Discursive Construction of Aging: Older Adults' Experiences and Perspectives of Becoming Old

Bu Lei[1], Marsha Lavania[2] , Shanti C. Sandaran[3*]

Language Academy, Faculty of Social Sciences and Humanities, University Technology Malaysia

***Corresponding Authors**

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ABSTRACT

This study explores the discourses of aging through which older adults in China construct their experiences of growing old. Guided by social constructionism and life course theory, the research examines how language shapes perceptions of aging within specific cultural and social contexts. Data were collected through 2 focus group interviews and 10 individual interviews with 30 participants aged above 65. Discourse analysis was employed to identify patterns in the participants' narratives. Findings revealed four dominant discourses: (1) Aging as negotiated decline; (2) Illness as discursive threshold; (3) Mindset as moral and regulatory discourse; (4) lifestyle as self-governance. The older adults used positive discourse to showcase their positive attitudes towards aging. Their narratives underscored the significance of self-care practices and mental attitudes as strategies to maintain health and vitality in later life. These findings highlight the emergence of a culturally specific notion of "positive aging" in China, shaped by both state policy and individual agency. The study contributes to discourse analysis of aging by situating older adults' voices within broader socio-cultural contexts. It also offers practical implications for policymakers to design health promotion programs and support services that align with older adults' lived experiences.

Keywords: Aging, Older adults, Focus group interview, Discursive construction, Experience

INTRODUCTION

Population aging is a major issue faced with developed countries decades ago as well as some developing countries today (WHO, 2022). Technological advancements are facilitating the extension of life span, which has resulted in an increased population of older adults (Christensen, Doblhammer, Rau, & Vaupel, 2009). This population shift has contributed to the changes in attitudes towards older adults on the concept of aging (Imran, 2023). While biomedical and policy-oriented research has contributed significantly to understanding longevity and eldercare, it tends to treat aging as an objective and measurable condition. In contrast, discourse-oriented approaches emphasize that aging is not merely experienced but produced through language, interaction, and social practices (Gilleard & Higgs, 2010; Jones, 2016). Older adults are framed as a social and economic resource, which can place unrealistic expectations on them and risk legitimising exploitation, using language that reflects underlying ideologies of ageism and ableism (Fealy, 2024). These discursive constructions are embedded within broader socio-cultural and ideological frameworks, including cultural norms, media representations, and policy discourses (Fairclough, 1995; Wodak & Meyer, 2016).

In China, aging is situated within a complex intersection of traditional values and modern transformations. Confucian ideals emphasize filial piety and respect for elders, positioning older adults as sources of wisdom and authority (Chen, 2016). At the same time, rapid socio-economic changes, urbanization, and shifting family structures have altered the social positioning of older adults, often introducing tensions between dependence and independence (Sun, 2017). Older adults are represented as perceived declines in cognitive abilities, moral standing, and societal roles by some social media such as Weibo (Zhang & Bao, 2026). Despite these developments, there remains a significant gap in understanding how older adults themselves discursively

construct their experiences of aging. Much of the existing literature in China focuses on policy, healthcare, or demographic trends, with limited attention to the linguistic and interactional dimensions of aging. This study addresses this gap by examining the way older Chinese adults construct aging through discourse and the identities and subject positions emerge in their narratives. By foregrounding older adults' voices, this study contributes to a more nuanced understanding of aging as a dynamic, negotiated, and culturally situated process.

Thus, older adults in Chinese cultural contexts are worth exploring. To concentrate on the older adults, this study investigates how aging is represented by the older adults in China. For this purpose, the study answers the following research questions: (1) What discourses are used by older Chinese adults to describe their experiences of aging? (2) How do they construct their aging experiences?

LITERATURE REVIEW

Research into aging has been conducted in various perspectives from biology to sociology with blending methods. From critical discourse analysis, ageing was framed as a life course stage that may undergo self-cultivation, diligent nurturing and exploitation for its positive aspects (Fealy, 2024). From psychological perspective it has shown that absorption of stereotypes and its influence on our identity can induce that older adults start to act according to age stereotypes. The negative stereotypes of aging are reported to cause worse health outcomes (Levy, Ashman, & Slade, 2009), such as reduction of longevity (Levy, Slade, Kunkel, & Kasl, 2002) and higher possibility of dementia (Levy, Ferrucci, Zonderman, Slade, Troncoso, & Resnick, 2016). Moreover, age discrimination and ageism may affect the self of older adults and discourage them from fully participating in society (Swift, Abrams, Lamont, & Drury, 2017). Ageism constructs considerable obstacles to exploit the chances that ageing population will encounter during these processes (B. R. Levy, Ashman, & Slade, 2009). Older adults live in a world that not only help them spend their later life smoothly but also build obstacles in their life.

Perceptions of aging are represented differently in diverse cultures. Older adults are considered powerful because they possess accumulated experience, broad knowledge and insightful wisdom. However, decline and ambiguity is natural result of their aging experience when older adults are limited in their physical, cognitive and functional declination (Issahaku, 2022). Older people often intend to perceive themselves not in the category of old age (Reuben & Nicole, 2022). Scholars are among a consensus that youth are valued and old age is a symbol of vulnerability and decrepitude (Ng et al., 2015). Negative age stereotypes have been found to be dominant in both mainstream press and social media (Ng, 2021a; Ng & Chow, 2021; Ng & Tan, 2022; Ng et al., 2021c; Jimenez-Sotomayor et al., 2020; Levy et al., 2014), reaching the peak when the COVID-19 pandemic blasted, during which the older adults were believed to be easily infected and killed by the virus (Skipper & Rose, 2021). Previous studies provide evidence that older adults are treated with prejudice or discriminated against because of their age (Abrams, Russell, Vauclair, & Swift, 2011). The prejudice and discrimination that older adults experience become worse due to stereotypes of older adults as well as traditional attitudes about how people are aging, which have shown that people become more negative toward older adults. However, these findings are not confirmed by medical professionals. Thus, whether older adults are influenced by these stereotypes is worth investigating.

In China, the way people view older adults has undergone a social transformation from multiple perspectives. Studies show that the older adults emerge in different identities in China (He, 2015). This demographic shift has attracted extensive media reports covering ageing issues of pensions, retirements, elder care homes, and health care. News media were perceived as more practical and no bias than other media forms, influencing people's perceptions of older adults consequently (Kovácset al., 2021). News media more often present negative portrayals of older adults, such as 'anxiety and depression when facing disease', 'vulnerability and susceptibility to diseases' (Zhang & Liu, 2021: 155); and some other labels, such as 'lack of vital energy', 'victims of financial fraud' in the popular newspapers of Hong Kong (Yang et al., 2024), which possibly enhance people's negative perception of age stereotypes. The language used in media to describe older people is a powerful tool for implicitly and explicitly shaping, strengthening, and replicating values, stereotypes, and perspectives on the world (Markov & Yoon, 2021). Reverence for eastern older adults is supported by Asia culture and traditions. For example, the rate that older parents living together with their adult children is higher in China and Japan

than that in the U.S. (Levy et al., 2009). Moreover, there are more positive attitudes toward aging and memory performance in China due to greater positive, cultural attitudes toward aging in the East (Levy & Langer, 1994). Indeed, studies do find that filial piety expectations have remained common among the aged in China (Cheng & Chan, 2006) and Japan (Usita & Du Bois, 2005). However, these social perceptions contribute to the results that the older adults often change their self-perceptions of aging (Diehl, Wettstein, Spuling & Wurm, 2021). Consequently, older adults in China are now confronted with multiple, often contradictory discourses of aging. On one hand, the long-standing Confucian-based values still carry some weight, suggesting respect and support. On the other hand, modern-day changes in living patterns, economic circumstances, and media portrayals present a more complex and sometimes negative view of aging. Understanding these intersecting discourses is essential for a comprehensive analysis of the experiences of the elderly in contemporary Chinese society.

METHODOLOGY

Individual and Focus Group Interview

In this study individual interview is performed for in-depth exploration of personal perspective to gain insights into aging perceptions for older adults. Individual interview allows for follow-up questions and participants are not influenced by each other. Afterwards, focus group interview is conducted to collect dynamic understanding of aging by older adults. A focus group is a special type of group in terms of purpose, size, composition, and procedures. The purpose of conducting a focus group interview is to better understand how people feel or think about an issue, idea, product, or service. Participants in this research are, therefore, selected on the criteria that they are aged enough and have something to say on the topic. They are within the age-range of above 65 and have similar socio-characteristics and would be comfortable talking to the interviewer and each other (Rabiee, 2004; Richardson, 2001). Qualitative research takes a stance that people are anticipatory and meaning making. They actively construct their own understandings of society and awareness of their world through interpretations (Cohen, Manion, & Morrison, 2017). Thus, focus group interview is applied to understand older adults' aging experience and how they construct their aging perceptions in China.

Participants

There were 2 focus group interviews and 10 individual interviews involving 30 participants in this study. The participants are recruited according to the recommendation of friends and their parents or their parents' friends. The minimum age of older adults is 65 and the maximum is 83. The average age of participants was about 71 years old and the participants must have normal language ability to express their ideas. In China older male adults can retire at the age of 60 and female adults can retire at the age of 55. In this research older adults who were just over 60 and reached their retirement age are excluded because they might not perceive aging experience very strongly. This was supported by the findings in pilot study and thus were not suitable for this research. The focus group interviews were conducted in Yinchuan city of Ningxia Hui Autonomous Region. The participants were the residents who lived in this city. They might be the native residents or those who moved to live in this city. Participants were informed that the interviews would be recorded and they all signed informed consent. In this study, participant is named as P1, P2, etc.. according to their sequence of speech.(Table 1)

Characteristic	Category	Individual Interviewees	Focus-Group Participants	Total
Age Range	65–70 years	3	12	15
	Above 70 years	7	8	15
	Mean age ± SD	73	68	71
Gender	Male	2	6	8
	Female	8	14	22
Residential Background	Urban area	10	20	30
	Suburban area	0	0	0

Data Collection and Coding

The focus group interviews were performed in a private room which contained ten people in a restaurant which was quiet and appropriate for the interview. Each interview took about two hours. The individual interviews were conducted at interviewees' home or office for older adults' leisure activities. The whole process of focus group interview and individual interview were recorded by audio recording device made by a Chinese speech recognition company named iFLY TEK. The interview was automatically transcribed by audio recording device and double checked by the researcher manually. All the interviews were performed in Chinese language. The transcripts were translated into English by the researcher and were verified by a language expert. The researcher first read and re-read the transcripts to become familiar with its content and to gain an overall understanding of the data set. The words, phrases, or sentences that relate to the research questions were identified and labelled. The researcher repeated the process iteratively, refining and consolidating the codes into broader categories. Finally, four themes were concluded according to the research purpose of this study.

Two raters were involved in the coding process. The primary researcher who is the author with expertise in discourse analysis and Chinese cultural studies. The secondary rater who is a doctoral candidate with training in pragmatics and qualitative research methods, and proficiency in Mandarin Chinese. They collaborated throughout the process. To refine the coding manual and establish a shared interpretive framework, the raters conducted a calibration exercise using a randomly selected subset of 10% of the interview transcripts. Following calibration, the raters independently coded a larger, randomly selected subset of 15% of the transcripts to formally assess inter-rater reliability. This comprehensive approach to inter-rater reliability ensures that the analytical findings are not dependent on the idiosyncratic interpretations of a single researcher but rather reflect consistent, theory-informed readings of the data. By systematically addressing subjectivity through rigorous calibration, explicit operationalization of constructs, and statistical assessment of agreement, the study strengthens the validity of its conclusions regarding how older Chinese adults discursively negotiate their aging experiences.

Data analysis

This study adopts a qualitative discourse analytical approach, guided by social constructionism and life course theory. Drawing on Paltridge's (2021) conceptualization, the analysis focuses on identifying patterns of language use across textual data, while simultaneously situating these patterns within the broader social and cultural contexts in which the texts are produced. As Riggenbach (1999) articulates, discourse analysis extends beyond micro-level linguistic descriptions to encompass the "bigger picture" of language use, facilitating an understanding of how social and cultural settings shape, and are shaped by specific linguistic choices (Paltridge, 2021). The theoretical underpinnings of this study are rooted in social constructionism and life course theory. From a social constructionist perspective, language is regarded as a primary mechanism through which individuals actively construct and negotiate realities, including their perceptions and understandings of the world (Goddard & Carey, 2017). Life course theory, meanwhile, provides a framework for contextualizing aging experiences within the temporal and social trajectories of individuals' lives. Together, these theoretical lenses inform the study's analytical focus on how older Chinese adults utilize language to make meaning of their aging processes.

The recurring terms and concepts that are related to the experiences and perspectives of aging are identified through thorough examination of all interview scripts and the similar linguistic elements are organized into patterns of aging related discourse. The terms such as *'good mindset', 'positive thinking', 'regular diet and exercises', 'not old',* are labeled and analyzed. These linguistic features are explored by their characteristic use of adjectives and nouns, thus framing aging as a significant demographic trend. Total 21 terms are identified and formed into 4 patterns in this research. They highlight a remarkable perception in older adults' aging experiences, constructing a discourse that aging can be resisted by the agency of older adults' positive mindset and healthy lifestyle.

RESULTS

Aging is not a static condition but dynamic process which is presented by life events that accumulate over time and affect one's aging experience (Krekula & Wilinska, 2021). The older adults' understanding of aging is shaped through social interactions, experiences and cultural norms. Therefore, the subjective experiences of their aging are not merely biological but are framed and influenced by the social and cultural context in which older adults live. The discourses employed by the older adults include: (1) Aging as negotiated decline; (2) Illness as discursive threshold ; (3) Mindset as moral and regulatory discourse; (4) lifestyle as self-governance.

Aging as negotiated decline

The participants' narratives reveal a spectrum of attitudes toward aging, swinging between acceptance of decline and active resistance against societal stereotypes. Some participants acknowledge the inevitability of aging and the physical declines it brings. Others emphasize their positive attitudes to aging, which is against the notion that aging equates to frailty (Athira, Nalini, & Krishna Kumar, 2024). Aging is a socially constructed experience influenced by the interaction between physical decline and continued engagement with life. In many societies, aging is often associated with decline, loss of vitality, and increased dependency (Preston & Biddell, 2021). Age-related decline is rendered self-evident and unarguable within participants' discourse; there is no linguistic space to position physical deterioration as a socially mediated or externally shaped experience. While participants actively resist age-based stereotypes via social hobbies and positive mindsets, their material-process descriptions of bodily function simultaneously reproduce a dominant cultural framing that equates old age with inherent, unprovable physical decay, creating a persistent tension between acceptance of biological limitation and active resistance to negative ageing stereotypes across older adults' spoken narratives.

Complementing the unmitigated negative material processes that depict stark bodily loss, participants consistently deploy low-to-medium modality hedging markers including "*a little difficult", "not so good*", and "*sometimes*" to temper the severity of their physical deterioration, forming a deliberate discursive strategy to resist full identification with a deficit-laden older adult identity. When P5 describes his daily struggles as "*I feel a little difficult doing things now*" and frames his disrupted rest as "*my sleep is not good… I lose my temper some time*", these softened evaluative and adverbial qualifiers dilute the absolute sense of bodily breakdown conveyed through unmodified *"can't*" constructions. Rather than presenting physical decline as an all-consuming, permanent state of incapacity, hedging language introduces gradation and intermittency to age-related limitations: functional impairment is partial rather than total, poor health is occasional rather than constant, and daily hardship is mild rather than crippling.

P5: I feel I am old in all ways. For example, my back and legs ache when I am walking. I can't walk a lot. I can climb stairs before, but I can't do it now. I feel a little difficult doing things now. In addition, my sleep is bad. Usually, if I go to sleep after 10 pm, I will wake up at three or four o'clock. Afterwards, I can't fall asleep anymore.

Where unqualified negative material processes and low-modality hedges describe partial bodily decline in isolation, contrastive "but" clauses situate these limitations within a wider counter-narrative of active ageing. For example, P4 concedes the inevitability of advanced age yet pivots to his regular participation in singing collectives populated by septuagenarians and octogenarians; his use of "but" separates chronological age from perceived bodily decline, decoupling the two concepts linguistically. This linguistic juxtaposition reinforces the study's primary discourse of simultaneous acceptance and resistance: participants do not erase physical ageing from their self-narratives, nor do they surrender to ageist deficit identities.

P4: I do not have any feeling of aging. I am one year younger than you because you were born in the year of horse. We, those who are retired, joined a singing group. Some of them are over their eighties. One of them who is called Lao Niu is 75 years old. I think it is good to join a singing group when we are in our seventies and eighties. It is good to have this singing group. It is important to be optimistic. We are in the same age, but he looks younger than me. He is playing music. I think disease is another important factor. Only if you are not having disease and you are optimistic.

Illness As Discursive Threshold

When discussing the perceptions of aging, the participants inevitably mention illness as an indication of feeling aged or not. Barbaccia (et al., 2022) states that the way older adults perceive of aging is influenced by certain physical practices such as high blood pressure and other illnesses. Illness is one of the practices older adults must encounter in later life. The participants who do not have illness claim that they are not old. However, the participants, who have some illnesses such as chronic disease like high blood pressure usually admit that they feel they are old. For older adults, illness is perceived as a sign that they are entering old age in some way and as a life trajectory that they can have some changes mentally and physically. Participants associate aging with the onset of illness yet emphasize the importance of maintaining a positive mindset to mitigate the negative effects of illness. This reveals a dual discourse: illness as a marker of aging, and a challenge that can be managed through mental willpower.

Participants frequently deploy bounded temporal expressions such as "*in these two years*" and "*since I got ill*" to demarcate clear turning points within their life narratives of ageing, introducing a distinct temporal logic that disrupts the conventional assumption that physical ageing unfolds as a slow, seamless gradual process. Utterances from P5 illustrate this linguistic pattern clearly: "*I think I am old. I am becoming old in these two years*" and his subsequent reflection "*I have some problems with my health, and my blood pressure is a little high. I have this feeling of aging*". The prepositional phrase "*in these two years*" imposes a narrow, defined time boundary onto the onset of self-perceived old age, separating the present state of decline from the stable, less impaired self that existed in prior decades. Meanwhile, P8's clause "*Since I got ill, I changed my temper*" employs the subordinating temporal marker "*since*" to position illness as a discrete causal trigger that ruptures his former way of being and reshapes his understanding of ageing.

P5: I think I am old. I am becoming old in these two years. I have some problems with my health, and my blood pressure is a little high. I have this feeling of aging. My sleep is not good. I am not in good mood because I lose my temper some time.

Illness is generally defined as a poor state of health or disease that affects the body or mind. It represents the subjective experience of an individual who recognizes a deviation from their normal functioning and well-being. The participants' narration show that illness is a signal for them to make some changes, especially when they are old. Illness serves as a critical transition in the life course, prompting individuals to reassess their priorities and reflect on their way of life (Youvan, 2024). The experience of illness and health challenges have reshaped their perspectives on life and aging.

Participants regularly build causal complex clauses to explain the onset of chronic illness, exemplified by P8's account: "I think I had a bad temper before. Since I got ill, I changed my temper", which crystallises the causal logic "I got high blood pressure because I had a bad temper". These explicit cause-effect linguistic structures depart from mainstream biomedical framing that positions chronic conditions as products of physiological ageing, genetic predisposition or involuntary biological deterioration. Instead, participants anchor disease onset to controllable personal dispositions and daily conduct, reshaping the interpretation of illness from a random, biologically inevitable outcome into a consequence of individual behavioural and emotional choices..

P8: I think I had a bad temper before. Since I got ill, I changed my temper. When we are old enough, do not argue with people when they think you are wrong. Some time it is not easy to get things straight by argument. When we are old, we can't be comparable to young men. We can't afford to lose anything, but they can.

Mindset as moral and regulatory discourse

A recurring topic throughout the discourse of aging is the emphasis on maintaining a good mindset as essential for successful aging. A mindset is a set of attitudes, beliefs, or perceptions that influence how an individual thinks, feels, and responds to various situations. It shapes one's approach to challenges, learning, and interactions. Participants consistently link mental well-being with positive health outcomes, suggesting that a positive mindset could significantly influence their experiences of aging (Diehl, Wettstein, Spuling, & Wurm,

2021). Participants' emphasis on maintaining a positive mindset reflects the idea that mental resilience is a resource that has been cultivated over time and helps them cope with the challenges of aging and illness (Hoare et al, 2015). For the participants, old age is another stage in their life, and a good mindset is one of the measures they take to cope with aging. Living happily and aging well are the core values of older adults. When talking about aging, their topic involves with keeping healthy and enjoying life. This positive outlook allows participants to view illness and aging not as a defining feature of old age but as a challenge that can be managed through resilience and mental fortitude (Hoare, 2015). This discourse reflects a rejection of the narrative that illness and aging diminishes one's quality of life (Noto, 2023). Instead, participants who emphasize mental resilience construct a counter-narrative that frames aging as a period in which mental strength plays a crucial role in overcoming physical challenges.

P3 affirmatively comments that older adults should have good mindset toward aging. A good mindset helps them live a unrestrained life and does not limit their action and mind (Fabio, Chiatto, & Colombo, 2024). Consequently, they will not be getting old quickly. A good mindset would empower them to do things they like. This way of viewing aging is encouraged among lots of older adults. Aging well is more determined by multiple factors such as physical competence, social engagements, and attitudes of older adults (Rejeski & Mihalko, 2001). Positive attitudes towards aging will not only promote older adults to improve the quality of life but maintain activity in the process of aging for all older adults (Manzi, Adorni, Giannella, & Steca, 2024). A good mindset reflect that older adults have positive attitudes towards aging.

P3: I think we should have good state of mind and good body. No matter how old we are, we should have a good state of mind. In this way you will not feel being old, right? If you do not have good state of mind, even though you are not old enough, you will say that I can't do this and do that. If you think too much about what you can't do, you can't do it. In this way you will be getting old quickly and have bad health. We two are thinking very simple. If we want to play, we will do it. Simplicity is better.

Interests and hobbies are key practices that the older adults perform daily after retirement. To pursue interest and hobbies is a common action that older adults take in their life. The physical activities which are more frequently mentioned by older adults as social activities they like to participate in are dancing, exercising and walking, which are stated as the most popular physical activities by Collins and Kay, (2003). Interest and hobbies act as the best ways to resist aging. After retirement, older adults have more time to spend their life. An engaging and meaningful life is significant for older adults to maintain health and cope with problems of aging.

P3 narrates what her mother said that 'if she can move, she will go travelling with me although she is in her eighties'. Older adults travel a lot in their leisure time. They believe that interests and hobbies like travelling are good for their health. Through engaging in hobbies like 'travelling' and 'joining a singing group' can keep older adults healthy and feeling younger. Aging promotes the older adults to pursue their hobbies, and the pursuit of hobbies is good for health. This is supported by Menec (2003) that greater overall activity level is related to greater happiness, better function, and reduced mortality for older adults.

P3: Take my mother as an example. She told me yesterday that if she can move, she will go travelling with me although she was in her eighties. She had good state of mind. She told me that you should go traveling if you like. Don't just save money like your two sisters. So why do we save money now? However, different people have different state of minds. Some of older adults think they will take care of themselves if they can move. Some others think they raised their children. When they are old, their children should look after them. They want their children to cook for them, and they will not do anything that they can do.

Lifestyle as self-governance

A healthy diet habit and exercise have been repeatedly discussed by the participants and are mentioned as advice to others. This is because Chinese society is advocating the healthy lifestyle for all. A regular diet habit is depicted to be the key norm that older adults must follow. As older adults are getting older, physical activities and social activities will decrease. For some older adults, they almost do nothing but eating and resting at home. However, the participants in this study emphasize the importance of exercises in resistance of aging. The idea that exercise

can maintain health in old age comes from their belief of good mindset. The participants pay much attention to the regular diet habits. They repeatedly mention that regular diet is very important for them to keep healthy. A moderate diet is suggested for older adults to follow and recommended by doctors of traditional Chinese medicine. The participants share this consensus of the importance of regular diet with other older adults. Regular diet habits are considered as self-disciplined behaviour which is related to whether older adults can be healthy or not (Yeung, Kwan, & Woo, 2021). When talking about aging, older adults have a strong opinion that a regular diet is very important in old age.

In the following excerpt, P6 stresses the importance of diet in old age. He narrates that '*you must pay attention to your diet*' and it is like a doctor is giving advice to a patient. This shows that older adults are very health conscious. Their main purpose in life is to keep good health. Anything that jeopardizes the health will be rejected and refused to perform. Regular diet habits like '*Do not eat too full*' and '*Do not eat too much*' are the key to keep healthy in old age for the participants. The diet discourse is always discussed and displayed in public media or social media in China. This influences not only the diet habit of older adults but also adults of other age groups. One of the reasons is that traditional Chinese medicine promotes a healthy diet in avoiding illness. Another reason is that older adults are satisfied with their life and want to enjoy a longer later life. This discursive construction of health as routine obligation reinforces the internalised institutional public health and medical discourse observed in directive speech acts. Official health messaging and traditional Chinese medical guidance uniformly promote daily, persistent lifestyle management for chronic disease prevention, and habitual expressions show how older adults have absorbed this institutional demand into their own peer advice.

P6: Additionally, you must pay attention to your diet. You should eat what is necessary for you. Do not eat too much. Do not eat too full. That is bad habit. Some people have high blood sugar, blood pressure and hyperlipidaemia because of irregular diet. Sometimes, you eat too full. Sometimes, you eat not enough. When the meal is delicious, you eat too much. When the meal is not tasteful, you do not want to eat it and do not exercise.

The participants admit that exercise is necessary in old age. It is another way to resist an aging body. They believe that exercise could help them to be healthy and recover from illness. Physical activity is a major protector against coronary heart disease, chronic illness and being overweight (Stewart, 2005). Resistance to inactivity is said to be an internalization of the healthy or successful ageing narratives (Dionigi & O'Flynn, 2007). For older adults, they generally are committed to anything that can boost their health and longevity.

P7 narrates that 'persist in exercise every day' will help a friend get better. This may not be the real reason for his recovery. However, older adults mention about the effects of exercise as a means to overcome the common concerns of aging. As explained by Levy et al., (2009) and Stewart (2005), physical activity regimes are usually promoted as a key ingredient as measures for preventative health and wellbeing. Moreover, physical activity is presented to resist the ageing process and delay the fourth age (a period defined by dependence and decline) (Gilleard & Higgs, 2002). Older Chinese adults are aware that aging does not only mean the decline of the body but more importantly highlights the change of lifestyle and habit.

P7: You must persist in exercise every day. If you always see yourself as a patient, you will not get better. You should see yourself as a normal person. Eat what you should and drink what you should. If you can manage things by yourself, do not rely on others.

DISCUSSION

Older adults stress on the importance of a good mindset and regular diet habits and exercise because aging and illness can bring certain pressure and anxiety to them. Views on aging is related to the process of aging by which older adults' health, well-being and longevity are influenced (Kornadt et al. 2019).The positive attitude to aging and illness help them cope with this kind of life experience. participants admit that they feel old because they have some chronic illness while other participants deny that they are old because they do not have these problems and can take part in social activities such as joining singing or dancing groups. They present the importance of regular diet and habits as advice to the other older adults. Older adults pay attention to their diet because they

know that some illnesses are caused by irregular diets and life habits. The participants' linkage of "feeling old" to chronic illness, for instance, reflects broader societal discourses that equate health with vitality—discourses reinforced by public media and healthcare systems. This correlates with Stowe & Cooney (2015), that the key to aging successfully lies in "keeping active" in four ways: active social engagement, active exercise, proactive diet, and avoiding disease. Therefore, this research expands the analytical domain of social constructionism.

Moralisation constitutes a dominant discursive mechanism structuring how older adults interpret ageing and bodily health within their spoken narratives. The discourse of a good mindset indicates that older adults in China are experiencing the conversion of perceptions of aging and illness from a more positive perspective. Active aging and positive aging are the main philosophy promoted by the whole society. When people are in old age, it is inevitable that they will become weak, have some illnesses and depend on their children. However, the participants in this study are trying to change this traditional perception. Having a good mindset means actively facing the challenges of aging and illness. Participants do not depend on the society and their children too much. This decreases the load of the society and the burden of their children. It is helpful for the society to manage the trend of population aging in China.

The positive construction of aging and illness aligns with the global trend of active aging, which reflects the better promotion of aged care from the government and society. The participants in this study actively cope with the issues of aging. They narrate aging as something that can be better arranged and managed in various ways such as having a good mindset and regular healthy diet. They accept their chronological age but refuse to accept the influence of aging such as illness. Positive self-perceptions of ageing may serve as a buffer against a reduction in physical functioning, according to a different explanation older adults try to maintain their health in various ways, which will decrease their use of hospitals, public facilities such as nursing homes and dependence on their children and society. This will reduce the burden of aging population on the society as a whole and promote older adults to live a better life in future. From life course perspective, it can be seen that the concept of active aging and positive aging should be integrated into one's complete life cycle and the whole process of social development, which indicates that social construction of aging is a continuous procedure.

However, key divergences emerge when examining studies that focus narrowly on individual-level coping strategies without accounting for social context. For instance, Western-centric research on active aging often frames social participation as a voluntary choice (e.g., leisure activities), whereas the present study reveals that many older Chinese adults' participation is constrained by structural factors—such as intergenerational caregiving responsibilities, rural-urban economic disparities, and negative media portrayals of elderly social behaviour—that are rarely addressed in prior literature. China is a collectivism society and aging is not only influenced by social and individual decision but the intervention of the government. The unique contribution of this study lies in its demonstration that "active aging" discourses in China are not mere replications of Western models but are dynamically negotiated within a specific cultural and structural context. By centring older adults' own voices and situating their narratives within realities of intergenerational obligation, resource scarcity, and media representation, this research reveals dimensions of aging resistance that remain underexplored in global gerontology—ultimately offering a more culturally grounded understanding of how older adults navigate aging in contemporary China.

CONCLUSION AND RECOMMENDATION

This study examined how older Chinese adults discursively construct their experiences of aging. This discourse analysis of older adults' ageing narratives identifies two interwoven normalization strategies that linguistically naturalise bodily decline as an inherent, unavoidable life trajectory. First, participants repeatedly deploy agentless material clauses describing aches, limited mobility and disrupted sleep; by omitting external structural, environmental or socioeconomic causal agents, they strip ageing of contextual drivers and frame physical deterioration as an innate biological fact requiring no further explanation. Second, constant repetition of formulaic self-care maxims such as "*exercise every day*" and "*do not eat too much*" reinforces the inevitability of age-related frailty. Recurring normative injunctions implicitly affirm that bodily decline is universally predictable, rendering routine lifestyle discipline a necessary compensatory response. Together, these linguistic devices construct a baseline discourse where ageing is positioned as a natural, biologically predetermined

process. While supplementary mitigation, moralisation and pronominal patterns create space for individual agency to manage ageing's impacts, normalization strategies establish the unchallenged foundational premise: physical loss is an inevitable feature of growing old. This dual linguistic mechanism reveals how lay ageing discourse reconciles naturalised biological determinism with self-governance imperatives, shedding light on culturally specific ways local elders linguistically negotiate the tensions between unavoidable bodily decline and controllable individual self-care.

The findings suggest that positive aging discourses are gaining prominence, reshaping traditional expectations of dependence on family and society. Older adults portrayed themselves as active agents who manage aging through resilience and lifestyle choices, aligning partly with global "active aging" frameworks while remaining rooted in local cultural values. The promotion of active aging should not only be conducted on older adults but on all individuals in China because society and culture exert more impact in China than any other countries. Older adults are a group of people who are willing to learn some health knowledge because they attach greater importance to their health and quality of later life. Thus, more services should be provided to reduce the economic burden of the whole society. Their social engagement is a major avenue to share medical knowledge and co-construct the identities of aging.

Theoretically, the study extends social constructionist and life course perspectives by showing how aging discourses are shaped by intergenerational obligations, economic disparities, and media portrayals in China. This research offers diverse annotations of aging concerning with Chinese culture. Family and culture are essential features that affect the construction of aging for older adults. Practically, the results underscore the need for government and community initiatives to provide accessible health services, encourage social participation, and reduce insecurity among older populations. Active older adults in China can tap their potentials to maintain healthy lifestyle thus reduce the economic burden for the society and the government.

Future research should include diverse regional and rural contexts to capture variations in aging discourses across China's cultural landscape. Such work can deepen our understanding of how older adults negotiate aging in rapidly changing societies. The older adults in this study mainly live in the north-west of China and come from the suburb area. Their discourse of aging is mainly focusing on the health and the older adults in the rural area of China are also worth investigating because they live in a different situation. Older adults believe that aging can be resisted by maintaining a good mindset and positive attitudes. The government should provide more services to help older adults to achieve their health goals in life. Young people should be promoted to have positive attitudes towards aging because younger adults aging between 18 and 35 years old who perceive aging more positively at baseline changed their eating behaviour in more healthier way over time (Klusmann et al. 2019b). Moreover, China has very large territory and a diversity of cultures in different areas. They may have different perceptions of aging which need further investigation. Therefore, more research needs to focus on older adults in China to obtain a thorough understanding of their aging experiences and the government needs to improve the policy concerning the older adults to reduce their worries and insecurity.

Author Declaration

All authors contributed equally in this research.

DECLARATION Of STATEMENT

This manuscript has not been published elsewhere. The paper currently submitted is not a copied or plagiarised version of some other published work.

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CONFLICT Of INTEREST STATEMENT

There is no conflict of interest in this article.

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