to Ageism" refers to the lack of feeling or reaction the participant reported when they experienced ageism or how they would feel should they experience ageism. Most participants expressed examples of this code, which was also surprising. For example, Participant 10 reported "It wouldn't bother me" (personal communication, March 14, 2013). Participant 16 also reported, "It doesn't bother me at all" (personal communication, March 21, 2013).

Acknowledging Physical Aspects of Aging

"Acknowledging Physical Aspects of Aging" refers to the participants discussing matters related to the physical aspects of aging. The participants freely addressed some of the physical aspects of aging that seem to be socially perceived as undesirable, which was interesting. This code emerged in the data many times. For example, Participant 1 stated, "I stutter now in my old age" (personal communication, February 18, 2013). Participant 4 stated, "Well I'm not in too good of shape so I can't exercise no more so I've slowed down considerable in that area" (personal communication, February 18, 2013). Participant 5 also stated, "My hair's

almost white and I've slowed down considerably and my hearing is pretty well gone, and I have false teeth" (personal communication, February 18, 2013).

Acknowledging Death

"Acknowledging Death" refers to the participant discussing the time they have left to live. This code was addressed when Participant 4 was speaking about living at the study state and stated, "It was a great place to come, to finish out" (personal communication, February 18, 2013). Participant 15 also stated, "I don't have much longer here" (personal communication, March 21, 2013).

Acceptance of Aging

"Acceptance of Aging" refers to the participants openly acknowledging and discussing their aging. Participant 10 stated, "I know I'm old, I know I'm old" (personal communication, March 14, 2013). Participant 17 also stated, "I realize there's certain things I can do and can't do" (personal communication, March 21, 2013).

Positive Living Atmosphere

"Positive Living Atmosphere" refers to the positive ways the participants described their living situation. Participant 4 stated, "This place, it's unreal, they treat you so good in here, and everybody is friendly"

(personal communication, February 18, 2013). When

speaking of the staff and the younger staff who work in

the dining hall, Participant 7 stated, "The staff here

too are great, everybody is. The staff and the kids are

all very positive which is very good" (personal

communication, February 18, 2013). Participant 3 also

stated, "Everything is positive, very warm and accepting"

(personal communication, February 18, 2013). This code

also emerged when Participant 16 stated, "You're just

accepted for what you are and I've found people to be

very nice here" (personal communication, March 21,

2013).In addition, Participant 5 stated, "We're all in

the same boat so to speak, you know so, it's nice living

with people who you have more in common with" (personal

communication, February 18, 2013).

Through analysis, the 10 open codes developed into

the 3 overarching categories. Through even deeper

analysis with axial coding, links and relationships with

these codes and overarching categories were discovered.

Axial Coding

Figure 1 shows the relationship between the codes

"No Reaction to Ageism" and "Acceptance of Aging."

```
┌─────────────────────────────────────────────────────────┐
│                  Acceptance of Aging                    │
│                         │                               │
│                         │                               │
│                     1   │   2                           │
│  Reaction to Ageism ────┼──── No Reaction to Ageism     │
│                     3   │   4                           │
│                         │                               │
│                         │                               │
│                  No Acceptance of Age                   │
└─────────────────────────────────────────────────────────┘
```
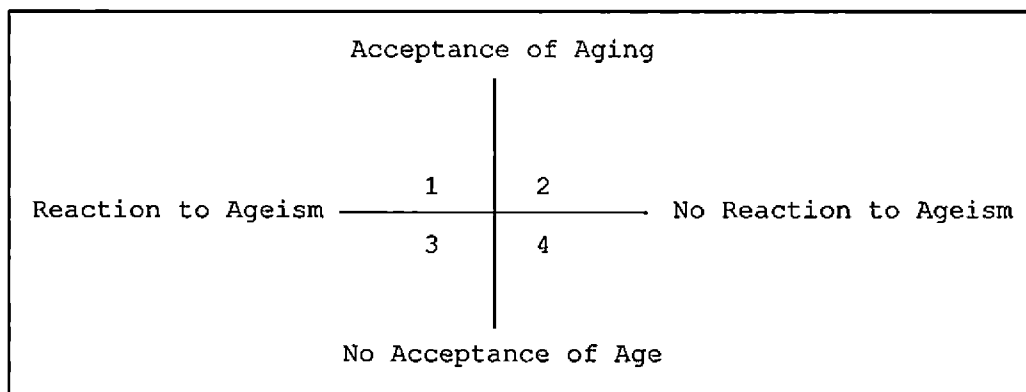
Figure 1. No Reaction and Acceptance

Based on the interviews, it was believed that there
was a link between "No Reaction to Ageism" and
"Acceptance of Aging." Quadrant two is representative of
this link. This link was especially evident when
Participant 10 stated, "It wouldn't bother me. Cause I
know I'm old, I know I'm old and so it wouldn't bother
me" (personal communication, March 14, 2013).

The codes of "Identification of Ageism" and "Delayed
Identification of Ageism" both had the dimensions of rude
actions or respectful actions from the examples of
experiences the participants provided. The dimension of
respectful actions, such as kind gestures of offering up
a seat on public transportation is linked to the
participants having a positive reaction to that action.
The relationship seems to suggest that even if there is

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an assumption that the participant requires special

treatment, the participants are not upset or affected by

this assumption. The dimensions and relationship is shown

in Figure 2.

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┌─────────────────────────────────────────────────────────┐
│  ┌─────────────────────┐    ┌─────────────────────┐     │
│  │  Identification of  │    │ Delayed Identification│    │
│  │      Ageism         │    │     of Ageism        │    │
│  └─────────────────────┘    └─────────────────────┘     │
│           │                                             │
│  ┌─────────────────┐        ┌─────────────────────┐     │
│  │  Rude Actions   │        │ Respectful Actions  │     │
│  └─────────────────┘        └─────────────────────┘     │
│                              ┌─────────────────────┐     │
│                              │ Positive Reaction to│     │
│                              │      Ageism         │     │
│                              └─────────────────────┘     │
└─────────────────────────────────────────────────────────┘
```
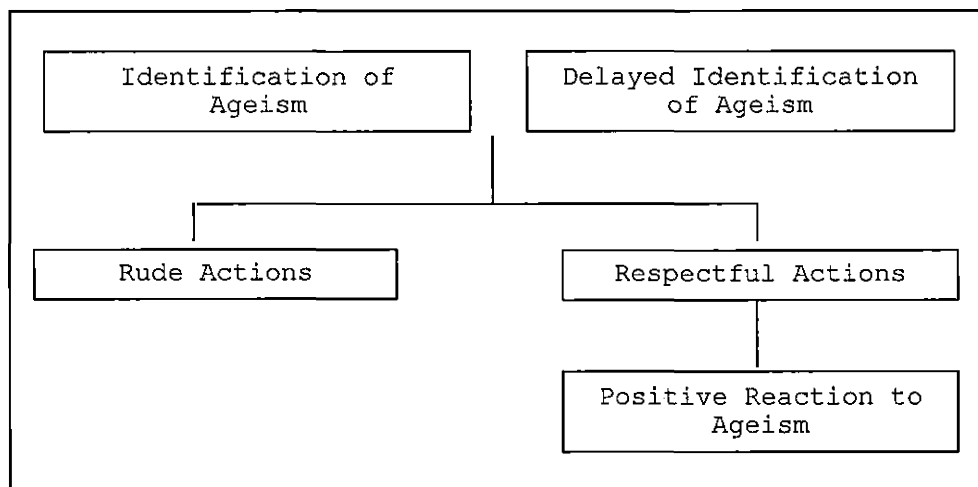
Figure 2. Dimensions of Ageism

Through the analysis, the overarching categories of

"Lack of Experiences of Ageism," "Minimal Reactions to

Ageism," "Openness Regarding Aging," and "Positive

Environment" were discovered. The identified categories

seem to show the common characteristics of the

participants and that the categories are linked in an

interrelated fashion. This is shown in Figure 3. For this

group of participants in total, they seemed to: 1) Have a

lack of experiences of ageism, 2) If there was an

experience of ageism there was a lack of strong emotional

response 3) If they were to experience ageism there would

be a lack of strong emotional response, 4) Have an

openness and acceptance of the aging process, and 5) Live
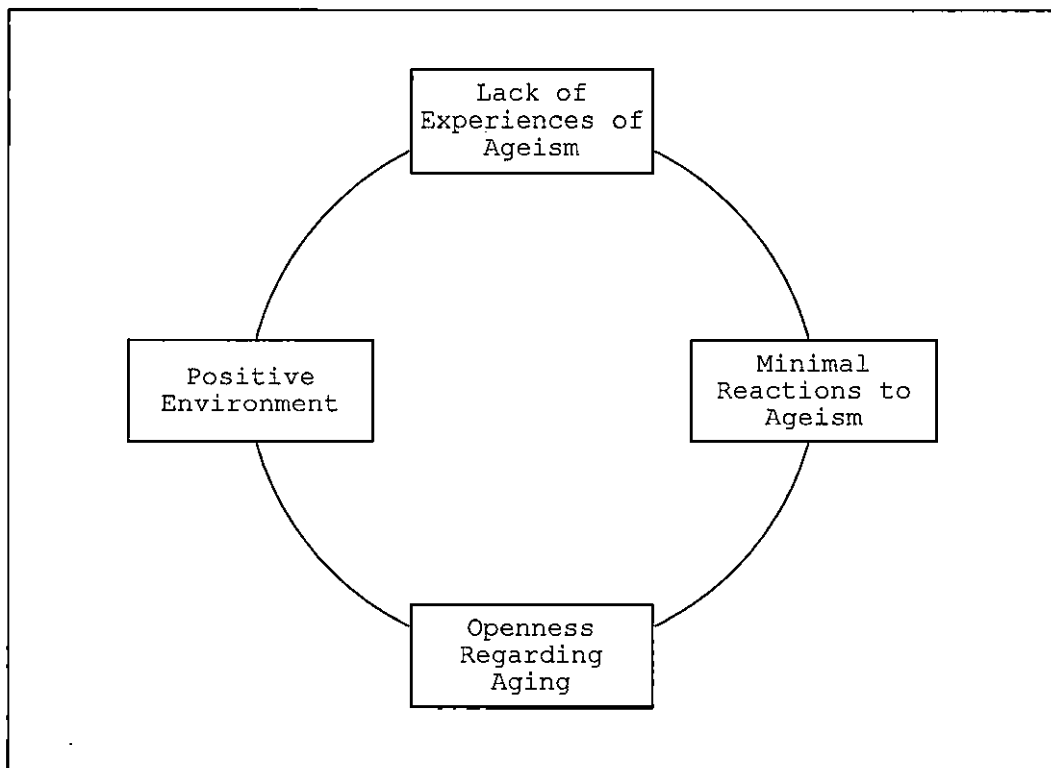
in a positive environment.

Figure 3. Characteristics of Participants

Selective Coding

The theory that emerged through data analysis is that older adults in this particular setting seem to not have any psychological effects from ageism and are not affected by society's negative perception of aging. It seemed that this was related to the community in which the participants live, a buffer the participants have towards ageism, and a lack of shame regarding aging.

Community

From the responses of the participants, it was apparent that they lived in a community that was very positive, accepting, and filled with other people with shared commonalities. The responses from the participants show that ageism is not a common occurrence in this type of setting.

Buffer to Ageism

Although the review of the literature on ageism shows it is a common and has detrimental effects, the majority of these older adults had not experienced ageism and did not experience any psychological effects. Generally, when the participant had experienced ageism, there was not a strong emotional response reported.

No Shame Regarding Aging

Contrary to society's negative perception of aging, the participants were very open to discussing aspects of aging including physical decline, the acceptance of aging, and the acknowledgement of death. The participants seem to have a lack of stigma regarding the process of aging as well as the discussion of aging, due to their open discussion on the topic. There seems to be a great deal of self-acceptance with this population. Therefore, this self-acceptance as well as the group's demographics and positive living atmosphere, may protect them against experiencing ageism, as well as not being emotionally affected by it.

Despite the high prevalence of ageism noted in the literature, the findings in this current study did not support previous research. Furthermore, cognitive, physiological, physical, and longevity effects have been found as a result of ageism. Yet, no psychological effects of ageism were found in this population. As per social exchange theory, the findings suggest that the contributions of this population of older adults are valued in the society, or community in which they live.

Implications of Findings for Micro and/or Macro Practice

From a micro perspective, this study has gained insight regarding the views of this particular older adult community on aging. The data showed that older adults open to the discussion of the aging process. This information is beneficial for micro practitioners working with older adults who may be uneasy discussing topics related to age. At the macro level, this study showed the potential benefits of older adults living in a communal type of setting that is well-run and has a positive environment.

Limitations of Study

A main limitation that developed in this study regarded the hypothetical nature of some of the data. If participants did not experience ageism, they were asked to describe what their reaction would be. Another limitation of the study related to some interviews where two participants were interviewed at once. It is possible that a participant's responses were influenced by the other participant's response. An additional limitation is inherent in the fact that the participants were members of a specific group, thus the findings were not

representative of all older adults. However this study

was able to gain knowledge regarding this specific group.

Summary

Chapter four provided information regarding the

evaluation stage of the study. The data analysis of the

study was discussed as well as the implications of

findings for micro and macro practice. Lastly, the

limitations of the study were discussed.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

Chapter five addresses the termination stage of the study. The termination of the study was discussed as well as plans for communicating findings to the study site and study participants. Lastly, information regarding the ongoing relationship with the study participants and the dissemination plan was discussed.

Termination of Study

Termination of the study was done by presenting the findings to the California State University, San Bernardino community as well as to the research site. Termination with the gatekeeper and participants was done through thanking them for their time and their contribution to the study as well as giving them a small gift. They were notified that the researcher will return to present the study findings to them at a later date.

Communicating Findings to Study Site and Study Participants

Findings were formed into a research project that will be available in the California State University, San

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Bernardino library. A poster representing the study and findings was presented to staff and students. Findings of the study will also be reported back to the research site in a presentation where study participants and gatekeepers can attend.

Ongoing Relationship with Study Participants

An ongoing relationship with the study participants is possible. The researcher may visit the participants at the research site following the completion of the study by keeping in contact with the gatekeeper and arranging a time to visit the site.

Dissemination Plan

To disseminate the research project, copies of the research project will be given to the social workers at the researcher's internship who work with a large older adult population. Information about the study and how to obtain a copy will also be emailed to faculty at the School of Social Work as well as the researcher's previous professors and colleagues.

Summary

Chapter five addressed the last stage of the study. The termination of the study and plans for communicating findings to the study site and study participants was discussed. Information regarding the ongoing relationship with the study participants and the dissemination plan was also given.

APPENDIX A

DATA COLLECTION INSTRUMENT(S)

QUESTIONNAIRE

This is a study about ageism. Ageism is when you are treated or viewed in a different way simply because of your age. It could include negative stereotypes, having jokes made about your age, people assuming you cannot do things, or people speaking louder and slower when they talk to you.

1. Have you experienced ageism?
2. Do people treat you differently because of your age (i.e. Speak louder, assume you cannot do things, etc.)?
3. How does this make you feel?
4. Have you been treated with less dignity or disrespected because of your age?
5. How does this make you feel?
6. Has your experience of ageism changed since you have been living here?
7. How does the experience of ageism make you view yourself?
8. When you experience ageism, how do you feel about those people who express those beliefs?
9. How does the experience of ageism make you view society?
10. Do you feel positively or negatively when you experience ageism?
11. What is your age?
12. What is your ethnicity?
13. What did you do for employment?
14. How long have you been living in this retirement community?

Questionnaire developed specifically for this study by study author

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the psychological effects and experiences of ageism on older adults. This study is being conducted by Christina Nieblas under the supervision of Dr. Teresa Morris, Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked to participate in an interview that will ask you a series of questions about your experiences with ageism. With your permission, this interview will be audio recorded. Once the study is complete, the audio recording of the interview will be destroyed. The interview should last approximately 30 minutes. All of your responses will be kept confidential and your name will not be published or connected with your responses in any way.

Your participation in this study is completely voluntary. As these questions deal with ageism, it is possible that you might experience some discomfort discussing these topics. You are free to not answer any questions and to withdraw at any time during this study without penalty. Participation in this study will contribute to social work research, educate others about the negative effects of ageism, and hopefully create a desire to eliminate its occurrence. The results of this study can be obtained after the completion of this study after September 2013. The results will be available at the Pfau library.

If you have any questions please contact Dr. Teresa Morris, Professor of Social Work, at (909) 537-5561, tmorris@csusb.edu

I understand that this research will be audio recorded.
Place a check mark here ☐ Today's date:_____

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate and be audio recorded.
Place a check mark here ☐ Today's date:_____

APPENDIX C

DEBRIEFING STATEMENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

DEBRIEFING STATEMENT

This study you have just completed was designed to investigate how ageism has affected you psychologically. In this study you were interviewed about your emotional reactions to ageism and if it affected how you view yourself, others, and society. The investigator will report your responses during the interview, and your name will not be revealed.

Thank you for your participation in this study. If you have any questions about the study, please feel free to contact Professor Teresa Morris at (909) 537-5561. If you would like to obtain a copy of the study, please refer to the California State University, San Bernardino, John M. Pfau Library after September 2013.

909.537.5501 · 909.537.7029
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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