# “Don’t touch that! You might catch something.”: Contagious Aging

*Carol A. Gosselink*

In a society obsessed with avoiding disease-harboring microorganisms (Weinstock, 1997), industries are hawking everything from antimicrobial-coated steel (Sales Grow Where Microbes Don’t, retrieved July 11, 2006) to kitchen cutting boards boasting antibacterial qualities. To ensure that germ-defying markets will continue to expand, the concept of contagion is packaged in mass media blitzes. Daily television broadcasts induce fear of contamination by featuring SARS updates, bird flu virobiologists, and unsanitary toilet bowls. Newspaper headlines screech West Nile Virus body counts, while radio talk show hosts warm to harangues against The Others responsible for the AIDS epidemic. Characterizing the U.S. as a “virus culture,” (Weinstock, 1997, ¶4) described our society as “a landscape obsessed with the fear of contagion.” Taking this a step further, I submit that in the United States, disparagement, vilification, and denigration of the aged are symptomatic of what we fear most: that aging is contagious and old people are the Typhoid Marys of the 21st century.

I do not argue that the current aversion toward aging, old age, and old people is entirely new. Connidis (2001) made it clear that a golden age in which elders were held in high regard never existed in the U.S. Proffering obeisance to one's aging relatives was with an eye toward inheritance. Disreputable old people, i.e., those without land, wealth, or families, were isolated from social intercourse, relegated to poor farms, almshouses, or asylums for the mentally ill. Proverbs, folklore and fairy tales brought over from the old country depicted elders as ugly, mean-spirited, villainous or simpletons. Snow White's wicked step-mother disguised herself as an "old pedlar woman" as she tried to rid the world of her rival (Grimm & Grimm, 1816/1898); Sleeping Beauty's spell was cast upon her by a "very old fairy" (Perrault, 1697/1969); "There's no fool like an old fool" (Fables & Proverbs, 2003); and, inhabiting the British Isles, hags are "hideously ugly old women" who personify winter and sometimes, like Black Annis, are cannibalistic (Fairies World®, 2005, ¶13). I propose, however, that these historical examples of ageism pale in comparison to the terror of and aversion toward elders evident today.

When pondering the sources of this sea change, I identified four primary purveyors of old age as infectious disease: The Medicalization, Media, Modeling, and Magical Thinking Quartet. I shall surgically partition and implicate each source separately for disseminating the view that old age results from a virus, and will conclude with an explication of how the confluence of these factors has created and institutionalized a prevailing old-people-as-contagious norm.

**Medicalization**

Primitive tribes perceived aging as a natural, though rare, progression of the life cycle. With average life expectancies of 25 (Hayflick, 2004), individuals who achieved old age clearly possessed mystical sovereignty over sickness, injury, and death—

their longevity signaling a deity's approval. Moreover, with infant mortality stalking the land, children were more frequently engaged in the *danse macabre* than were octogenarians (O'Gorman, 1998), suggesting that the aged were healthier than the young. From the early 1900s on, however, public health measures, sanitation, hygiene, and the rise of the medical industrial complex have cut a swath through premature death such that life expectancy has soared. The sheer magnitude of the numbers of people living into old age dispelled any notion that elders held supernatural powers. To the contrary, their demonstrable frailty and feebleness were unmistakable symptoms of a disorder, an infectious disease called aging. Prolonging existence by staving off the insidious, invasive, contagious aging ailment has since become the life mission of thousands of "anti-aging" scientists. Medical researchers are investigating methods ranging from near starvation (analogous to the dictum for treating other infectious diseases, "starve a cold, stuff a fever") to gene replacement of old, infected cells (Turner, 2004; Wolf, 2006; Yu, 2006).

That medicalization has transmogrified aging into a contagious disease is no secret to its practitioners. Upon being asked in a survey, "When is a nondisease treated like a disease?" the top answer given by physicians was "aging" (Jones, 2005). Indeed, medicalization of aging in a life-and-death struggle against the epidemic is now running rampant throughout Western culture. Some researchers (Haze et al., 2001, p. 520) even isolated components on the skin that release "an unpleasant greasy and grassy odor" first detectable when people are in their 40s and becoming progressively more odiferous with age. Like other virulent diseases causing the human body to emit obnoxious smells (bubonic plague, STDs, sinusitis, athlete's foot, periodontitis, necrotizing fasciitis, yeast infections), a symptom of contagious old age is its stench. Identification of the stink of putrefying, infectious aging, then, is the ultimate medicalization, resulting in the isolation of contagious elders into sanitized, sterilized nursing homes where the infection—and smell—can be contained.

Further complicating the medical management of the contagious aged is co-morbidity. Disease begets disease, such that those infected with the aging virus are also disproportionately more likely to be hosts for heart attacks, strokes, cancer, and arthritis. Trying to secure medical workers even minimally qualified to care for these diseased elders has become a national problem, with 400% turnover of staff in some nursing homes (Cohen-Mansfield, 1997). Without promise of inoculation from the aging virus, CNAs are understandably reluctant to be in such close proximity to the nursing home detainees. This fear of contamination is exacerbated by the reality that those caring for persons with any contagious disease are viewed with suspicion by a populace wary of catching the affliction from the caregivers (Das, 2001; MacRae, 1999; Wight, Aneshensel, Murphy, Miller-Martinez, & Beals, 2006).

Death, the ultimate evidence and outcome of the disease process, must now occur under hospital supervision lest the contagion spreads. Medicalization transformed the dying process from a home-based family affair into a sterilized, sanitized enterprise (Kastenbaum, 2004). Even within the disinfected confines of a hospital, the contaminated are further isolated to a predesignated place that contains only the dying, thus preventing the elders' effluences from spreading to other patients. Community, family, and the largely younger staff, too, are leery of becoming infected. Salmasy (2002) found that dying patients spent an average of 18 hours and 39 minutes alone each day; those suffering the co-morbidities of aging and dementia viruses received even less bedside contact.

While it is true that one can catch death at an early age from diseases other than aging (e.g., leukemia, Hodgkin's Lymphoma, Duchenne Muscular Dystrophy, Canovan disease, Tay-Sachs, Batten disease), in the U.S., 80% of deaths occur among older adults, making aging the number one contagion leading to one's demise (Kastenbaum, 2004). Unlike some infectious diseases (e.g., bronchitis, tuberculosis), there is no cure. Temporary relief

from visible symptoms of terminal aging can be obtained through medicalized treatments—face lifts, tummy tucks, demabrasion, etc. But the disease eventually follows its natural course. Medical interventions notwithstanding, aging contagion always results in the victim's death.

Media

Newscasts, glossy magazines, commercials, newspapers, the Internet, television shows, and Hollywood movies present a barrage of messages valorizing a youthful appearance. Had anti-smoking campaigns exerted such a concerted effort to prevent, contain, and reduce cigarette use, we could well be a smokeless society today. Taking the stance that aging contagion can be forestalled, the media tout an array of age-defying products and services.

Most important for those suffering from aging disease is the necessity of camouflaging the warning signs to avoid stigma and discrimination. Analogous to Das' (2001, ¶8) explanation of how a person initially diagnosed with leprosy reacts, an afflicted elder "has to start 'reading' the disease right from the onset of first symptoms, noticing changes in the body and devising strategies of concealment." If aging cannot be cured, a spoiled identity (Goffman, 1963) occasioned by aging plague can be warded off indefinitely with the proper elixirs, potions, and interventions. Part of a "$100-billion-plus cosmetics industry" (Bolt, 2005), Yves Rocher flogs a day cream that "offers triple action: smoothing, firming, lifting your facial contours, as it provides powerful anti-wrinkle protection. Use it and see astonishing results in 15 days… [to achieve] just a gorgeous, more youthful look." PERSONA asserts that when customers use its Anti-Aging Renewing Facial Cleanser, "beautiful, healthy, younger looking skin starts here!" (BuyBeauty.com); better yet, the Complete Anti-Aging Package can be had for a mere $299.95, a 53% savings on the retail price of $644.00. Googling for such products using key words of "'anti-aging' cosmetics" produces 6.7 million hits. These vendors (denounced as "charlatans… swindlers, quacks, and mountebanks"

[Hayflick, 2004, p. 576]) take in tens of billions in profits annually (U.S. Senate, Special Committee on Aging, 2001). While not explicitly promising a cure for aging disease, the hucksters implicitly threaten that without daily use of their potions to conceal the symptoms of contagion—brown spots, wrinkles, droopy eyelids, and receding hairlines—visibly contaminated elders will be permanently banned, the new lepers in a youth-obsessed, aging-contagion-fearing society.

Threat of contamination through proximity to or touching an infected person has been well documented. Anthropologists first reported a universal "law of contagion" whereby direct or even indirect contact with another individual transfers an "essence" (Frazer, 1890/1959). Rozin and Nemeroff (1990) pointed out that though this essence may not be visible, residue from the source remains. Argo, Dahl and Morales (2006, p. 82) reported that "the greater the intimacy of contact, the greater is the likelihood of contamination occurring." Das (2001, ¶13) contended that contagion is so intertwined with stigma that anyone who is "appearance impaired" (by disease, defect or disability) must be avoided for fear of catching something. Park, Faulker and Schaller (2003, p. 65) suggested the evolutionary origin of this perception: "Because contagious diseases were often accompanied by anomalous physical features, humans plausibly evolved psychological mechanisms that respond heuristically… triggering specific emotions (disgust, anxiety), cognitions (negative attitudes), and behaviors (avoidance)." They noted that disease avoidance is "over-inclusive," such that disfiguring conditions (in this case, wrinkling, sagging, aging bodies) signal that such persons are diseased. Little wonder, then, that women and men alike are hoodwinked by commercials that play to their fears of being viewed as diseased. Marketers promise Untouchables, transformed by "invigorating, revitalizing" hair products and "rejuvenating" face creams, that their hair, skin, and body will no longer evoke others' repugnance, revulsion, and above all, dread of contagion. Specifically for men, aging disease can be fought back through ingestion of Viagra, Super T (testosterone), or ViriLife ™.

How could anyone capable of the vigorous sexual performance and stamina of a young swain harbor disease?

The media emphasize youth, slimness, beauty and health (AKA, sexual potency) not only through vendors, but through "entertainment" as well. Makeover shows (*The Swan; 10 Years Younger; How Do I Look?*) promise relief from the symptoms and, subtly, the contagiousness of the disease to individuals willing to chronicle the suffering aging (and, concomitantly, ugliness) has inflicted upon them. By publicly submitting to a makeover, the woman (primary prey of makeover shows) demonstrates her 1) admission of blame for aging because she previously had not tried hard enough; 2) her moral redemption by embracing total decontamination through diet, exercise, dental work and cosmetic surgery; and 3) her cleansing from the disease for all to see. The finale, the revelation of The Cure, is held in front of the individual's village of family, friends, coworkers and distant acquaintances, with the purpose of showing that she who was formerly contagious can now be readmitted into the larger social community.

One of the cable television's more popular offerings, *Nip/Tuck*, has capitalized on Western society's search for youth and beauty by dramatizing the surgical rigors patients will undergo to reduce their grotesque disease symptoms. In weekly installments, the cosmetic surgeons cure those visibly infected with aging. But even these deft healers of the contagion admit a line beyond which they cannot decontaminate. When desperately trying to conjure up more business by marketing their skills in long-term care facilities, surgeons Shawn and Christian become nauseated when overlooking a sea of contagion: residents in a nursing home. As with any infectious illness, intervention must be sought early enough in the progression of the disease to cure or contain it. If one waits too long, even the prowess of topnotch surgeons cannot remove the lesions of aging, dooming the inmates remain isolated with fellow contaminatees.

Finally, despite their relentless promotion of anti-aging products, the media are not immune to disease-avoidance behavior toward contagious older adults. Markson and Taylor's (2000) survey of movies from 1929 to 1995 demonstrated that movies about elders are few. Aging male actors (e.g., Eastwood, Nicholson, Ford) in leading roles portrayed powerful, sexually-charged heroes paired romantically with female love interests half their age. Meanwhile, older women, never a cinematic priority, performed in ever-diminishing numbers of roles, largely engaged in "archetypal 'feminine' activities" (Markson & Taylor, 2000, p. 153). They suggested that the film industry's reluctance to cast older performers in authentic elder roles reflects its knowledge that society does not wish to view this diseased population. Markson and Taylor also noted that "aversion to old age overall, and to older women in particular, is not unique to the film industry" (p. 142). Several studies attest to the stereotyping, invisibility, and/or underepresentation of older adults in all forms of media: crime fiction (Hepworth, 1993); birthday cards (Ellis & Morrison, 2005); cartoons (Polivka, 1988); advertisements (Roy & Harwood, 1997); and prime-time television (Robinson & Skill, 1995). Clearly, if the audience wanted to see old people, the media would immediately launch such programming. Thus, the focus-group-savvy media moguls are both forming and conforming to consumers' distaste, disgust, and terror of contamination even by visual proximity to contagious elders.

**Modeling**

In the nine years I have been a professor, the most consistent response I receive from students explaining why they do not want to socialize with old people is that "they smell bad." From infancy, children have been taught not to go near or touch smelly things since they might catch something. However, not until the latter part of the 20th century did this fear of contamination extend to aversion of contact with old people. Indicative of this, a student wrote in her journal, "I cannot touch an old person's hand or any part of their wrinkled skin…old people creep me out…[especially]

the ones that are really wrinkled" (personal communication, October, 2006). Students frequently verbalize similar views that reveal their revulsion toward aging. After watching *Tonight's the Night* (Cherniack, 1995), a documentary featuring older people talking about sex, one student wrote, "I found [the film] repulsive…. I hope I die young so I don't have to be a part of this." More than half of the 40 students voted that this video should not be shown again because it was disgusting. I have also heard such comments as, "I can't stand being around older people. Eeeww!" and "Why would anybody want to work with old people?' But what has influenced these students to freely vocalize their prejudice against the aged? Certainly, the medicalization of aging as disease and media propaganda have helped shape their views. However, in this section, I shall present evidence that it is their parents, mostly comprised of baby boomers, who have instilled this contagion-avoidant behavior in their children.

Looking at the issue from an historical-biological perspective, what underlies this aversion to older people is that there as so many of them. As Hayflick noted (2004, p. 574), "humans have survived with a life expectations of 25 years or less for 99.9% of the several million years that we have been a species." Being in close proximity to epidemic numbers of old people is an aberration. In this 21st Century hygienized, shower-mad, deodorant-obsessed culture, body odors associated with aging (Haze et al., 2001) indicate something not quite healthy, and certainly not normal. In the past, few people lived long enough to exude skin smells, and certainly not odors amplified by the massive population of old people. Along with smelliness, their warty, sagging, decrepit bodies are further confirmation of disease. If you don't touch or get too close to the visibly contagious—wrinkled mounds of skin harboring purulence—you won't catch aging.

When I asked visiting scholar Mary Pipher why students were so afraid of old people, she immediately stated, "Their parents have taught them that aging is bad. Boomers are terrified of getting old and they've communicated this to their children" (personal

communication, April, 2004). In *Another Country*, Pipher (1999) laid the groundwork for her position. She reproached Western culture for casting off elders into an entirely new terrain where expectations and rules about aging are being fashioned daily by younger generations. As aged immigrants in another country, elders face stereotypes fueled by societal fears of all new immigrants—among other things, that they are carriers of disease (Das, 2001, ¶15). As high-risk, infectious transmitters of the aging virus, older adults must be avoided. Within this despised group of contagious aged immigrants, we also witness the intersectionality of aging contagion with socioeconomic status, gender, and class. The most virulent older adults are those whose lifelong disadvantages have ravaged their bodies and economically prevented them from seeking treatment (e.g., anti-aging goods) for their contagious disease.

Middle-aged women and men resist moving to that other country and struggle mightily to manage their aging symptoms. Nevertheless, students regularly report that their mothers cry when they look in the mirror and their dads deflect their aging terrors with tired ageist jokes. Apparently, aging disease lies dormant for years, but wreaks havoc in midlife.

To reduce the numbers who become infected, the U.S. has instituted balkanized living arrangements by herding contagious elders into nursing homes. Now a multi-billion-dollar industry, long-term-care facilities are a relatively new phenomenon embraced by boomers to procure contagion containment of their aged parents. In the throes of filial obligation, boomers drop in on their relatives residing in nursing homes, but they do so with conspicuous reluctance, as witnessed by their children. Not wishing to infect their offspring, boomer parents excuse their daughters and sons from ritualistic visitations to nursing homes reeking with contagious aging inmates. When the parents return home, their children watch them shower to scrub the contaminating stench from their bodies. All this is not lost on impressionable youth.

Not surprisingly, older adults resist being so quarantined, but, ironically, for reasons other than denying the infectious nature of old age in general. To the contrary, many elders articulate fears about being sentenced to a nursing home because all those old people who are "funny in the head" might contaminate them. So while older adults may not recognize their own physical aging as contagious, they are first in line to advocate quarantining anyone, young or old, who exhibit mental defects. Indeed, fear of aging brain rot—dementia—is so prevalent among older adults themselves that they view any peer with cognitive deficits as the contagious other.

These messages conveyed by parents and grandparents have convinced the millennial generation that old people are disgusting carriers of an aging virus. If computers can be infected by viruses, so too can members of the MTV cohort be exposed to a viral load of old age. Only by abstaining from contact with elders can they stave off contamination.

**Magical Thinking**

None of my thesis of old age as contagion would hold up to scrutiny were it not for an element of magical thinking. Once thought to be the purview of primitives and young children, magical thinking currently abounds in the 21st Century (Subbotsky, 2004). Take, for example, the current popular belief, held by common folk and scholars alike, that "anti-aging" research will decelerate, eradicate, or even drive the aging process backwards (de Grey et al., 2002; Hayflick, 2004).

Fundamental to this magical thinking is the premise that aging is a disease caused by curable genetic defects (Hayflick, 2004). Scientists advocating the Human Genome Project touted intervention with the aging process as a serendipitous outcome of research. Practitioners of "anti-aging medicine" focus on diseases caused by aging; as with all illnesses, the co-morbidities of

contagious aging and, say, arteriosclerosis, require determination of the primary diagnosis. In each case, aging is the primary disease, and alleviation of its infectious nature will reduce if not heal symptoms related to arteriosclerosis.

Policymakers are not immune to the allure of magical thinking. Faced with dire predictions of economic decline and budgetary bankruptcy engendered by millions of sick old people, decision-makers throw substantial funding at research projects designed to cure the disease of aging.

Of course, the largest numbers of magical thinkers are the countless midlife and older people who squander incalculable money, time, and energy on products and services promising that the disease of aging can be slowed, stopped, or reversed by anti-aging products and services.

We clearly have progressed as a civilization. We can now look indulgently upon our predecessors whose misguided magical thinking drove their futile search for eternal youth. Ancient Chinese prevented ejaculation to allow semen to remain as a rejuvenant in the body (Dychtwald, 1999). Bacon, a 13th century English monk, fashioned compounds of arsenic, gold, mercury and sulfur into an "elixir of immortality." In the early 1500s, Ponce de Leon devoted the prime of his youth to exploring the New World for what natives assured him was the Fountain of Youth. Demonstrating the prowess of medicalized magical thinking, French neurologist Brown-Sequard sought to avoid aging contagion by injecting himself with semen, blood and water extracted from guinea pig and dog testicles in 1889. In 1925, Russian physician Voronoff grafted monkey testicles onto elderly men to cure old age. We view these anti-aging endeavors as ludicrous in light of our current recognition of germ theory as the theoretical basis for understanding old age. Once the infection is checked by nutriceuticals, phytochemicals, micronutrients, and hormones and then eradicated by gene therapy, we will be freed from the scourge of contagious old age.

The new magical thinking holds anti-aging medicine as the answer to contagious aging.

**Consequences of the Confluence of Factors Subscribing to Contagious Aging Theory**

Our physical bodies are generally first to betray the medicalized markers of the disease. The media inform us that health is antithetical to aging, and that people can control aging by pursuing the right lifestyle, diet, and treatment regimens. Failure to do so means that old people not only deserve their fate, but must be excluded from the social banquet of life. Anyone who spreads her/his contagious aging corpus among us is a threat to our health and well-being. As Hatch (2005, p. 9) pointed out, "If we think of age as a pathology…then we stigmatize and exclude those who are so afflicted." Such people are ignoring the social contract of controlling their health to assure that aging does not occur, or in the event people become infected, they must be constrained from contaminating the rest of us. Jones and Pugh (2005, p. 254) went further: "Old age is a disease, the symptoms of which are sagging, wrinkling, and graying….symbols of a lack of control." Who among us does not fear being viewed as having been infected through our lack of control, or worse still, poor morality? Was this not the first volley launched against people infected with HIV and AIDS—that they deserved their fate due to their immoral inability to discipline themselves? (Kopelman, 2002). Jones and Pugh (2005, p. 255) argued that people suffering from the disease of aging are similarly viewed as being culpable, given the "numerous opportunities available for alleviation of many of the symptoms. Not to resist signs of physical decay may be perceived as evidence of moral decline."

In our youth-worshipping culture, the burgeoning numbers of elders are not viewed as indices of resilience, but evidence of an epidemic sweeping the country. As a result, old people experience discrimination, humiliation, and denial of basic rights. Age-segregation has never been more prevalent (Uhlenberg & Gierveld,

2004), as young and midlife generations avoid contaminating contact with elders. The need for containment has advanced the proliferation of Gitmo-ized nursing homes where we rack 'em and stack 'em. Long-term-care is the second most regulated industry in the US, yet throughout the land, unwashed, unkempt aging bodies requiring care lay there unattended and untouched. Contamination must be avoided no matter what.

Reminiscent of Pontius Pilate, the State is also complicit. Not only does it fund the majority of nursing homes, it adds to the population. Prisons protect young inmates from being contaminated by older detainees who are frequently paroled into long-term-care facilities. The State wants to wash its hands of the contagious geriatric population. Apparently prison guards deem the prospect of getting shivved by a 30-year-old inmate as preferable to being infected with aging by a septuagenarian internee.

For all this, my exposé on the inhumane treatment of our elders, I wonder: Is any of us immune to shrinking away from contact with older adults? Do not we all manifest disease-avoidant behaviors? Think about it. If you had to use your bare hand to wipe oatmeal off the rosy cheek of a chubby toddler or the sallow, wrinkled jowl of a gaunt 91-year-old, which would you choose? On a blustery winter day in the stadium, when offered the loan of a sweatshirt by a teenager or an L. L. Bean all-weather jacket by an octogenarian, would you even hesitate before spurning the jacket in favor of the sweatshirt? Repeatedly, research has demonstrated that humans conflate even incidental touch with contagion. This contagious residue left by an individual viewed as diseased requires sanitizing rituals all the way from washing to burning that which the diseased individual touched. As a society, we are vested in our conviction that aging is a disease. This belief holds out hope that if we avoid contact with and contamination by an old person, we can prolong our youth and perhaps, ultimately, thwart the ultimate outcome of disease—death. This magical thinking is intermingled with and reified by medicalization, media and modeling. Not until we

individually migrate into Another Country of the old will we, only perhaps, see the consequences wrought by our germ theory of contagious aging.

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