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Book Reviews

The healthcare experience of prostate cancer patients: exploring the intersection of age and gender

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Abstract

Although researchers have conducted extensive studies of the psychosocial impacts of prostate cancer and its treatment on men's bodies, masculinity and sexuality, little attention has been devoted to the intersection of gender and age in the healthcare experience of this illness. Based on data collected through direct observation in four French public hospitals, and 65 semi-directive interviews with prostate cancer patients, their relatives and healthcare professionals, this article aims to examine how age and gender shape care pathways. We argue that combining the concept of hegemonic masculinity with an intersectional approach may provide an adequate theoretical framework for analysing the plurality of men's prostate cancer healthcare experience. Four steps of the patient care process are successively analysed to assess how the patient experience of illness may be influenced by power relations that interact with individual characteristics: screening, diagnosis, treatment and follow-up care.

Keywords: ageing, gender, illness experience, intersectional analysis, masculinities, prostate cancer.

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Introduction

At global level, prostate cancer is one of the commonest male cancers. Each year, around 1,100,000 new cases are diagnosed, and 300,000 deaths attributed to it, worldwide (Tao et al. 2015). This extremely common cancer affects an ageing population. In France – the country in which the study underlying this article was conducted – the median age at diagnosis of prostate cancer is just below 70 years (Grosclaude et al. 2015). Many patients thus require both geriatric and urologic evaluation to define a personalised cancer treatment that takes into account comorbidities, frailty and other individual circumstances that may be related to ageing.

Although the challenges of treating prostate cancer in the elderly population have long been discussed and are now well documented (Blank & Bellizzi 2008; Droz et al. 2010, 2017; Grummet et al. 2017; Jha et al. 2014; Terret et al. 2004), the gerontology and geriatric literature avoids considering how masculinities shape (and are shaped by) men's experience of illness. Taking into account gender dynamics, social science studies have led the way in extending and deepening knowledge about how men manage prostate cancer, by examining experiences shared by patients in support groups (Arrington 2000; Cecil et al. 2010; Oliffe et al. 2010); doctor–patient communication (Arrington 2004; Oliffe 2007) and effects on personal identity (Arrington 2008; Broom 2004; Chapple & Ziebland 2002; Gray et al. 2002; Kelly 2009; Oliffe 2006, 2011; Stansbury et al. 2003; Wall & Kristjanson 2005).

Despite the depth of this literature, the interlocking systems of privilege and oppression (sexism, classism, racism, ageism, homophobia, etc.) at the micro-level of men's experience remain understudied. Although some works stress the intersection of different power relations in their analyses, and certain notable exceptions tackle the experience of prostate cancer for homosexual men (Blank 2005; Dowsett 2008; Filiault et al. 2008) and racialised men (Gray et al. 2005; Rivas et al. 2016), the intersectional nature of subjectivities (Collins & Bilge 2016) is underexplored in the existing literature.

As prostate cancer mainly strikes older men, this article outlines the importance of conducting a systematic examination of how age and gender intersect, to better document the lived experience of men having the condition. We therefore mobilise an intersectional analysis that

aims to explore how age and gender combine with class, race/ethnicity and sexual orientation to influence health. Also, while the effects of treatments are well documented, prostate cancer care pathways are not as well understood. This article therefore aims to identify and characterise how gender and age shape the patient cancer healthcare experience. To this end, four important steps in the patient care process are analysed: screening, diagnosis, treatment and follow-up care. These steps were chosen to better assess how the patient healthcare trajectory may be influenced by power relations. These steps do not, however, represent linear stages having specific roles or statuses, nor do they necessarily imply a limited sequence of events in a patient trajectory, because we consider patient trajectories to be shaped and managed through ongoing interactions of actors (Corbin & Strauss 1988).

Theoretical frameworks

This article suggests that combining the concept of hegemonic masculinity with an intersectional approach may offer an adequate theoretical tool for analysing the complexities of differences and hierarchic power relations between men with prostate cancer, in the context of care.

Connell defines hegemonic masculinity as "the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (Connell 2005 [1995] :77). For the Australian sociologist, hegemonic masculinity is a kind of normative ideal that may very well be the prerogative of a handful of men – or none at all – but that requires each man to position himself in relation to it. The concept of hegemonic masculinity is therefore a tool designed to study patriarchy and hierarchical relationships between men, at once. Connell identifies three configurations of masculinities hierarchically subordinated to hegemonic masculinity: complicity, marginalisation and subordination.

Although the recognition of a plurality of masculinities and their hierarchisation is essential to understanding gender relations, the concept of hegemonic masculinity is the focus of various criticisms (Demetriou 2001; Jefferson 2002; Wetherell & Edley 1999). One important criticism is made

by Christensen and Jensen (2014), who argue that the typology proposed by Connell makes it possible to differentiate between privileged positions and other (subordinate) positions, yet without completely deconstructing the production of these categories. For Christensen and Jensen, the intersectional approach (understood as the study of positions at the intersection of multiple power relations) represents a useful alternative approach to the analysis of masculinities. Firstly, the intersectional approach suggests thinking about the co-construction of gender with other categories and the articulation of systems of oppression, which is precisely what the concept of hegemonic masculinity, as it is mainly used, does not allow us to do. Secondly, the intersectional framework is a useful tool for deconstructing processes that lead to the establishment of some masculinities at the top of the gender order and others at the margins because it suggests describing patterns of domination and resistance according to a dynamic design.

Combining hegemonic masculinity with intersectionality also provides a framework for the consideration of age as a useful category of analysis. Indeed, age can be understood not only as a biological marker of ageing but also as a social organising principle, and several research papers in the field of ageing studies (Calasanti 2003; Calasanti & Slevin 2006; McMullin & Marshall 2001) emphasise their own analysis of how age intersects with such power relations as gender, class, race, disability and sexuality. However, adopting an intersectional perspective often leads to a bias towards analysing the articulation of certain power relations, to the detriment of others. Because it is empirically difficult (if not impossible) to take account of how the various categories of analysis are interwoven, this is an inherent methodological limitation of intersectionality theorisations. Given our field of investigation, we will focus on analysing the articulation of age, gender and class power relations at the expense, in particular, of sexual orientation and ethnicity.

Materials and methods

This article relies on data collected through direct observation within the hospital setting because this investigative technique allows direct access to events and situations. Observations were made over a period of 5 months, at four different hospitals. All these hospitals are public, though

they vary in size and location across France. The work of healthcare professionals in both urology and radiotherapy units was monitored over a prolonged period. Using a semi-structured template, notes were taken in a range of settings: medical consultations, multidisciplinary meetings, biopsies, surgical operations, medical team meetings, nursing care, sexology consultations, the pre-radiotherapy tracking phase, doctors' visits to hospitalised patients and so on. Field notes typically include details of the doctor–patient relationship, a description of care, informal conversations with health professionals and patients, analytical memos, context and recording of personal experience. Notes were analysed inductively.

In addition, 65 semi-structured interviews were recorded and transcribed. Fifty-five interviews were conducted with prostate cancer patients. The other ten interviews were with healthcare professionals (doctors, nurses, social worker, the coordinator of a regional cancer care network, etc.). In all of these cases, interviewees were recruited from different study sites. Most often, participants were directly asked, following a medical consultation, whether they would agree to take part in a sociological study. In some cases, they were initially approached by phone. A purposive sampling approach was used.

All participants are heterosexual. The men interviewed were diagnosed at various stages, and benefited from the main treatments available (surgery, radiotherapy, brachytherapy,[1] ultrasound, chemotherapy, hormone therapy and active monitoring). Some participants had been living with the illness for a long time (more than 12 years, for some); others were recently diagnosed (at least 1 week ago). The average age of interviewees was 69 years and 8 months, the youngest being 53 and the oldest being 92. Most participants were therefore retirees at the time of their interviews. However, their trajectories and social statuses were fairly diverse. Even if the large majority of the men in the sample belong to the upper-middle or middle classes, twelve of the 55 participants belong to the working class; two were born outside of France. Religious beliefs were not systematically asked about.

Interviews with the men facing prostate cancer took place outside of the medical environment, most often in their homes. The interviewee's spouse or life partner was present in a third of cases. An opening question invited respondents to tell the story of their illness: "Can you tell me about your experience?". In response to this invitation, participants were

free to address the various aspects as they chose, whether or not this was in chronological order. Follow-up questions were sometimes asked, enabling a deeper dive into the discourse while ensuring that the interview followed the structure chosen by the respondent.

The interviews were analysed in two stages. Firstly, an initial analysis per interview was carried out. Its purpose was to report, for each interview, on the meaning that men ascribe to their experience. Then, a thematic analysis attempted to cross-reference material referring to the same theme, from one interview to another. Data coding was based on an inductive approach, using NVivo software.

This research was supported by the French National Cancer Institute. No ethical approval for the study was required; *a priori* scrutiny by ethics committees of research projects in social sciences is exceptional in France, unlike in the United States and Canada (Vassy & Keller 2008). However, written approval from both hospital directors and heads of units was obtained prior to carrying out the fieldwork. Health professionals in the various fields were also informed of the study's implementation. Free and informed consent was also obtained from all participants. Names have been changed to protect the anonymity of respondents.

Screening

Prostate cancer screening relies on two main elements: testing for Prostate-Specific Antigen (PSA) and digital rectal examination. In most participant narratives, the screening experience is shaped by gender and age: the PSA test starting around ages 45–55, like the digital rectal examination that is also sometime associated as an affront to masculinity.

The ageing body as seen at molecular level

PSA is a biological marker that is used to screen for prostate cancer as well as to determine the effectiveness of various treatments, and track the progression of the illness. Although this biomarker has been the subject of intense controversy (Faulkner 2010), it is still a central element in prostate cancer care. PSA tests, which require a blood sample to be taken, are common procedures. In France, it is estimated that about 48% of men aged 40+ underwent PSA testing between 2013 and 2015 (Tuppin et al. 2016).

As PSA testing is at the heart of screening practice, it is particularly helpful in classifying men into groups because it separates at-risk bodies from healthy bodies. Indeed, screenings are not recommended to all men equally. Epidemiologists have identified three main risk factors, which help distinguish between populations: age, family history, and geographical and ethnic origin. The *Association Française d'Urologie* (AFU – French Urology Association) therefore recommends that men begin cancer screenings (digital rectal examination and PSA tests) at the age of 50 where no risk factors are present, and at age 45 for those with a family history of the illness, or for men of African or Caribbean origin (Rozet et al. 2016). Beyond the age of 75, PSA testing is no longer recommended, but the digital rectal examination continues to be considered necessary to the diagnosis of any clinically expressed prostate cancer (Rozet et al. 2016). In other words, biomedical recommendations sort those who are at risk from those who are not (at least in theory), through the use of a statistical assessment of the body that originates at the intersection of the sex, age, race and family history risk factors.

Categorisations relying on epidemiological knowledge have significant effects on individuals because being "at-risk for prostate cancer" implies real consequences for men. Firstly, it implies a need to take responsibility, even a duty, in relation to this specific risk. Indeed, health has now become an individual imperative as well as a moral and social obligation (Crawford 1980). The prevention campaigns encouraging men to take regular PSA tests once they are in their 50s exemplify this phenomenon. In addition, being "at-risk" identifies men's bodies as vulnerable. Gillespie (2012) argues that the absence of symptoms linked to a high PSA heightens men's feeling of vulnerability because it is impossible to determine the risk of cancer without taking additional tests. Moreover, these additional diagnostic investigations (ultimately, fresh PSA testing, digital rectal examination, magnetic resonance imaging [MRI], biopsy, scan) only add to the already-present uncertainty (Evans et al. 2007). Indeed, a sudden or gradual rise in PSA level often sees at-risk men being drawn into a complicated medical cycle. Patients frequently experience a loss of control over their own trajectory at the moment in which their PSA level becomes high because it is on the basis of this event that the medical machine goes into overdrive (Oliffe 2006).

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Thus, the first PSA measurements (taken around age 50) are often considered by patients as the starting point for their cancer experience, as in the example given below:

> Jean-Paul: So, like many other French men aged 50 to 60, I was having PSA tests every two years. I was at 2 – normal. And then in November of last year, suddenly I was at 6, boom. My general practitioner told me "it needs keeping an eye on", so three months later he tested my PSA again, and I was at 7.5 – red alert. He said, "I'm sending you to see a urologist". Before sending me to the urologist, he sent me for an MRI of the prostate.
>
> Q.: Okay.
>
> Jean-Paul: Nothing showed up on the MRI. Same thing for the digital rectal examination. […] So, with a level of 6 that had gone up to 7.5, I went to see Dr Grandon (the urologist) and he said, "We need to do a biopsy". So he took the biopsy. I think my treatment was absolutely classic. And the biopsy showed that I did have the start of a cancer.
>
> (Jean-Paul, 62, retired agronomy researcher. Diagnosed in 2013, surgery)

Jean-Paul offers a good explanation of how, as for a great many patients, a series of tests begins with the first PSA checks at 50 and leads all the way to a discovery of cancer. His words also show the importance of the molecular level in defining at-risk bodies. However, the construction of masculinities in relation to prostate cancer management can also be examined from another aspect of screening: the digital rectal examination.

Male resistance to digital rectal examination

For men, digital rectal examinations are a must for the prevention, screening and monitoring of several prostate diseases. This examination consists of inserting a gloved and lubricated finger into the patient's rectum, to palpate the prostate. Digital rectal examinations are not supposed to be painful. Nonetheless, prevention campaigns regularly point out that this examination is an obstacle to prostate cancer screening.

Indeed, previous works have documented men's reluctance to undergo digital rectal examination (Furlan et al. 2008; Macias et al. 2000; Nagler et al. 2005). This attitude can be multifactorial: fear of the illness, disgust

at the idea of pollution (Douglas 1966), denial of potential vulnerability and so on. Yet, it seems particularly important to us to highlight the incompatibility of this examination with the ideal of hegemonic masculinity. It suggests that this examination does not allow the patient to perform his masculinity because it involves a passive role and penetration of the body, which is, in our heteropatriarchal societies, perceived as emasculating (Bourdieu 1998). In other words, male resistance to digital rectal examinations is tied to radically distancing oneself from "subordinated masculinity" (Connell 2005 [1995]), that is, gender performances that evoke the behaviours of men suspected of being effeminate – gay men especially.

Nevertheless, previous literature has noted that men's responses to digital rectal examination of the prostate vary according to class and race (Dale et al. 1999; Kenerson 2010). Kenerson (2010: 60) points out that for African-American men, the cost of screening is the main obstacle. Focusing analysis on class relations thus reveals the hierarchies existing between different masculinities. It is because they embody a "marginalized masculinity" (Connell 2005 [1995]) – in other words, a form of masculinity that is unable to conform to hegemonic masculinity because of their positioning with class relations or the relations of racialisation – that men from dominated social groups show stronger aversion to digital rectal examination.

Age also plays a considerable role in men's response to digital rectal examination. As men move into the segment of the population that is "at-risk for prostate cancer", men over the age of 50 often see digital rectal examinations as a necessary process tied to ageing. For example, Didier, aged 53, said "We're not kids anymore!" when describing his own attitude and that of his friends towards digital rectal examinations. A nurse also said that he was going to start measuring the level of PSA in his blood and getting digital rectal examinations the following year, once he had passed the age of 50. As Calasanti has shown, age is of crucial importance in defining men's health practices because men can develop a sense of responsibility that can lead to improved self-care as they get older (Calasanti et al. 2013).

Fear of serious illness and the risk of cancer-induced vulnerability also serve to counteract the negative effects often associated with digital

rectal examinations. The fact that digital rectal examination is a medical procedure performed by professionals contributes a great deal to men's acceptance of it. Furthermore, Philippe's testimony echoes that of several other interviewees for whom the digital rectal examination has become "normal" or "routine" with ageing:

> Philippe: I thought it was normal, it doesn't surprise me. Maybe I was a bit shocked the first time, but no.
>
> Q.: Why do you think that is?
>
> Philippe: You know the doctor needs to… when he can take a photo from inside, he'll do that - but I imagine there are some things that he needs to feel... it's never bothered me.
>
> Q.: You don't think it's something that impacts your manhood, your masculinity?
>
> Philippe: No, not at all. I think you have to be realistic in life. And I also think you should be glad the doctor is looking to see if there's anything going on. Looking at it that way, no, not at all.
>
> (Philippe, aged 90, retired postal worker. Diagnosed in 2011, hormone therapy)

Digital rectal examinations are most often accepted out of medical necessity, as was the case for this man. Our results thus contribute to challenging assumptions of help-seeking as essentially problematic for men in western society (Noone & Stephens 2008; Wenger & Oliffe 2014). However, the medical necessity that justifies the digital rectal examination does not prevent those men still closely identified with ideals of hegemonic masculinity from feeling ill at ease. Bernard, a former naval officer, offers a good example of this:

> Q.: In terms of the examinations prior to discovery of the illness, I often ask about the digital rectal examination. How did that go?
>
> Bernard: It's a bit embarrassing.
>
> Q.: In what way? Is it because it's painful?
>
> Bernard: It's more of, um… a masculine question, you know. Having a finger where it doesn't belong, I don't enjoy that. Well, when it's in a medical context, you accept it. You rise above it.
>
> Q.: So it's seen as something that affects masculinity?
>
> Bernard: Exactly. But it's necessary. So you put up with it, you grit your teeth.

Q.: But it isn't what would have put you off getting the examination?

Bernard: No, that wouldn't have stopped me. No, no. If it has to be… I go. I'd say almost reluctantly, but I go because I know that it's my health at stake.

(Bernard, aged 68, retired naval officer. Diagnosed in 2013, surgery)

It should be mentioned that Bernard spent his entire career in an institution that inculcates male domination and involves distancing from the feminine (Devreux 1997). It is only when faced with the risk to his health that his aversion to digital rectal examination can be, at least partially, overcome. Lastly, consideration of masculinities as plural also implies consideration of a range of practices, as well as the emotional labour of prostate cancer screening. Our study of male resistance to the digital rectal examination thus supports the argument that men's attitudes towards help-seeking and self-care are linked to gender order, as well as to other power relations (Parent et al. 2018). Nevertheless, it is worth noting that various forms of medical examinations may be associated with various forms of disgust, shame or feeling ill at ease, and that these emotions may not only be linked with masculinity, but may also be part of the way in which power is exercised through the medicalisation of the body.

Diagnosis

Although each patient trajectory begins differently, we argue that age and gender strongly shape the experience of prostate cancer diagnosis. This premise has been tested by distinguishing between two levels of analysis: (1) of institutions, drawing on social frameworks that participate in defining the organisation of care and (ii) of interactions, on the basis of studying the doctor–patient relationship and the effects an announcement of cancer can have on subjectivities.

The announcement protocol

In France, the law controls how cancer diagnoses are given. The 4 March 2002 law relative to the rights of patients and the quality of the healthcare system gave everyone the rights to be informed of the state of their health. Institutional reforms were also aimed at improving how cancer diagnoses

were given. An announcement protocol is now required for healthcare institutions to obtain accreditation to treat cancer patients. Measure 40 of the first "Cancer Plan" (2003–2007) set out four key elements upon which the announcement protocol was based: announcement of the diagnosis and presentation of the treatment plan by the doctor; appointments with health professionals; access to supportive care and communication with the general practitioner.

Informing someone that they have a serious illness is still a delicate task. Specialists such as urologists and oncologists are still often described by patients as lacking empathy. In the same way, the nurses involved in the diagnosis process may emphasise the emotional labour inherent to their job or – on the contrary – seek recognition of their technical competence. The diagnosis process thus remains affected by the devaluation of care, which is itself strongly influenced by the gendered division of emotion (Tronto 1993).

In addition, implementation of the announcement protocol is limited by social representations that are attached to pathologies. Prostate cancer, for example, carries taboos tied to masculinity (Arrington 2004; Broom 2004; Cecil et al. 2010; Oliffe 2011 [2009]; Zanchetta et al. 2007). Therefore, when I met a nurse charged with delivering diagnoses and coordinating follow-up cancer care in a university medical centre and asked her whether she regularly speaks with men who have prostate cancer, her response was categorical:

> It's true that I don't see many men with prostate cancer. Why… well it affects men, it has to do with their virility and I feel that we talk even less to men than we do to women, because of that.
>
> (Field diary, 29/09/2014)

A statistical study of life 2 years after a cancer diagnosis (INCa 2014) shows that men and elderly people are far less likely than women or younger adults to be advised to consult a psychologist, nurse or social worker when they are informed of their condition. The fact that health professionals often share stereotypical beliefs concerning gender and age largely explains this unequal treatment, which disproportionately impacts prostate cancer patients.

Reaction to diagnosis

The beginning of the cancer trajectory is fractured over time, and the initial diagnosis must be thought of as a process rather than an isolated moment (Schaepe 2011). Nevertheless, men with prostate cancer often learn of their condition during a medical consultation – most often with a urologist. Given by a doctor, the diagnosis is a performative linguistic act (Austin 1975) in the sense that it gives a new status to the person in whom an anomaly has been discovered: the healthy (or at-risk) individual becomes sick. This shift from normal to pathological, via what a doctor says, is all the starker because of the fact that the patient being informed of the diagnosis is often asymptomatic. Moreover, most participants report the shock brought on by the announcement. "It's true that it's a shock", said Marc (aged 60, engineer. Diagnosed in 2012, surgery). "On the spot, it shook me up. They tell you it's cancerous, it is a bit of a shock", said Alain (aged 68, retired plumber. Diagnosed in 2012, surgery). Jean-Jacques stated that it "knocked him for six" (Jean-Jacques, aged 62, retired agronomy researcher. Diagnosed in 2013, surgery). Another patient described it as like "being hit on the head with a hammer" (René, aged 75, retired insurance manager. Diagnosed in 2012, surgery).

However, Bury's (1982) insight that a diagnosis of chronic illness is often experienced as "biographical disruption" fails to fully acknowledge the complexity of the early stages of prostate cancer. Our study shows that a prostate cancer diagnosis neither necessarily disrupts the structure of everyday life, nor comes as a shock to the patient. This phenomenon can be explained by several factors, three of which are of particular importance: the patient's idea of how serious the cancer is, his socialisation as a man, and his age and biographical trajectory. These three factors are often linked – and indeed sometimes emerge in the course of a single interview – but to understand their logic, it seems important to discuss them in turn.

Firstly, the seriousness of the illness – and to a greater extent the patient's own perception of it – plays a crucial role in the impact of the diagnosis. Although it is true that for many people cancer is synonymous with death, this is now less often the case due to progress made in biomedicine. In France, the 5-year survival rate for men with prostate cancer is now over 90% (INCa 2017), and many people are aware of this trend.

The lack of trauma experienced by Marius after receiving his cancer diagnosis is not as unusual as common knowledge and medical doxa would have one believe:

Q.: How did you take the news?

Marius: Very well.

Q.: It wasn't given to you too harshly?

Marius: Not at all. And knowing that prostate cancer isn't… there's been a lot of progress. It wasn't some other cancer. And anyway, when you have cancer, you have cancer, what do you want me to say? (laughs). Me, I never worried about it.

(Marius, aged 68, retired cook. Diagnosed in 2010, surgery)

Using the same argument as Marius, many patients minimise their prostate cancer diagnosis because the tumour is not aggressive, and their life expectancy is not perceived to be threatened. Comparing his prostate cancer with the liver cancer that killed his brother, Robert says he was not "traumatised" by learning of his own illness, which he considers "benign" (aged 70, retired physiotherapist. Diagnosed in 2013, ultrasound).

Secondly, a prostate cancer diagnosis may also be an occasion for gender performance. Indeed, conforming to ideals of hegemonic masculinity requires distancing oneself from any sign of weakness or fragility, and accepting the diagnosis without showing any emotion. Bernard, a retired car worker, explained: he did not break down after the doctor told him he had cancer: "No, I didn't take it hard, not like how some people would maybe start blubbering, I don't know". Bernard did not "blubber" (cry) and took the news "like a man", as we might say, because acting according to the codes of hegemonic masculinity requires that what is socially perceived as weakness must not be shown. The use of the term "blubber" also serves to put down this reaction in others. Bernard's follow-up comments reinforce the idea of a performance of masculinity while receiving the diagnosis because immediately afterwards he added a remark about his desire to still be able to have erections: "I told the doctor 'Listen, you telling me this now, it's no big deal, but I still want to get hard from time to time'. I let him know like that" (Bernard, aged 65, retired car worker. Diagnosed in 2013, surgery).

Thirdly, age is a factor that plays an important role in experiencing a prostate cancer diagnosis. Men who are affected may have already begun pulling back from a number of activities. They may have other medical conditions or think of themselves as growing old and going downhill, which can potentially lead them to minimise the prostate cancer diagnosis. Philippe's words support this argument:

> I was prepped a little bit by my doctor, who told me: "I've been monitoring you for a long time already, with the PSA tests. You have cancer, but it isn't at a really advanced stage", and besides that, at the time I was 88 years old, so he told me at that age, it advances much more slowly. So, with all that, I never felt any worry when they told me I had cancer.
>
> (Philippe, aged 90, retired postmaster. Diagnosed in 2011, hormone therapy)

For Philippe, his advanced age, along with the absence of any immediate threat attributed by him to his cancer, is inextricably linked to the experience of diagnosis. As we have noted, the diagnosis of prostate cancer does not necessarily disrupt the structure of everyday life and this phenomenon can be explained by several factors that are often interrelated. Paying attention to such factors leads to a nuanced description of cancer diagnosis, both as a marker of a destructive disease and as a starting point for identity reconstruction work (Balmer et al. 2015; Liamputtong & Suwankhong 2015).

Treatment and follow-up care

The treatment and supportive care that prostate cancer patients may benefit from are also embedded within systems of inequality. To support this hypothesis, we begin by arguing that the objective of providing person-centred care for all men with prostate cancer is hampered by the ageism and heteronormativity of healthcare institutions and professionals. Then, we argue that sexual health in prostate cancer care reproduces both age and gender domination.

Challenges in providing patient-centred care

In France, as in many other countries, the development of patient-centred cancer care is identified as a top priority action towards improving the

quality of care. Indeed, the 3rd Cancer Plan (2014–2019) makes direct reference to patient-centred care. However, it is far from simple to take into account all the needs of the person and their loved ones while simultaneously respecting their values and preferences and increasing their involvement in decisions that affect them. One of the difficulties that arises is the potential conflict between patient-centred care and Evidence-Based Medicine (Bensig 2000). When it comes to developing person-centred care for prostate cancer patients, we argue that this objective is also rendered difficult by inadequate recognition of the plurality of masculinities within institutions and among healthcare professionals.

Firstly, numerous challenges have still to be faced if patient-centred care for elderly patients with prostate cancer is to be improved (Droz et al. 2010, 2017; Jha et al. 2014). Indeed, medical literature qualifies prostate cancer care for elderly men as "defective" (Mongiat-Artus et al. 2009: 812). The paradox is striking: 45% of prostate cancer diagnoses occur in men aged over 75, yet treatments for older men are "unsuitable" (Mongiat-Artus et al. 2009) and scientific knowledge on the subject is lacking. Such gaps in knowledge can be attributed to the biomedical view of old age, which considers the elderly as a deteriorating, homogeneous group. Other factors, such as the existence of age limits for inclusion in clinical trials (often set at 65), stymie the development of therapies for the elderly. Moreover, elderly people tend to prioritise short-term quality of life over possibly increasing their life expectancy, which leads them to delay consulting a doctor immediately when symptoms arise, which may happen quite slowly (Mongiat-Artus et al. 2009).

Observations made within different healthcare facilities show that oncogeriatry has been integrated into care practices to a greater or lesser extent, depending on the hospitals and services in question. An observation made during a multidisciplinary meeting aimed at deciding upon the best therapeutic strategy for a patient was consistent with the finding that care of very elderly men continues to face certain significant challenges:

> A urologist presented the case of a patient aged 81, to whom he had recently announced a prostate cancer diagnosis. Firstly, several characteristics of this man's cancer were listed (tumour stage, PSA levels, etc.). Next, the patient's general condition was collectively discussed. During these exchanges, an oncologist asked the urologist responsible for the patient whether he had carried out an ONCODAGE. This is a screening tool

that, using just a few questions, allows identification of the vulnerabilities of an elderly person and then to guide those who are most vulnerable towards an oncological geriatrics appointment. The urologist admitted to not knowing what ONCODAGE was. The Head of the Urology Department added that he never used this tool but ultimately offered to make it available within his department.

(Field diary, regional hospital, 30/07/2013)

As this scenario shows, the movement aimed at integrating the elderly into medical discourse and practice has yet to fully accomplish its aims. Ageism continues to affect the care patients receive. Historian Kampf has also argued that the emphasis placed by medical discourse in recent years on young men with prostate cancer has indirectly contributed to the re-marginalisation of the oldest patients (Kampf 2013).

Secondly, numerous challenges remain to be faced to improve patient-centred care for gay and bisexual men with prostate cancer (Ussher et al. 2016). Few studies have examined the impact of prostate cancer on gay and bisexual men (Quinn et al. 2015). However, the results of two such studies show a higher rate of dissatisfaction and a more impaired quality of life after treatment than among heterosexual men (Hart et al. 2014; Torbit et al. 2015). These studies also claim that health professionals fail to take the concerns of gay and bisexual men into account, when managing prostate cancer. Moreover, the medical frames of reference, as well as numerous writings designed to inform patients and their loved ones, fail to address the particularities of a homosexual man's prostate cancer experience (Blank 2005; Dowsett 2008; Filiault et al. 2008). Although homosexual practices are increasingly accepted, they remain potentially stigmatisable. For gay and bisexual men, the process of coming out may be especially difficult because prostate cancer affects older people and places them in direct contact with a medical institution that has yet to prove its openness towards sexual minorities (Gustafsson et al. 2017; Sabin et al. 2015).

Finally, the objective of offering person-centred care for prostate cancer patients is confronted with limitations that are, in part, related to the difficulty of understanding masculinities in their plurality. To overcome this, Bullen and Tod encourage healthcare professionals "to find methods of support that, rather than imposing established more feminised perspectives, acknowledge and embrace masculine approaches to dealing with difficult situations" (Bullen & Tod 2013: 11).

Sexual health in prostate cancer care

According to the literature, the sexual supportive care offer for prostate cancer patients seems to be better organised than it is for most other male cancers, or indeed for female cancers (Bondil & Habold 2015; Flynn et al. 2012; Gilbert et al. 2016). The reason for this assertion lies mainly with the fact that prostate cancer impacts the genitals, and urologists are more attuned to questions tied to male sexuality. Gendered representations of sexuality also help explain the extra attention that men benefit from in this area.

The taboo around sexuality mentioned in previous studies on doctor–patient communication (Arrington 2004; Gray et al. 2000; Kunkel et al. 2000) is still very much present. Continued observation of medical consultations allows us to confirm that the subject of sexuality impacts the oldest patients most. Following a consultation with a man aged 82 years, a urologist told me that but for my presence he would not have asked the patient about his erections. His reaction, in addition to the expected ways in which the presence of a researcher changes a situation, revealed a difference in his practice, depending on the patient's age.

Sexual health in prostate cancer care can also be described as phallocentric (Tiefer 1996). Perception of sexuality is generally limited to the ability to have an erection. As it can be used almost systematically by some doctors, the international IIEF5 questionnaire – which serves to evaluate sexual function in five coded questions on a scale of 0–5 – is particularly representative of this biomedical vision of sexuality. In the context of this survey, only penetrative sexual acts are referred to. Other sexual practices are excluded (caresses, oral sex, kissing, masturbation, etc.). What is more, there is only one question that addresses the patient's satisfaction during sex. The other four questions seek to objectify the quality of the erection in terms of how long it lasts, and its rigidity.

The various solutions available to men to cope with erectile dysfunction are also based on a masculine sexual model. Viagra, Cialis, intracavernous injections,[1] the vacuum pump or penile prosthesis all promise a quasi-mechanical erection, focusing sexuality even more on the penis,

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[1] An intracavernous injection is an injection of a vasodilatator agent at the base of the penis.

masculine desire and coital relations. Viagra, for example, has been described in various works as a medication that contributes to, reinforces and transforms male domination (Loe 2001; Mamo & Fishman 2001; Potts et al. 2004). Even though Viagra can help build more positive attitudes towards the sexuality of the elderly, there is also a risk of conflating the injunction to "age well" with that of a performance-based, androcentric, heterosexual and penetrative sexuality (Potts et al. 2003).

These aids to achieving erection can, however, constitute real supports in the reappropriation of a diminished masculinity. Joël, for example, stated: "That's okay, I'm still a man" when he was able to return to achieving erections with the assistance of Cialis – a medication for erectile dysfunction. Nicolas said that he had been "reassured" when he began using intracavernous injections (Nicolas, aged 63, retired driver/deliveryman. Diagnosed in 2014, surgery). These technologies can also prove useful in the struggle against ageing (Gott & Hinchliff 2011; Hurd Clarke & Lefkowich 2018). Insofar as erectile dysfunction can be experienced as being tipped into very old age, using treatments to return to a certain level of "normality" – according to the terms used by several participants – does logically constitute a means of resistance to ageing.

The repercussions of prostate cancer on sexuality are also very often seen as an inevitability that is relatively well accepted because of ageing (Pietilä et al. 2018). "Had I been younger, perhaps it would have been more of a problem", as Léon put it (aged 78, retired postmaster. Diagnosed in 2008, radiotherapy, hormonotherapy). As Sandberg showed in her study with Swedish men (Sandberg 2016), sexual desire is frequently understood to vanish as one ages. The link between sexuality and youth is also often naturalised in patients' narratives, as in the example below:

> To me, that's how life goes. Well… I had a great time when I was young, and the wheel has turned and that's all (laughter).

> (Jean-François, aged 67, retired engineer. Diagnosed in 2012, surgery, hormonotherapy)

Most of the men for whom prostate cancer treatment had brought about lower libido as well as erectile and ejaculation problems also consider these consequences to be a lesser evil. For them, these are side effects that must be seen in relation to the risk of death posed by the cancer (Chapple & Ziebland 2002: 831).

René: Yes, well it's all relative. [Sexuality] is one aspect, but at the moment, my real objective is recovery. [Sexuality] is a secondary consideration.

(René, aged 75, retired manager. Diagnosed in 2012, surgery)

Roland: My doctor said to me "Listen, sir, there are only two solutions, either we do nothing, and you continue getting your oats, and it probably won't last all that long, or I treat you and you probably won't be getting your oats, but I will extend your life expectancy and you'll get to enjoy your grandchildren".

Q.: He said that?

Roland: And I said to him, "I prefer my grandchildren to my oats".

(Roland, aged 65, retired estate agent. Diagnosed in 2012, radiotherapy, hormonotherapy)

Lastly, both the seriousness and the temporality of the illness play an important role in patient relationships to their physical limitations and rebuilding their sexuality. At the start of the care pathway, the question of sexuality is often secondary for patients and their loved ones because the fight against cancer is their top priority (Arrington 2003; Broom 2004; Oliffe 2005). During (and immediately after) treatment, organic limitations can be thought of as temporary, even if they turn out to be lasting. The hope of getting back to the state of health they had prior to the discovery of cancer often leads patients to approach the consequences of treatments like a hiatus in their trajectory. "The sexual and erection aspects, you say to yourself 'it's post-operative, it's normal to be like that'. It wasn't a priority, it didn't particularly bother me" (Martin, aged 64, retired airline pilot. Diagnosed in 2012, surgery, radiotherapy, hormonotherapy). Once patients are in remission or their health has stabilised, preoccupations about sexuality reappear more easily (Oliffe 2011 [2009]: 44).

Conclusion

In this article, we argue that combining the concept of hegemonic masculinity with an intersectional approach provides an appropriate theoretical framework for analysing the plurality of men's prostate cancer experience. This theoretical framework has allowed us to grasp the complexity between different masculinities. It has been particularly useful to analyse how gender and age are enmesh in the experience of prostate cancer.

While there are numerous studies that examine the ways that different axes of power and difference intersect to affect health and well-being (Bauer 2014; Gkiouleka et al. 2018; Hankivsky 2012; Schulz & Mullings 2006), rarely intersectionality has been applied to discuss the experience of illness or impairment among men. In our point of view, combining the concept of hegemonic masculinity with intersectionality is not only a useful tool for exploring the power relations inherent in construction of masculine identities and to bring attention to sexism, but also other systems of oppression and domination such as racism, ageism, classism, ableism and homophobia. Furthermore, this theoretical framework may also be useful for understanding how men embody the prevailing codes of masculinity according to their individual, sexual, age, racial and class variation when they are affected with very different illnesses. As O'Brien and his colleagues point out (2007), much can be gained from comparing prostate cancer with depression or heart disease among men.

Four steps of the patient care process were studied: screening, diagnosis, treatment and follow-up care. This has allowed us to show that throughout the patient care process, systems of oppression and privilege overlap and shape men's experience. However, each stage of a patient's trajectory involves specific power dynamics. Prostate cancer screening was examined first. We argue that PSA testing serves to sort those men who are at risk from those who are not, through the use of a statistical assessment of the body that originates at the intersection of the sex, age, race and family history risk factors. By studying male resistance to the digital rectal examination, we have also shown the crucial importance of repositioning the experience of this examination within the gender order in which it takes place while avoiding isolating it from other power relations. Next, the cancer diagnosis itself was addressed. At the level of cancer institutions, we argue that age and gender shape the announcement protocol and limit its implementation for prostate cancer patients. We have also called into question the disruptive nature of a prostate cancer diagnosis and shown the benefits of an attentive approach to the intersection of power relations. Lastly, our analysis has focused on the treatment and supportive care available to prostate cancer patients. We have shown that the objective of providing person-centred care for prostate cancer patients is complicated by the difficulty of understanding masculinities in their plurality. Supportive care

aimed at easing the effects of treatment on patient sexuality has also been described as embedded within systems of inequality.

The four stages of prostate cancer management that we have chosen to study show the full extent to which power relations can shape men's experience, from prevention through to post-treatment. However, they do not allow us to account for the full complexity of pathways in response to this illness. Firstly, other dimensions of prostate cancer management or turning points have yet to be investigated. End-of-life care, for example, has not been discussed in this article, even though several studies have already shown the benefits of questioning this stage via a reflection on gender and masculinities (Broom 2012; Broom & Cavenagh 2010). Secondly, our analysis of the four different stages of prostate cancer management was never intended to report on the temporal aspects of the process of care. The dynamics of patient trajectories are still, therefore, in the shadows. Descriptions of how power relations impact individual health, and how men manage prostate cancer, remain areas of research rich in potential for further exploration.

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Meaning in life and the experience of older people

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Abstract

In this article, we introduce a general theory about meaning in life developed by our first author, and apply it to the context of ageing. The seven components of meaning distinguished by this theory – purpose, moral worth, self-worth, control, coherence, excitement and connectedness – are discussed in turn. After presenting the theory, we confront the seven components with extensive life narratives of two older men – in a first empirical qualitative exploration of how meaning dimensions appear in the life experiences of older people. This dialogue between theory and narrative is used to provide concretisation and clarification of the seven components, thereby enhancing the understanding of the theory, while at the same time suggesting possible refinements and directions for future exploration of meaning in life in the context of ageing.

Keywords: meaning in life, life course, narrative, lived experience, older people, ageing well.

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Introduction

This article is the result of an interdisciplinary cooperation that we have conducted in the context of a larger research programme titled "Ageing well" (Baars et al. 2013; Derkx et al. 2011). In 2008, this programme was initiated in response to what we observed as a relative lack of gerontological attention to the existential dimensions of the experience of ageing, in contrast to the much more dominant biomedical discourse about senescence (e.g. Kennedy et al. 2014; Olshansky et al. 2006; Sierra et al. 2009), and the economic/financial and social/critical discourse about population ageing (e.g. Baars et al. 2006; Bovenberg et al. 2015; Immergut et al. 2009; Reinhardt 2003; Zweifel et al. 1999). Older people are at a stage of life that increases the likelihood of being confronted with multiple losses (e.g. of loved ones, work and/or health, social roles). Such intense life events provoke existential questions and moral challenges that generate particular senses of (lack of) meaning (Hupkens et al. 2018).

In this article, we focus on the meaning dimensions of ageing. The aim of this article is to offer insight into the variety of experiences of meaning in life in the daily lives of older people who are confronted with age-related losses. To this end, the following research question is formulated: *How do older persons find meaning in their daily lives?* To answer this question, we introduce a general theory of meaning in life, formulated by Derkx (2011, 2013, 2015), comprehending different needs that should be fulfilled in order for the experience of meaning in life to emerge. After presenting the theory, we confront the seven needs with the narratives of two older men and explore how meaning dimensions appear in the life experiences of older people. This dialogue between theory and narratives is used to provide concretisation and clarification of the seven components, thereby enhancing the understanding of the theory, while at the same time suggesting possible refinements and directions for future exploration of meaning in life in the context of ageing.

The article starts with a brief overview of existing theories on well-being and meaning in life, and explains why the authors think a new theory on meaning in life is necessary to better understand the variety of experiences of it in concrete life narratives. After outlining the essentials of Derkx (2011, 2013, 2015) theory about meaning in life, we explore if and how the needs for meaning presented are taking shape in the daily life

of the two older men. In the final part of the article, we discuss how the analysis of the cases may further refine and clarify the theory.

Meaning in life

What does it mean to live a good life? This ancient question was already addressed by founders of world religions and by playwrights and philosophers such as Sophocles and Aristotle. Although "the meaning *of* life" suggests a more objective, transcendent meaning ascribed to human life as a whole, "meaning *in* life", the term we focus on in this article, refers to subjective individual experiences. In modern philosophy, this theme is mostly studied in terms of "the good life" or "human flourishing", and in modern social science (including psychology) this is studied in terms of "well-being" and "quality of life". Well-being and quality of life seem general enough to include meaning in life. On closer examination, however, dominant definitions of well-being and quality of life (Diener et al. 2009; Ryff 2014; WHOQOL Group 1998) turn out to largely ignore important dimensions of meaning (which we will indicate below).

Publications on well-being and quality of life far outnumber publications on the related but different topics of meaning in life. Yet, since Frankl's publications on meaning in life (Frankl 2006, 1st ed. 1946), research on this subject has slowly but unmistakably increased. A selection of important books includes contributions from philosophy (Klemke & Cahn 2008; May 2015; Wolf 2010), psychology (Baumeister 1991; Coleman et al. 2015; Hicks & Routledge 2013; Wong 2012), history (Cole 1992), cultural anthropology (Mathews 1996), sociology (Inglis 2014) and also from interdisciplinary perspectives (Alma & Smaling 2010; Edmondson 2015). These publications show that there is scant agreement on which theory of a meaningful life is the best starting point for further research. Despite the increased theoretical and empirical attention, many observers have noted "that the field still suffers from definitional ambiguity and simplified approaches that neglect the complexity and conceptual range of meaning in life as a construct" (Martela & Steger 2016: 531). While Martela and Steger (2016) argue that meaning in life is most often understood in three different meanings (coherence, purpose and significance) and that suggested additional dimensions (in particular affective components such

as excitement [Morgan & Farsides 2009]) should be regarded as potential *sources* of meaning rather than elements of the concept itself, we feel that the focus on lived experience of meaning is served by a theory that offers a differentiated view of the psychological, social, existential and moral *needs* that have to be fulfilled for a meaningful life.

After careful studying of a variety of social, psychological and philosophical sources, Derkx (2011, 2013, 2015) proposes a model that encompasses seven such needs. Derkx uses meaning as a broad concept, which may encompass both active and passive modes of being, such as *giving* meaning to one's life, *finding* meaning in one's life or *experiencing* one's life as meaningful. The origin of this theory of meaning can be found in the work of social psychologist Baumeister (1991), who suggested four needs that should be satisfied to experience life as meaningful. Baumeister's four needs for meaning, which Derkx integrates in his own theory, are *purpose*, *moral worth*, *self-worth* and (efficacy or) perceived *control*. Baumeister's theory has a certain one-sidedness in its emphasis on individual agency and its neglect of communion (Bakan 1966; McAdams 1993; Smaling & Alma 2010). Derkx (2011) therefore adds a need for *connectedness*, understood as being connected to other people, or to something other than oneself. Derkx has also been convinced that a need for *coherence* (or comprehensibility) has to be added (Heintzelman et al. 2013; Martela & Steger 2016; Mooren 1998; Van Praag 1982). Finally, Derkx agrees with Morgan and Farsides, who have persuasively argued that a need for *excitement* is part of the overall need for meaning (Morgan & Farsides 2009; see also Derkx 2015; Frankl 2006: 106–107; Melton & Schulenberg 2007). Taken together, the need for moral worth, the need for connectedness and the need for excitement constitute the overarching need for something that may be called *transcendence*: the experience of being connected to a larger whole, of transcending one's own private interest and of transcending the context of the usual and the well known (Derkx 2013, 2015; Smaling & Alma 2010).

Derkx' seven components or dimensions of meaning together sketch the conditions thought to be fulfilled when people experience their lives as meaningful. We will now discuss these components in turn.

- *Purpose*: to have a purpose in life means that someone is able to connect his or her current activities to a valued future state or aspired perspective. This purpose may be an external *goal* that one strives for,

such as getting a certain job. Purpose, however, may also take shape as an experience of inner *fulfilment*, caused by the satisfaction that comes with having developed one's talents, for instance.

- *Moral worth*: to experience moral worth means one is able to evaluate one's own actions and way of living as morally justified or positively valued. People experience moral worth if they can be reasonably sure that their choices and actions are not morally blameworthy, but are in fact legitimate.
- *Self-worth*: a feeling of self-worth, including self-respect and self-acceptance, refers to a positive evaluation of oneself. This self-worth is often attained by way of comparison with others, and crucially depends on being socially recognised. Cultural traditions and social hierarchy play a large part in the development of self-worth. Self-worth both pertains to the value of who one *is*, and to the value of what one *does*. Furthermore, self-worth can be based on a positive evaluation of one's individual achievements, as well as derived from one's membership of a particular social group that contrasts favourably with other groups.
- *Control*: (perceived) control pertains to the need to believe that one's life is – to some extent – within one's own control. People need to feel that they are in charge of their lives, that things do not just happen to them. Even if objectively speaking, they know that circumstances largely escape their control, to experience meaning people still need to have the feeling that they are *competent* agents whose choices and actions actually matter. This sense of competence can not only be achieved by "real" control, but also by what is called *interpretive control*: if one can understand what happens, this insight generates a sense of competence and a change in how the event is experienced, even if the actual circumstances are not changed (Baumeister 1991: 42).
- *Coherence* (or comprehensibility): this component refers to the need for a coherent understanding of the reality in which one lives. This reality needs to be (to some extent) intelligible and well ordered to perceive life as meaningful because chaos and fragmentation cause distress and a disruption of meaning. The creation and maintenance of a coherent life narrative for oneself, which safeguards a stable sense of identity and of continuity (McAdams 1993), can satisfy this need. In a sense, the need for coherence can be seen as an element

of meaning overarching the others. Coherence is conditional for arriving at the interpretive control that was discussed above.

- The need for *excitement*, also meant to include wonder or curiosity, describes the importance of elements in our lives that breach the dullness, monotony and boredom of our routines, that spark our curiosity and that make life interesting for us. Excitement is the emotional response to things in our lives that have the power to motivate us to act in a certain direction. Importantly, excitement need not necessarily be caused by positive emotions; anger, resentment or fear can also cause excitement, and set things into motion that ultimately contributes to experiencing meaning in life; imagine political activists fighting injustice. Excitement, however, can also express itself in less activist manners; think, for instance, of an aesthetic experience of wonder or awe when one is immersed in nature or art.

- *Connectedness*: being connected to other people, or to something other than oneself, refers to having fulfilling contacts, and to feeling closeness or communion with others or "the other" in a broad sense. Smaling and Alma (2010) emphasise that in order for the need of connectedness to be fulfilled satisfactorily, it is important that we experience the other as fundamentally *different* from ourselves. Only then can we realise the experience of love, connection and surrender to someone else that is quintessential for connectedness. Yet, the need for connectedness need not be restricted to our personal relationships with other people; connectedness can also be expressed in citizenship or in efforts to realise a better, more humane society (Smaling & Alma 2010). Moreover, connectedness can also be felt with an impersonal Other, with God, with nature or with a positively valued transcendent reality (Derkx 2013). The need for connectedness underscores the broader social embedding of human existence and emphasises how vital it is for the experience of meaning that our connections to others or "the other" have a positive quality.

These seven dimensions of meaning facilitate an important reflection on what makes life meaningful. Derkx (2013) agrees with Baumeister that the number of components is "somewhat arbitrary and irrelevant. What

matters is the total conceptual space that they cover. (…) The important thing (…) is the totality, not the number of distinctions within it" (Baumeister 1991: 32).

As mentioned above, the social science concepts of "well-being" and "quality of life" differ from the concept of "meaning in life". Of the seven meaning dimensions just discussed, coherence and especially moral worth represent most of the difference. The seven components of meaning are intended to be exhaustive: if all are present to a sufficient degree, a person's life is expected to be meaningful. In contrast, if the seven needs for meaning are not fulfilled, the person involved will expectedly try to adapt their behaviour, interpret life differently, and avoid the threat of meaninglessness. Importantly, Derkx (2013) notes that the components of meaning are not mutually exclusive and can show overlap. Also, particular sources of experienced meaning (such as work or parenthood) may contribute to several needs at the same time.

Methods

In our aim to elaborate the theoretical components of meaning in life, we selected two single cases and analysed the interviews of Mr. Jansen and Mr. Pietersen (both aliases to ensure anonymity). Mr. Jansen was interviewed in the context of a project exploring ageing in a rural setting. Mr. Pietersen was interviewed in the context of a research project on social isolation of elderly persons. The interviews were carried out in 2012 and in 2015 and lasted more than 3 hours each.

We selected these cases for their rich narrative descriptions of lived experience, under the assumption that meanings tend to run through life narratives and can best be studied through them (McAdams 2009, 2011). Case studies provide insight into real-life people and narratives. In-depth study of single cases is essential for producing knowledge because case studies take the context into account. Flyvbjerg (2006: 237) argues that especially "good narratives" that typically approach the complexity and contradictions of real life are a substantial element of case study research. We underscore the importance of the context in our aim to explore lived experiences of meaning in life and selected these two cases because in our view they represent "good", deep and rich narratives, resulting from

both men's open-heartedness, clearness, contemplation and congruence in their way of reasoning and talking.

The knowledge from these two cases cannot be formally generalised, but the purely descriptive, phenomenological case studies can be of great value in the collective process of knowledge accumulation on meaning in life. According to Flyvbjerg (2008: 77), "the power of the good example is an important source of scientific development". The "generalisability" of the case studies is increased by selection of two critical cases: cases that are rich in information and cases that have strategic importance in relation to the general problem. Thus they can produce deeper insight into the problem that is central in this study (Flyvbjerg 2008: 78). The two cases are also interesting because similarities on various dimensions (e.g. both protagonists are born in 1927, both are male, white and widowed) and differences on some other dimensions (e.g. rural/urban and religious/non-religious) shape the context of their narratives and can be expected to impact their experiences of ageing and meaning.

For this article, all four authors analysed both verbatim-transcribed narratives independently. We used Derkx' seven dimensions, as well as seven corresponding "lack of [dimension]" as codes. As researchers we were sensitised by Derkx' theory, but inevitably while coding the "bodies of knowledge" stemming from our different disciplines (philosophy, cultural anthropology, humanistic studies and social science) resonated in the background.

After completion of our separate analyses we compared and discussed our findings (researchers triangulation), thereby also paying attention to differences in interpretation that resulted from our interdisciplinary approach. During these discussions, we aimed to improve validity by [1] discussing our interpretations of the seven dimensions and [2] gaining agreement upon the codes we added to particular text segments.

In this article, we first present findings that are based upon agreements in our coding process to illustrate the meaning of the dimensions. Following the conventions of anthropological research, we describe our findings in this part of the article in an evocative, narrating style that aims to invite the reader "into the story". Eventually, we present a fine-tuning of the theoretical notions, based upon insights that occurred during our vivid discussions of contradictions and disagreements.

Two protagonists

Mr. Jansen was born in 1927 and raised in an orthodox Protestant village (1800 inhabitants). His middle-class family consisted of four children – three daughters and a son. He was one of the first teenagers of his village to receive a higher type of secondary education (HBS), but as his parents' only son he decided not to continue further studies and joined his father's business in textile, carpets, curtains and furniture. After marriage in 1954, he and his wife lived next to business and parents (in law) as an extended family. They had three daughters and two sons. In 1991, the first son took over business and the couple moved 1 km from Mr. Jansen's birth-house. In 2009, his youngest daughter and her family moved to this same house to live in an intergenerational setting. In 2013, Mr. Jansen's wife passed away. Mr. Jansen still supports his son in business by performing administrative tasks. He is an active church member and participates in the competition of a chess club on a weekly basis. Mr. Jansen evaluates himself as a valued person in his village and church community. He has an active social life with visitors several times a week and meets his children (and/ or grandchildren) on a daily basis. Mr. Jansen was interviewed when he was 86 years old.

Mr. Pietersen was also born in 1927, and when he was interviewed he was 84 and lived in Rotterdam, the second largest city of the Netherlands (635,000 inhabitants). He had no brothers and sisters, and describes himself as non-religious, although he prays in times of distress. He also completed a higher type of secondary education (HBS). Later, he attended the Academy of Arts because he had always had an artistic interest. His professional career included work in a variety of contexts, such as being art director at a large advertising company and working as a veterinary radiology technician. Mr. Pietersen's first marriage was unsatisfactory and ended in divorce. For 12 years he had a happy second marriage, but his second wife died of cancer in 1992, a loss he grieved over deeply for many years. He had no children and seldom saw his only remaining relative, a cousin. Ten years after the death of his second wife, he undertook several attempts to meet new women. One attempt seemed initially successful, until she suddenly died of lung cancer. Two acquaintances arranged for him to move from a town where he had lived and worked for years to a care home in Rotterdam, his city of origin.

He regretted this move and felt alone and not connected. At the time of the interview, he seriously thought of actively ending his own life.

Empirical exploration of the seven components of meaning

We confronted the seven components of meaning in life presented above with the transcribed interviews of both protagonists. In this section, we present our findings following the order of the components of meaning as we have elucidated them above.

Purpose

Derkx differentiates internal fulfilment from external goals. Purpose in the sense of internal fulfilment emerges in both narratives as related to past employment, and sharing reminiscences in this regard appears a meaning-instigating activity. So the experience of purpose in life can refer to a direction towards the future one has had in the past. Reactivating memories of purposeful activities from the past during the interview seemed helpful for re-experiencing a sense of meaning in the present. Mr. Jansen mentions:

> I had my business and visited my regular customers, and of course this was to earn my income, but it came with a social component as well […] I even helped children with homework, especially mathematics was my specialism, and then I stayed a little longer, like an hour, to help a child or people who botched, so to speak. Helping other people comes with joy. And if they share their gratefulness…these are the sparkles of life. (Quotes are translated from Dutch by the authors)

The nature of this inner fulfilment appears to relate to connectedness and moral worth.

Mr. Pietersen reflects in a different way upon his employment. He emphasises how his work distracted him from mourning after his wife passed away. His work became a tool to move on in grief-stricken periods. However, it also appears as a more profound meaning provider when he elaborates upon his status as higher educated artist, manager of an advertising agency, self-taught radiologist and computer specialist. Throughout the interview he proudly presents himself as an intelligent and intellectual multi-tasker and in this sense his employment not only provided purpose – and self-worth – in the past, but it still does in sharing his story.

Another source of purpose that emerges from the narratives is religiosity. While Mr. Pietersen lacks affinity with religion, Mr. Jansen practices Christianity and he construes his religion as an asset. Mr. Jansen believes that Christians are obliged to care for other people, society and the world. In the evening of his life, and due to heart failure and decreased mobility, he experiences fewer possibilities to do so. Nevertheless, he aims to satisfy the purpose of caring for other people with actions that are still feasible, such as helping his son with preparing accounts and bills, and showing interest in his neighbours and fellow-villagers. The Christian obligation to care not only provides purpose, but, of course, also relates to moral worth.

Involvement in our research, by putting their life narratives into words, brought purpose in itself. As Mr. Jansen stated: "I am content that I can help you with your work". He appeared visibly pleased by a visit of – in his eyes – highly regarded researchers who find him worthwhile to listen to for several hours and he explicitly expressed his interest in reading the results. In that sense, his involvement in this research gives him a sense of purpose.

Mr. Pietersen appreciated the time and attention of the researcher in a different way. In the past decades he had lost important loved ones and his health dropped as well. While living in a care home with – in his words – "stupid, intensely bourgeois grannies", he does not feel connected with people. But the visit of a researcher, and also a social worker, stimulates a sense of meaning. He states: "Last month, I wonder, what is going on? More people are coming to me and show interest in me".

While talking to the researcher he describes why he divorced his first wife in middle age and how he met his second wife soon afterwards. After the loss of his second wife (1992) and also the loss of his third partner (10 years later) he felt gloomy. He shared his concerns with his doctor, who reacted:

> You are not depressed, but you are simply awfully unhappy. I can help depressed people, but I cannot help unhappy people. You should get yourself a new partner and start dating.

With this advice in mind (it was offered a couple of months before the interview took place), Mr. Pietersen starts dating. Actually, he thinks

his doctor gave him a ridiculous advice, but he decides to give it a try. He posts his profile on a dating site.

> I added my age, 84, and a photo of this old face, and even on the first day I received dozens of emails […] all from divorced women in their fifties, sending messages to an 84 year old man.

He somehow appears animated about the results, but it also confirms his initial opinion about the doctor's advice and he concludes that this category of women is not what he is looking for. They do not have enough interests in common with him and he discontinues dating. Nevertheless, the dating project gives him a purpose and generates excitement; it even touches upon his sense of self-worth. The sense of purpose as effect of this initiative is rather practical; it offers him an activity to fill some time, but the positive effects are merely temporary. His long-term aim is not fulfilled because Mr. Pietersen is not searching for superficial attention but deeply longing for a sustainable relationship with a suitable partner. A partner is crucial for him to experience a sense of meaning:

> […] someone I can talk to, having a normal conversation, drinking a glass of wine in the evening with some cheese, watching TV, listening to music, whatever. That is what I like to do with a partner. Being together, that is what everybody wants.

Mr. Pietersen aims to find himself a new partner "to do things", but even more he longs to share his life with a like-minded person. Neither the "grannies" in the home nor the respondents on the dating-site meet this end.

Although purpose, in principle, implies a future-directed orientation, the narratives of our protagonists suggest that achieved, experienced and remembered purposes from the past seem perfectly capable to provide meaning in the present. Perhaps, with older people, in a situation where, objectively speaking, a long personal future is no longer to be expected, the need for purpose may thus also be satisfied by fondly looking back on what was achieved and experienced in life much earlier (Erikson 1997). This may partially counteract the loss of purpose which is often found in older persons (Irving et al. 2017).

Some purposes provide temporary fulfilment; other purposes have a more profound and sustainable basis. The analysis revealed that themes such as religiosity, altruism, societal involvement and personal relationships are important sources of purpose. These themes are also related to c*onnectedness*, *self-worth* and *excitement*, which will be elaborated below.

Moral worth

During World War II, both protagonists were 13–18 years old and although they lived in very different settings, these years had major impact on both of them. Mr. Pietersen lived in Rotterdam, a city whose inhabitants suffered severe bombing raids and starvation. Mr. Pietersen's father was a member of the illegal resistance. As a teenager Mr. Pietersen played as musician during liberation celebrations. He fondly describes his performances for the Allied Forces, and he uses a nickname with a strongly negative connotation for the German oppressors ("moffen").

Mr. Jansen lived through the war in a rural context with farms and enough food. He describes his father-in-law's detention and eventual death in concentration camp Buchenwald, due to betrayal by people "on the wrong side". The war appears a dividing line in both narratives: it separates their narrative in a "before and after". Both protagonists spontaneously share these war memories and in content as well as in the words they choose they justify their moral stance: they were "on the right side". Moral worth in past experiences in this sense appears in both narratives as meaning provider.

Moral worth, as a present-day qualification of his life, appeared merely marginally in Mr. Pietersen's narrative. "I have never hurt people, never lied to people and I always worked hard", he utters as a complaint regarding his current living conditions in an old people's home. He feels he deserves a better life, in better circumstances, "I do not want this life anymore. I can jump in front of a train or from a roof, but that will hurt other people" and that does not comply with his moral values. Mr. Pietersen shares moral worth here, but it is questionable whether the expressed concern for other people in this context contributes to his sense of meaning.

While present-day moral worth does not appear prominently in Mr. Pietersen's narrative, it is vibrating throughout Mr. Jansen's narrative. Mr. Jansen emphasises responsibilities to care for each other, for society and for the environment. When asked about what is the core of his view of life, he stated:

> To make a contribution to society and to life. Yes. I think one of the Christian commands is to keep contributing, in whatever way, to people, to society … That makes life meaningful.

He underscores his moral values with examples from the lives of his parents, his children and particularly his own life. For him people have responsibility for each other, for instance, towards their spouse and towards children. Also in a broader sense, he expresses his intent to keep showing interest in other village community members:

> I usually force myself to not always sit next to the same and like-minded people, but also aspire to relate to people who are not religious or with different political interests. Showing sincere interest in each other is of paramount importance.

He aims to live up to these moral values and to fulfil an exemplary role for others. To his own opinion, he succeeds quite well in doing so and this conclusion bridges moral worth to self-worth.

Self-worth

Both Mr. Jansen and Mr. Pietersen experience an age-related increase of dependence on other people. Either receiving care from formal (Mr. Pietersen) or informal (Mr. Jansen) caregivers, both are reliant on help for daily needs. Loss of health and strength – inevitably related to the process of ageing – comes with a risk for an imbalance in giving and receiving.

Mr. Jansen is living in his community, cared for by his children. This offers him the opportunity not only to receive care, but to give care as well in the sense of attention, involvement and help. His value as *pater familias* is confirmed on a daily basis. In addition, he is receiving care from his children, who depended on his own care in their youth. This position noticeably influences his self-worth, although he admits that growing dependent is sometimes challenging:

> Asking … Asking … "Do you want to do this for me?" And they do it with pleasure, they do it with love. But the asking in itself … that is difficult. … The asking and not being able to do it yourself any longer.

Nevertheless, Mr. Jansen shows a strong sense of self-worth. His valued position in his community and family gives him much satisfaction. This sense of self-worth, however, is not only regarded as a personal achievement. Mr. Jansen repeatedly utters a feeling of what he calls "gratitude" ("dankbaarheid" in Dutch). When reflecting on what has been most important in his life, he states:

> When I look back … I say, I have had a beautiful life, a good life, … a blessed life. … When I compare myself … when I see what other people sometimes have to endure … we have not lost a child, in a manner of speaking. … That sadness did not happen to us, our five children were born in good health and live. So if you measure yourself by what you did not have to endure … you only become glad and grateful for that.

He repeatedly expresses that he feels privileged and blessed compared with other people in terms of safety, security, housing situation and his marriage of almost 60 years. This social comparison apparently strongly contributes to his positive evaluation of his life.

In contrast, Mr. Pietersen has lost all his loved ones. He *receives* help and care from professionals in a setting where "not disturbing care-givers" is a virtue. His dependence undermines his self-worth. Mr. Pietersen is less in a position to *give*, whereas Mr. Jansen has given already in the past and is still in a position to give love, attention and even presents (money) to his significant relations. The reciprocity in his relationships enables Mr. Jansen to perceive his existence as an asset, whereas Mr. Pietersen experiences his life as a burden, for others as well as for himself.

Nevertheless, Mr. Pietersen also reveals elements of self-worth in his narrative. He explains, for instance, that his doctor approached him for a presentation about his life history in a health centre. He is noticeably pleased by this request, but not surprised. Our research interest in his life narrative also appears as a self-evident matter. During the interview, he several times elaborates on his – in his eyes – above average talents and intelligence. His self-worth appears to have its deeper foundation in earlier stages of his life: "I have had a very happy childhood and my parents

allowed me to study. This was exceptional in those days". But his original sense of self-worth is challenged by his negative perception of his circumstances in old age. He cites the words of his doctor who told him: "I explain something to you: 'actually you are finished, you have passed the expiration date'". Several times he expresses his disgust over the decline of aged people and he openly states: "I have advanced plans to end my life. I have everything ready in my house, including a bottle of helium. My doctor is informed and my friends as well".

We observed that both men originally have a strong foundation of self-worth. For Mr. Pietersen however, his self-worth has become ambiguous due to his age-associated lack of mobility and feelings of loneliness. Mr. Jansen does not express such ambiguity. His value is underscored by his social connections on a daily basis, and this embedding appears to secure his self-worth. This confirms the profound importance of reciprocity for sustainable relations with others (Komter 2007; Mauss 1966). It is also noteworthy that for both protagonists, self-worth seems to be crucially related to autonomous agency (Benson 1994), which suggests that there is an important connection between self-worth and control.

Control

People need to feel that they are in charge of their lives and that things do not just happen to them. As mentioned above, Mr. Pietersen has collected the means and equipment to end his life, a radical solution that expresses taking control over his life and death. Interestingly, at this point in his narrative he exhibits a striking sense of humour that seems to help him deal with the tragedy of his situation. To commit suicide by suffocation with helium gas, as he plans, he needs a plastic bag to pull over his head. For this he has ordered some oven bags. He finds the letter accompanying his order, wishing him "much cooking pleasure", hilarious, and is keen to share this joke with the interviewer. His black humour seems to serve a function in maintaining some sense of control here, albeit in a rather cynical way.

However, in a far more frequent sense Mr. Pietersen's narrative shows *lack of* control because he failed to prevent a negative turn in his circumstances. He explains, "I was trapped, I was misled, I was deported". He uses words with a severe negative connotation while explaining how he moved from his home in a small city to a care home in Rotterdam.

Two acquaintances convinced him, after his wife's death. He felt deep grief about his loss and explains:

> I surrendered [myself] to these two ladies who were intelligent and younger than I. I was already a little bit an old man, a bit slumbering, a bit depressed, a bit in a dip, so [I thought] they will know [what is best]…I don't think I had feelings at all, I was numbed, probably.

The consequences of this loss of control are bitter; due to this move he lost his home and his books: "…these were all thrown away, that was a disaster and caused that I was even further astray".

Mr. Jansen copes with finitude of his life in a different way. Although the process of dying worries him, he believes in an eternal life after death, and in that sense death is under control. Mr. Jansen, however, has to deal with a different lack of control: as a father he feels he failed to transmit his religious beliefs to all of his children.

> I regret that and it comes with sorrow…nowadays I believe in heaven but I doubt there is a hell… Before, the people in my church believed that non-Christians would go to hell, but I do not believe that anymore because God is love and goodness.

In his eyes some of his children went astray in a spiritual sense and he failed to prevent it. But it is interesting to note that he gradually lost his belief in hell and with this adaptation in his religious convictions his apostate children are saved from eternal misery in his perception. He may be unconscious of this himself, but we perceive this manoeuvre as a form of agency in controlling an unbearable future perspective for his children and thus for himself.

Coherence

Coherence or comprehensibility proved to be hard to illustrate with a specific section or quotes. However, both narratives give a *general* impression of coherence throughout the interviews. Mr. Pietersen, for instance, starts the interview with a description of his personality.

> I am not very diplomatic, I am very straight and to the point. I call this "honest", but people sometimes think I am not tactful, and unkind. I am not always a kind person.

Mr. Pietersen shows awareness of his personality and this kind of comprehension seems related to a more general coherence in his self-understanding. Mr. Pietersen exhibits a strong and somewhat dominant personality when he talks about himself in his past life. He sketches an exciting life of an intelligent man, brimming over with creative initiatives. The way he represents himself in his earlier life to the interviewer is with a consistent amount of self-worth, control, purpose, excitement, moral justification and, last but not least, social connectedness.

His present life shows a break with this image however. This break is related to the loss of his beloved second wife, and his subsequent somewhat enforced move to the nursing home. This loss of control is not in line with the control he used to have in life. With his loss of social connectedness and social embedding, he eventually loses his lust for life, his sense of meaning. He understands what happened to him, but he does not really understand why he let it happen.

> After my wife had died and I was alone, I have been very unhappy. I still do not comprehend why I have been alone so long, why I did not look for yet another partner. I do not know. Have I been mourning so long or am I a silly fool?

Mr. Jansen also endured the life-changing event of losing his beloved wife. However, his meaning framework has remained more or less intact. Although he mourns the loss of his wife, his self-worth, control, purpose, moral justification and social embedding are not permanently affected. Also, the way he perceives his personality as a respected, kind and religious person is steady and coherent throughout the narrative. His religious convictions, although in the course of time slightly evolved towards less orthodox views, have offered him direction and perspective throughout his life. This illustrates how religion can not only provide purpose and moral worth, but also constancy, continuity and coherence.

It may be suggested then that breaches in the coherence of one's life narrative, due to different types of loss, need not necessarily disrupt meaning in the long run, as long as a supporting environment is present to facilitate restoring coherence. For Mr. Jansen, this is clearly the case.

For Mr. Pietersen, however, such support is lacking, and as a result he does not manage to integrate his losses in his life narrative in a coherent way. Moreover, this experienced lack of coherence is intensified because he does not comprehend his inability to deal with it more effectively. This, of course, also relates to lack of control.

Excitement

Both men show a lot of excitement when they share their professional past with the interviewers. In their work, they felt respected for their intellect, their talents and abilities, and their social status. This form of excitement seems related to self-worth and – through respect and status – also to social connectedness. Sharing these memories with the interviewer causes excitement retroactively. This excitement is not the superficial kind of enthusiasm, but related to a deep passion. Such passion is not only expressed by both men regarding their past professional life, but also with regard to meaningful relationships with (one of) their wives and for Mr. Jansen also with his children and grandchildren.

Although excitement often relates to pleasant emotions, it can be related to negative feelings as well. Mr. Pietersen expresses a lot of frustration and anger and although such feelings can lead to actions that inspire meaning, for Mr. Pietersen this is not the case. His negative emotions are one of the reasons that he considers to step out of his life. Consequently, we observed that while excitement in the form of high expectation, enthusiasm, wonder, curiosity, and even anger and fear can contribute to meaning indeed, when it comes in the form of heavy disappointment, anger or fear, it may be more likely to produce a decrease in or a lack of meaning.

Connectedness

In the narratives of both protagonists, connectedness emerges as a profoundly important dimension.

Mr. Pietersen is as explicit as can be about the importance of social connectedness: "Being together, that is the only thing of importance. The only thing. Nothing else". Mr. Jansen is very grateful for the strong social

embedding in his community that he enjoys. He explains how, during his wife's illness and after her death, their shared lifelong investment in a variety of social contacts proved very valuable:

> I still get a lot of visits, because… my wife, she knew (…) that she was terminally ill… and… those where still three very beautiful months… that sounds a bit strange… (…) until the end, she laughed every day, she enjoyed life, she got a lot of visitors, a lot of phone calls, a lot of postcards and ehm… that was the fruit… of my wife's social side.

However, Derkx (2013) described connectedness not merely as a social dimension of meaning in life; it also stands for relatedness with something beyond connections with other persons and in this sense both men's narratives illustrate a significant difference. Mr. Jansen not only feels connected with human beings but also with his natural environment and the earth. His religion brings him a social (church) community in which he feels valued, but it also brings him a connection with a wider reality than just the social, human world. His religion brings him a future with hopeful perspectives:

> Both my wife and I believed that we will have a life after this life, in impeccable harmony, entire peace and justice, where a lamb can live with a lion. It is difficult to comprehend, but believing is…is a matter of trust.

It is striking that even in this view of life after death, of heaven, social connectedness is paramount: living together in harmony, peace and justice.

Mr. Pietersen has never joined a religious organisation or a church. He says: "I am not a believer, absolutely not, but I pray each day. … I pray to God". His praying to God comes down to asking favours, for example, to be able to walk better. Mr. Pietersen is capable of experiencing meaning in the here and now, as long as he is surrounded by at least one beloved person. Although he prays, God obviously does not meet his need for companionship. After the loss of his beloved wife, he loses his zest for life. Even though he is in a nursing home, with a lot of dwellers and caregivers around him, these people do not fulfil his need. Superficial social contacts are inadequate. A significant personal relationship with a woman is a prerequisite for Mr. Pietersen.

We observed that for both protagonists, social connectedness seems to be intertwined with and even conditional for other needs for meaning.

Their experiences of purpose, moral worth, self-worth and coherence, for instance, all seemed related to and even dependent on the value of their relationships with other people. This suggests a possible constitutive function of connectedness relative to other meaning components that merits further investigation.

Discussion: Beyond the seven components?

In the preceding section, we have shown how each of the seven components of meaning presented in the beginning of this article can be used to analyse elements of meaning (or lack thereof) in life narratives. In our methodical approach of discussing our interview coding through researcher triangulation, three themes in particular led to debates about a potential refinement or further deepening of Derkx' theory (2011, 2013, 2015): *gratitude*, *social comparison* and *humour.* We will discuss these themes and their possible relation to meaning below, and provide an initial attempt to interpret them, although further research is clearly needed here.

As discussed in the section on self-worth above, *gratitude* is an important theme in Mr. Jansen's narrative. His feeling that he is "privileged on all sides" is clearly highly conducive for his experience of life as meaningful. Mr. Jansen's narrative in our view suggests an interpretation in which gratitude is not perceived as a fleeting emotional *state* or a reaction to a particular instance of benevolence, but as a virtue, a more enduring disposition or character *trait.* Watkins and McCurrach (2017) define "trait gratitude" in the following way: "if an individual is high in trait gratitude, then they should experience gratitude more easily and more frequently than someone who is not a grateful person" (p. 4). Empirical studies indicate that trait gratitude is positively associated with happiness, as well as with religiosity and spirituality (Watkins & McCurrach 2017).

We think that a relationship between gratitude and meaning in life is plausible; however, we think it is unnecessary to add gratitude as a separate defining component of meaning in Derkx (2013) theory. Mr. Jansen's gratitude can be interpreted as a form of connectedness that is intertwined with feelings of transcendence and self-worth. He feels connected to and part of a larger whole, which he experiences as beautiful, good and "benevolent". His "joyful" Christian faith does not emphasise human sinfulness, but focuses instead on life as a gift that merits gratitude, not

as a terrible ordeal to endure. Mr. Jansen's gratitude-linked sense of self-worth is not only a personal achievement but also a part of a positive view of the world, which one might call "world-worth" or "world-acceptance". In contrast, Mr. Pietersen's narrative lacks any sign of gratitude.

It struck us that in both narratives, *social comparison*, either with others or with one's own situation in the past, played an important role in relation to experiences of meaning. Mr. Jansen frequently compares his own situation with that of others in a favourable way. This is in accordance with research that perceives social comparison as an important aspect of social connectedness (Weiss 1973). Mr. Pietersen, on the contrary, contrasts his present painful lack of personal contact with like-minded people with his happy youth and second marriage. This confirms Gerber's observation, referring to research by Ferring and Hoffmann (2007), that "in older age, temporal comparison (comparing to past selves) becomes increasingly important" (2017: 5).

For older people, social comparison is shown to play a particularly important role in their evaluation of their own (health) situation (Von Faber et al. 2001: 2698). This shows that experiencing well-being or good health is not something evaluated in absolute terms. Mostly, it is relative in comparison with others. We suggest that something similar may apply to meaning. Baumeister (1991: 44) already pointed out that someone's sense of (positive or negative) self-worth is, to a large extent, dependent on comparisons with and evaluations by significant others. The stories of our protagonists confirm that inter-individual comparison can be important for evaluations of the meaningfulness (or meaninglessness) of one's life. We suggest that applying social comparison theory (Gerber 2017; Gerber et al. 2018) to issues of meaning in life could generate valuable new research angles.

Our analysis, particularly of Mr. Pietersen's narrative, brought us the insight that *humour* may also play a role in experiencing life as more meaningful or less meaningful. Joubert (2015: Note 1) is of the opinion that irony is a weapon ("it attacks") and humour is a shield ("it protects"). Humour is a defensive mechanism and can, for example, protect against or help to deal with meaninglessness. This may be prevalent in the case of Mr. Pietersen. He uses black humour as a shield against painful situations. For example, he cherishes the incongruous characterisation of his first unsuccessful marriage as a business company, referring to himself and

his wife as "the Pietersen Company" (one of the most plausible theories of humour is the incongruity theory; see Carroll 2005; Morreall 2016). Black humour as a shield can be understood as a kind of control, as we illustrated with regard to his jokes about the plastic oven bag involved in his plans to suffocate himself with helium gas. Because the objective situation does not change by it, here humour is a kind of interpretive control. This suggests humour does not have to be added as another dimension of meaning to the seven already distinguished. In Mr. Jansen's narrative, humour was not explicitly present, perhaps because its function as a shield against painful situations is not so urgently needed in his situation. Of course, humour could play a role for him as well in experiencing life as meaningful. In any case, the role of humour as related to meaning in life is an interesting angle for further research.

Conclusion

We conclude that Derkx' theory of meaning (2011, 2013, 2015), when applied to life narratives, provides a helpful framework in analysing what causes people to experience their life as meaningful or not. The following points should be taken into account in further theoretical and empirical explorations.

We found that the theoretically distinct components of meaning were *intertwined* in the studied narratives in several ways. Quite often a fragment in an interview could be linked to more than one component of meaning, and all of these ascriptions seemed to have an element of truth. In discussion between the authors it was regularly agreed that one component was most important in the particular context of a (larger) fragment. Alternatively, we also encountered instances where components of meaning seemed to be *in tension* (as we saw regarding control and connectedness, or regarding self-worth and (lack of) control). A balance between needs associated with agency, such as control and self-worth, and needs associated with communion, such as connectedness and moral worth, seems crucial for the experience of meaning (Bakan 1966; McAdams 1993). Consequently, further research is needed to explore the relations and possible tensions between the different components of meaning. This should include questions about whether components can compensate for each other (i.e. does high fulfilment of the need for connectedness make a sense of purpose less or not necessary?) and whether

a certain balance between some components (e.g. self-worth and connect-edness) is advantageous or even indispensable (Hornsey & Jetten 2004).

Both narratives suggest clearly that the experience of (a lack of) meaning in life is not a momentary thing. Evaluating the degree of meaning-fulness of their lives at a particular moment, our two protagonists take a *life-course perspective* that connects their past, present and anticipated future and is highly influenced by the sociocultural setting in which life takes place. The life-course perspective is not only a relatively recent fashion in research (Steger et al. [2013: 12] call it a "new promise" for meaning in life research), but it also seems a rather natural attitude of (at least) older people. Following from this, we highly recommend to always take a life-course perspective in studying meaning in later life. Such perspective should also include the temporal dimensions of specific meaning components, which seem of special relevance from the perspective of ageing (e.g. can experienced purpose in the past generate meaning in the present?).

In our discussions about the components of meaning in life as they appeared in the narratives of both protagonists, we concluded that *con-nectedness* (especially connectedness with other persons) seems to be a component of fundamental, constitutive importance. On the one hand, this should not surprise us as it may be explained by the intrinsic social nature and social embedding of individuals that are characteristics of the human condition. This implies that connectedness could be conditional to experience the other six dimensions of meaning. On the other hand, we observed that connections with others are not necessarily positive and that the quality of social relations really matters. Social relations with others may be characterised by neglect and indifference. In addition, connectedness can conflict with other meaning needs, such as control, where we found some tensions, particularly regarding the acceptance of becoming more dependent on one's social surroundings for help and support. The position of connectedness in the theory about meaning in life deserves a more thorough exploration.

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Ageing, ageism, and lost honor: narratives of Arab elders in Israel

By SHLOMIT MANOR*

Abstract

This study examines how Arab elders in Israel experience old age and speak about ageism, old age, and loss of honor. Interviews were conducted with 25 Arab men and women, both Muslims and Christians, between the ages of 63 and 86. The findings indicate that despite Arab society being a familial and traditional society, informants experience ageism and feelings of loss of respect and status in both the public and private spheres. The findings reveal a multilayered discourse, inconsistent and incoherent, riddled with internal contradictions about honor, exclusion, ageism, and its absence. This discourse reflects Arab society's ambivalence about the ongoing processes of modernization on the one hand, and the desire to preserve traditional family values and the status of older populations on the other. The issue of ageism within Arab society in Israel has not thus far drawn much attention in the field of gerontological research, and this study therefore aims to fill this gap.

Keywords: ageing, ageism, Arab Society, honor, older people

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Introduction

Ageism, as defined by Butler (1969, 1975), is a discriminatory attitude toward old people due to their advanced age, based on prejudice and stereotyping. While any age group can be discriminated against as belonging to an age category, Butler (1975) referred particularly to discrimination directed at older people. He claimed that ageism is more prevalent among the young than the old and that it diminishes as people grow older because their perspective on aging becomes more positive. Additional research has supported this claim that young people tend to hold more ageist attitudes than older people (Rupp et al. 2005). However, other studies have pointed to the existence of self-ageism among older people toward their peers (Bodner et al. 2011). Ageism can be manifested at both the individual and institutional level and may include a variety of behaviors such as avoidance of contact or connection with older people, denial of age, display of negative attitudes toward older people, and arrogant or patronizing behavior (Bodner 2009; Bodner et al. 2012; Doron 2008; Tornstam 2006, 2007).

The literature dealing with ageism presents various conceptions regarding its cultural aspect. Some researchers have argued that ageism is a universal phenomenon that exists in every society and every culture and is not unique to any, while others have claimed that the ageism phenomenon is closely linked to culture (Chi 2011; Cuddy et al. 2005; Löckenhoff et al. 2009).

In recent years the ageism discourse has entered into gerontological research, and the number of studies on the topic has grown. This study joins the discussion over the question of the extent to which the ageism phenomenon is prevalent in a traditional society – in this case Arab society in Israel.

The literature on this topic has generally used quantitative methods, for example, the test developed by Rosencranz and McNevin (1969), which examines the connection between age and a variety of attributes. Another famous measurement test constructed by Palmore (1977) comprised 25 statements assessing the levels of knowledge and ageist behavior toward older people. Palmore (2001) later published the ageism survey, a tool for measuring actual expressions of ageism by examining the extent to which older people have been exposed to them. During the 1990s, the

"Fraboni scale of ageism" (FSA) (Fraboni et al. 1990), which examines ageist positions, antagonism, and discrimination, became the most common measurement tool in research on ageism. Subsequently, the discussion about measuring ageism expanded, and Tornstam (2006, 2007) offered additional possibilities for typologies and measurements. The current study, on the contrary, examines the ageism phenomenon as a subjective experience, as it is grasped by older people themselves, and the way they talk about ageing. I use qualitative methodologies to expose the narrative that shapes the discourse of ageing in a traditional society, in this case, Arab society in Israel.

Ageism: Pan-Cultural or Culture-Dependent Phenomenon?

Culture has an appreciable influence on the way we grasp age and ageing and the way we treat old people (Aboderin 2004; Koren 2013). Some have seen ageism as a universal, objective phenomenon that is based on age categorization and is independent of time and place because in every culture there is a category of old age (Hazan 1994, 2002, 2013; Iversen et al. 2009). Others have argued that the scope of ageism, as too the general attitude toward the phenomenon of ageing, is culture dependent, and therefore its manifestations vary from culture to culture (Aboderin 2004; Chi 2011; Koren 2013; Löckenhoff et al. 2009; Palmore 2004). Palmore (2004) referred to the cultural aspect, arguing that prejudice-based ageism is closely linked to cultural stereotypes and is a relative, culture-dependent concept. He claimed that ageism is more prevalent in modern Western cultures that encourage achievements and innovation and therefore show a preference for young people; in traditional cultures, such as Eastern cultures or Arab culture, ageism is much less prevalent. A similar finding can be found in a comprehensive comparative study of 26 countries by Löckenhoff et al. (2009) about cultural influences on the perception of age and ageism.

The picture that arises from the existing research is that in Eastern cultures and cultures of a traditional nature, attitudes toward older people and ageing tend to be more positive than in Western societies (Chonody & Teater 2016; Macia et al. 2009; Yun & Lachman 2006). Furthermore, as Chi (2011) noted, in Western society there is, primarily, an appreciation of an older person's degree of independence, whereas in Eastern society the

dependence of the aged on the young is accepted with understanding. In addition, fears of ageing are much more common in Western societies than in Eastern and traditional ones. In a comparative study of Morocco and France, Macia et al. (2009) painted a similar picture about stereotypes of age and respect for older people.

In direct contrast to these findings, North and Fiske (2015) found that Eastern cultures hold similarly negative attitudes toward older people as Western cultures. Despite the expectation of respect for the aged in Eastern cultures, this is not always realized and is not necessarily translated into practice. As Arab society in Israel is exposed to both Western and traditional influences; this study joins the literature dealing with the phenomenon of ageism in traditional society and examines its prevalence in Arab society in Israel.

Self-Ageism and Social Identity: A New and Foreign Concept in Arab Culture

As people grow older and move from a younger to an older age group, ageism migrates with them but can now be directed at themselves as the older group (Levy 2003). This phenomenon is called "self-ageism" (within-generation), that is, stereotypical and negative views of people from one's own age group (Bodner 2009; Bodner et al. 2011, 2012). Paradoxically, spending time with older people in one's own age group contributes to self-ageism. Furthermore, research findings have indicated that older people who live with other older people tend to perceive themselves as younger than their chronological age and belonging to a younger age group (Manor 2017). It is, remarkably, older people themselves who formulate ageist positions toward their peers while denying their own age and treating the group to which they belong stereotypically (Bodner 2009; Gamliel & Hazan 2006; Manor 2017). Support for this argument that older people hold negative views of their own age group, despite being completely unfamiliar with the word ageism, was also found in other studies (Minichiello et al. 2000).

One of the explanations for ageism lies in Tajfel and Turner's (1979) theory of social identity (Tajfel 1981). According to this theory, identity is a combination of personality traits and environmental factors. Social identity reflects one's belonging to various social groups, some of which

we identify with and to which we feel a sense of belonging, for example, gender, nation, religion, ethnicity, and profession, and others with which we do not identify. A sense of belonging helps people define themselves in relation to a certain group and be acknowledged as a member of that in-group, at the same time marking others as not belonging and therefore making up the out-group. Social identity is constructed through finding differences and conducting comparisons between those who are with us in the group and those who are outside our group, with the aim of strengthening our belonging to the group and vitalizing our social identity (Tajfel & Turner 1979, 1986). Belonging to a certain social group is significant for the individual's identity. People therefore strive to define and describe their group in a positive manner, so they can identify with it and feel a part of it, while those outside the group are perceived negatively.

The categorical division into younger and older people is manifested in the fact that younger people identify with their own age group, have a positive view of their social group, and look upon the out-group, namely, older people, as inferior. Older people, on the contrary, see their own group as inferior and show a preference for the out-group, namely, younger people (Levy 2003). The categorical division by age differs from all other distinctions. Gender, ethnicity, nationality, or religion tend to remain fixed throughout life, so one's group belonging does not change; however, all young people will become older people and be part of that social category which they may presently look upon negatively as inferior.

According to Tajfel and Turner's (1979) social identity theory, rejection and lack of identification are also among the forces that shape the individual's identity and self-image. In other words, belonging to a group of low social status, which does not inspire identification, sparks abhorrence and rejection and can influence a person's identity. This is, indeed, the case among older people who do not identify with members of the group to which they belong but would prefer to belong to a younger age group.

This is where self-ageism comes into play, when older people are unable or uninterested in identifying with the group to which they themselves belong. They continue to perceive ageing negatively and to hold negative views and stereotypes of ageing even once they themselves are part of this social group (Levy 2001). Resistance to ageing, which is supported by social norms, reinforces self-ageism (Bodner et al. 2012). In this article

I examine the ageism phenomenon as expressed through the personal experience of Arab elders with reference to unique cultural elements which are somewhat missing from the social identity theory.

Arab Society in Israel

The Arab population in Israel is approximately 1.8 million, constituting 20% of Israel's total population (CBS 2016). Arab society is heterogeneous and includes Muslims, who are the largest group, Christians, and Druze. Despite modernization processes, Arab society is still considered a traditional, familial, and patriarchal society. The Arab family follows strict codes of honor and loyalty. Modernization hasn't changed the expectations of adult children regarding responsibility and care for their ageing parents, and respect for elders is still inculcated during the socialization process. Moving an older person from their home to an assisted living facility, for example, is grasped as deviant in Arab society. It is done only when there is no other choice and the older person cannot be cared for in their home (Khalaila & Litwin 2012; Lowenstein et al. 2007). Arab culture emphasizes the importance of the family, mutual dependency, social responsibility, and familial solidarity toward elders (Khalaila & Litwin 2012; Lavee & Katz 2003).

The literature on Arab society's attitude toward ageing and older people rests, in large part, on the theory of modernization (Aboderin 2004; Azaiza & Croytoru 2010; Khalaila & Litwin 2012; Litwin & Zoabi 2003). It is commonly argued that modernization processes, which impact many realms of life, have caused, among other things, changes in attitudes toward elders and in the structure of the family unit. This is manifested in a weakening of the extended family and a strengthening of the nuclear family. These changes have turned caring for the aged into a burden, evident in a decline in children's willingness to care for their ageing parents. Modernization has prompted a drop in the status of elders, who have shifted from central and respected figures with power and authority to weak, vulnerable, and dependent figures devoid of any authority (Khalaila 2009; Khalaila & Litwin 2012; Litwin 2006; Lowenstein & Katz 2000).

Arab society in Israel has a twofold cultural affiliation: on the one hand, with a traditional society and its values and on the other, with the

modern Western society in which it is located. This duality extends to almost every aspect of life: social, economic, political, cultural, religious, and familial (Smooha 1990). Arab society is a traditional society undergoing a process of modernization. Some have argued that it is a society in transition from a collectivist to an individualistic orientation. The latter brings the individual to the fore and gradually pushes aside the values of the extended family and mutual responsibility, which has an impact on the social status of older people (Gliksman & Litwin 2011).

Methodology

The goal of the study was to examine the ageing experience and the ageism phenomenon from the viewpoint of those experiencing it. For this purpose, I used qualitative methods, to assess the subjective meaning of the studied phenomenon. I therefore take an interpretative phenomenological approach, seeking to elicit the essential experience as grasped by the individual, on the assumption that the experiencing itself structures the worldview of that subject.

The phenomenological method is most suitable for examining the meaning and interpretation that individuals ascribe to a certain phenomenon or experience. In this case, the phenomenological method enabled me to excavate the interpretations that the informants ascribed to ageing, their lives, and familial relations during this period (Creswell 2012; Denzin & Lincoln 2008). Following Russell, I maintain that "all research is a form of storytelling" (2007: 173) and like her, I also looked for the "stories older people tell about themselves" rather than older people as object of stories told by others.

Participants

The participants in the study included 25 Arab interviewees, 15 women and 10 men, Muslims and Christians, and two women members of the Ahmadi community. About half of the interviewees (13) are from four different villages, and the others (12) are city dwellers. I chose a large mixed city, Haifa, and a medium-sized mixed city, Akko. The ages of the interviewees ranged from 63 to 86. Despite their wide age range, I referred to the interviewees as one category due to similar characteristics in terms

of health status. Although they function independently and do not need daily assistance, a large proportion of the interviewees, especially the Muslims (80% of them), suffer from chronic health conditions, such as diabetes, obesity, or high blood pressure. Among the male interviewees, about 75% smoke and suffer from various chronic lung diseases.

Most of the men (eight) were married, while the other two were widowers. Contrarily, most of the women (nine) were widows, while four were married and two unmarried. All of the interviewees, with the exception of the two unmarried women, have children and grandchildren.

In terms of their economic status, the interviewees were asked what their main source of income is. The findings indicate that more than half (55%) rely on welfare allowances as the main source of income, and, in terms of social class belonging, they can be defined as low and very low class. Less than half (40%) rely on their pension payments and thus can be defined as middle class. Three were defined as upper class. (Class distribution is based on data on education, occupation, and sources of income.)

The Arab population in Israel is heterogeneous and includes several groups. However, despite the differences between Christians and Muslims in terms of economic status, level of education, participation in the labor market, fertility rates, and so on, for the current study I consciously chose to relate to the Palestinian Arab society as a single entity. This is because family and respect for family members are a central value in Arab society as a whole, regardless of religion (Fogiel-Bijaoui 2002).

Data Collection

The data were collected by means of a semi-structured in-depth interview, allowing for a combination of predetermined questions and the flexibility and freedom to develop a dialogue and raise additional questions in the course of the interview. The interviewees were located by approaching organizations such as the National Insurance Institute or senior centers, which directed us to potential interviewees. Most of the interviews (75%) were conducted in the interviewees' homes, the others in a side-room in the senior center reserved for that purpose. The interviews lasted an hour and a half on average. They were conducted face to face, with no family members present. All the interviews were recorded by consent and later transcribed.

The interviews were sometimes conducted in Arabic with the help of a simultaneous translator who was present during the interview, and sometimes in Hebrew, when an interviewee felt comfortable with the language. Conducting an interview in a language that is not the interviewee's mother tongue has its advantages and shortcomings (Lomsky-Feder & Rapoport 2007). As my command of Arabic is not at a high level, I asked the translator and an additional Arab scholar to examine my interpretation of what had been said at the analysis stage, to ensure that it is not culturally biased.

The literature dealing with the asymmetrical power relations between interviewer and interviewee emphasizes the position of power that the interviewer holds which stems from the fact that the researcher is most often of a higher class in the social hierarchy (Bourdieu 1996; Lomsky-Feder & Rapoport 2007). As I am Jewish, such asymmetry undoubtedly marked some of my meetings with interviewees, leading sometimes to suspicion of me on their part. This suspicion dissipated in the course of the interviews and I eventually gained their trust. All of the citations below appear under pseudonyms to conceal the interviewees' identities and protect their privacy.

At the start of each interview I emphasized to the interviewees that it was being conducted for research purposes only and assured them that their anonymity would be strictly protected. I also clarified that they could stop the interview at any stage and if, when it ended, they should regret it, I would make no use of the recorded materials. This study has been certified by the College Ethical Committee.

Analysis of the Findings

Analyzing the findings of a phenomenological study is a process of arranging and structuring the entirety of the information collected while breaking down the data into segments and parts and putting them back together in a different order to understand their significance (Creswell 2012). On the basis of the phenomenological approach, and as suggested by Giorgi (1997), the analysis of the interviews was conducted in several stages. First, I read each interview separately to identify preliminary categories. In the second stage, I analyzed and divided each interview into units of meaning, to create clusters of information that appear to belong to

the same phenomenon, with the aim of identifying important themes and subthemes. In the third stage, I conducted a comparative analysis through a latitudinal reading of all the interviews according to the division into categories previously assembled. In this way, broader super-categories, that is, central themes, were constructed. The organizing principle for the presentation of the findings below is based on the major themes that emerged from the interviews.

Findings

Vanishing Honor: "Age Has Ceased to be a Social Status"

Respect for older people is considered one of the pillars of Arab society and a central value. However, the respect and high status that older people enjoyed in the traditional society are today mainly a thing of the past. Today, many older people lack power and honor, do not have any role or status, and are relegated to the margins of the clan or extended family, as has been noted by Azaiza and Brodsky (2003) and Khalaila and Litwin (2012). An informant, Diana (aged 70), expressed it succinctly: "Age has ceased to be a social status… Once, the older person was master of the neighborhood, everyone respected and listened to him. Not anymore. People pass by an older person in the neighborhood and don't even say hello." In a similar spirit were remarks made by another informant, Meron (aged 81), the pastor of a Christian congregation in a village in northern Israel: "Today it's not like it used to be. Today I feel that the attitude towards me is: 'Who are you that I should consult with you at all? Who do you think you are, what do you understand?'"

  Arabic is rich in sayings and parables that tangibly express the changes society has undergone in the status of both younger and older people. An informant, Um Ziad (aged 73), for example, spoke of a younger generation that is never satiated, never satisfied or content with what they have, a materialistic generation that wants more and more, that does not listen to the advice of older people and does not appreciate their experience: "There comes a generation that goes out and doesn't return, that eats but isn't satisfied, that is given advice but doesn't listen." To illustrate the change in the status of older people, another 71-year-old informant

said: "In the past, it was best for anyone who didn't have an older person to buy one; today, anyone who has an older person at home would be best to throw them out and hide them in the well."

Nostalgia for times past when it was much pleasanter to grow old came up in a large number of interviews. Almost 80% of the informants spoke of the honor and respect that older people used to be accorded. They described the past as a time when older people enjoyed high status. This was attested to by an informant, Omar (aged 69), who was a school principal for many years: "I treated my father with respect. I can't recall even one time, one time, that I raised my voice or yelled at my father. Not ever. Today there are many such people who yell at their parents."

This may be a fantasy based on subjective memory and idealization of the past. The reality perhaps was different. However, fantasy or reality, the dominant narrative in the discourse on honor refers mainly to it having gone missing over the years, the honor and respect accorded to older people in the past. The informant pastor Meron said: "Once the older person was looked upon as someone wise, who is savvy, who is familiar with society. Today it's exactly the opposite."

Similar sentiments were expressed by the informant Emir (aged 78), but with an interesting twist when comparing Arab and Jewish society: "The respect is gone, oh that there should be respect today, in my times there was respect. Fifty years ago there was respect, but now it's vanished. Maybe it's because of the integration with Jewish society; we've become integrated with the Jewish society." In Emir's view, the change in attitudes toward older people was caused by influences from the Jewish society within which his Arab society is situated. Jewish society is considered modern and Western relative to Arab society, which is considered conservative in everything relating to norms of behavior and relations within the family. The same sort of comparison came up in two other interviews when I asked about the possibility of moving an older person from their home to an assisted living facility. In both cases the answer was an indignant refusal, and the comparison to Jewish society was meant to demonstrate how different Arab society is from Jewish society in its regard for older people. Both informants claimed that whereas Jewish society forsakes its older people, does not respect them, and sends them off to facilities for the aged, Arab society treats its older people much more respectfully and befittingly. The informant Sabrin (aged 72), for example,

who lives in a village in northern Israel and had only 1 year of schooling, said: "What do we need a facility for the aged for? What are we, Jews?"

Despite the idealization of the past, when the informants were asked whether they would want to return to the past if they could travel through time, almost all replied they would not want it: "I wouldn't say that I want to go backwards; that's all in the past." Only one informant, Sophie (aged 63), a widow who works as a seamstress, answered the question affirmatively, saying: "Yes, I really like the way life used to be. There was respect, things were better. The family was strong and united. Today the families are less united, they're weak. There are no families that live together."

Technology Is to Blame for Loss of Honor

The modernization processes affecting Israeli society have not bypassed Arab society and have brought about changes in many realms of life. In the framework of these processes, Arab society has become exposed to new technologies such as multichannel cable TV, smartphones, computers, the Internet, Facebook, WhatsApp, and so on. All of these factors have had a significant impact on the status of older people, as the informant Lara (aged 71) reported:

> Today the kids see all sorts of things on television and they become smarter than the older people. Once the older person was the smartest, now the kids are smarter. Once because the older person was the smartest nobody could argue with them. Today younger people and older people argue. For every word an older person says, the kids have something to say. Once it wasn't that way. In the past older people had the last word and they had the privilege of deciding everything. You didn't argue with them. Today they argue. Even small kids argue with older people. Our generation is different from today's generation. Once there wasn't any television, there were no telephones. Today everything is different.

The belief in older people's superior wisdom, due to their greater experience and knowledge than younger family members, no longer exists. Many of the informants blame iPhones, WhatsApp, Facebook, and so on for the decline in respect for older people, as the informant Sophie explained: "A woman today doesn't stay at home to care for her mother-in-law or her mother. She has a cellphone, she has Facebook, and there's no time for the older person sitting beside her."

In the past older people were considered to have vast knowledge and their life experience translated into status and appreciation. In the modern age of advanced technology, older people who don't know how to turn on the cable box or how to use Facebook or WhatsApp have lost their status. The younger generation no longer seeks out older people's advice and, paradoxically, older people are forced to consult with the young. An informant, Jackie (aged 67), for example, complained: "They don't consult with us, for them our experience is unimportant. They even look at us the other way around, that we're an outdated generation that doesn't understand anything, with all the technology and the shifts that have occurred and the development and social and technological changes."

Technological development and accelerated innovation, which have driven the decline in older people's value, have changed the balance of power and the allocation of roles. Thus, despite their advanced age, elders have become dependent, while younger people have become the knowledgeable ones with decision-making power. Advanced age no longer brings with it status and standing as in the past, no longer attests to wisdom or knowledge, but rather to a dearth of them, as the informant Emir related: "On topics relating to technology I turn to the kids, because it's a different generation, and for them it's very easy. Even my nine years old granddaughter uses a cellphone. They know everything; it's an entirely different generation." Emir went on to say that in his opinion the change occurred because of changes happening in Arab society in general, changes that affected mainly the young:

> We live in a society of alienation, it's too bad but that's the way it is. It's a big crisis in Arab society (…) This generation today is preoccupied only with itself, it's completely selfish. Today the young people want only for themselves; they don't contribute and don't give. True it's an advanced generation, educated, a generation that has all sorts of possibilities, but it loves only itself. That's the way it is, there's nothing to do.

Mixed messages seem to emerge from these statements expressing two different voices. These remarks convey an accusation leveled against the younger generation, against materialistic Western society, modernization and technology that have penetrated traditional Arab society, changed

its hierarchy of values and thereby influenced the behavior of the young. At the same time, these remarks express an acceptance of the fact that the times and society have changed, and the process is inevitable. Emir represents other informants in the blame he lays on the West, which fomented these cultural and social changes:

> Young people have changed. It comes from the West, not from our society. They are imitating the West. Today technology, the computer, that's what's important. Today if you don't understand how to turn on the telephone, how am I going to respect you?

Self-Ageism: "I Don't Like Being with Older People"

Ageism, as defined by Butler (1969), is based on prejudice and negative stereotypes and is related to how we perceive age. One manifestation of ageism is avoidance of and an unwillingness to connect or be with older people as well as disregard and repression (Bodner 2009). In Arab society where older people are regarded as the head of the family and central figures, avoiding relations with them is considered unacceptable behavior. Nonetheless, a third of the informants told of an experience in which they felt that people did not want to be in their company, did not want to sit beside them and talk with them. An informant, Renee (aged 67), said: "I ride on the buses and I frequent public places and I see it. Sometimes there is, I don't want to say chutzpah [Yiddish/Hebrew term for cheek or audacity], but there is no respect for the older person. Sometimes, if he's too old they even complain that he's bothering them."

Not only are the young said to have a negative view of old age, but older informants themselves were found to subscribe to the same view and see old age as weakness, as the informant Muhamad (aged 83) explained: "Old age is weakness. Old people are weak." Due to this perception, not only do the young avoid being with older people, but older people too are disinclined to be in the company of other older people, despite sharing the same age. The informant Sally's (aged 66) story about an experience she had with her mother when she tried to persuade her to engage in activities at the senior citizen club attests to the existence of self-ageism and demonstrates the intensity of older people's disinclination to be in the company of their peers:

> I once took my mother, when she was still alive, to the club. I sat with her but she didn't like it at all and didn't want to go there anymore. I asked her, why? She said to me because everyone here is old. She doesn't like being with old people. She likes being with young people. When you're in surroundings with old people you feel old, when you're with young people you feel young.

The older people themselves thus become complicit to the same ageist perception that views old age negatively and buttress the negative stereotypes of old age. When they do not want to be with older people, simply because they do not want to be in the company of others like them, they are expressing within-generation ageism. The informant Omar, for example, does not want to participate in activities that are identified with old age and stated: "I don't like it when they keep us occupied gluing things. Why don't they build a swimming pool or sports club? I don't like doing arts and crafts for older people."

Ageism is connected to how one accepts old age and the way people perceive themselves and their age. A complex picture arises from the interviews as to the way in which the informants perceive old age and themselves. The vast majority (95%) have a religious conception of the process of ageing, which is of assistance in reconciling oneself to and coming to accept old age as a stage of life, a natural and inevitable process, and God's will, as they reported: "It is Allah's will"; "However God wills it, everything is from above"; "However God decided and planned, thus it shall be."

Despite the belief that everything is in God's hands and done in accordance with his will, none of the informants under the age of 70 defined themselves as old and none of them wants to be old. Furthermore, they hope not to reach old age and would prefer that Allah takes them before they reach that stage, as the informant Lara attested: "May God take me before I become old, what's the use of growing old? It's not good to grow old, living until 80 is enough."

Honor in Public Versus Private Space

One of the most prominent findings to emerge from the interviews was a dual reference to honor: on the one hand, the mention of honor in the public space and on the other hand, the lack of honor in the private space.

At times this distinction was reversed and the honor moved to the private space and disappeared from the public space.

The public honor was heard when the informants were asked questions about society in general, and not them specifically, for example, whether they feel that they are respected for being older. In reply to such questions, almost all informants answered in the affirmative, describing how society treats them with respect when they are in the public space. The answers took the form of general statements: "All the people like me and respect me"; "I see that I'm paid respect by the way they look at me and speak with me"; "Everyone respects me and gives me a hug when I pass in the street"; "I'm always paid respect, every time I leave the house I'm given a free ride"; "Everyone who passes by asks how I'm doing." This is the public voice, describing in the most general terms the attitude toward older people in the Arab street.

However, later in the interview, when asked about relationships within their neighborhood and asked to share their personal experience of growing old and the way they are treated, the paradox surfaced. This voice tells a different story; it testifies to a lack of honor and respect and to a demeaning attitude, and is tinged with disappointment that respect today has diminished and sometimes does not exist at all. An informant, Abed, (aged 72), said: "They don't listen to what I say, they think I'm not lucid." Another informant, Omar described how a group of young people stood in the middle of the street and blocked his way and would not budge even when he asked them to move aside: "I have to ask them to move? Can't they see? It's because they don't take older people seriously like we used to do."

Sometimes the private–public distinction regarding honor and respect is made by differentiating between the informants' proximate surroundings – in my home, in my family, my children, my daughters, my village – where respect for older people is still the norm and the more distant surroundings – in another place, in a different village, among the others, in other families or among the Jews – where there is no longer any respect. An informant, Diana (aged 70), for example, said: "I once went to a wedding, in the village next to ours; the young girls that were there didn't even make room for me to sit. I don't know if it's a general lack of courtesy or lack of respect for my age. In my village something like that wouldn't happen." Similarly, the informant Abu Daoud (aged 86) stated:

> The attitude towards older people has changed in recent years and it's a change for the worse, but in our village the values are still kept. Everybody knows everyone and there's an attitude of respect, but not like it once sons and daughters treat me with the utmost respect, but I know that others, not my children, see their parents as a burden.

The two voices of public and private are intertwined and cannot be separated. In the very same interview both the public and the private voice, describing a completely opposite experience, can be heard. These voices join together to create a narrative riddled with contradictions and dualities as regards society's attitude towards ageing and the treatment of older people. Remarks by Abu Daoud (aged 86) betray this internal contradiction: "I'm paid a lot of respect by the surroundings; I feel like a king, my age brings me respect, everyone wants to be close to me, I feel well-respected (…) Every place I go into they say hello to me, let me sit down, hear what I say." But later in the interview, as our conversation progresses and he feels more relaxed talking to me, he said:

> Our society has changed; when someone young or a child passes beside an older person, he doesn't even say hello. It's indicative of a change for the worse. Our society has lost many of the good things that used to be in it. The attitude toward older people has changed. Today nobody is paid any respect. Not the older person, not the elders (…) What have we come to?

Discussion: A Hybrid Discourse of Ageing between Tradition and Modernity

This study has revealed the existence of ageism as expressed in the discourse and subjective experience of Arab elders in Israel. The discourse on aging shows that Arab culture, despite being traditional, demonstrates ageism and negative perceptions toward old age and older people. This finding is consistent with the findings of North and Fiske (2015) regarding the prevalence of ageism in Eastern cultures, sometimes even more so than in Western cultures.

The findings also indicate that some informants blame the influence of Jewish society, which is considered more Western and less traditional in its familial customs, for the decline in the status of elders. For example, the common practice in Jewish society of moving older people from their home to a facility is perceived by some of the informants as a deviant and

contemptible act and a terrible blow to the older person's honor. Many of the informants believe that living alongside Jewish society has undermined the status of older people and contributed to their loss of place in the family and in society at large. Moreover, in Arab society, unlike Jewish society, aged parents are usually supported by their adult children in terms of both financial and physical assistance in daily life. However, the increase in the numbers of women working outside the home and the pattern of urban living alongside Jewish society have made older people more of a burden on their family (Manor 2018). While respect for elders remains a central and important value, in practice it is difficult to implement.

This study has exposed that the contemporary discourse on aging lacks consistency and is replete with incoherence and internal contradictions regarding ageism and the value of respect for older people. This discourse, which developed in a very familistic society that emphasizes collectivist values and mutual commitment, reflects the changes taking place today in Arab society and the growing cracks in the delicate social fabric. The discourse is being conducted in two voices: the public and the private. The public voice describes the respect accorded elders in the public domain, in the Arab street, and is expressed in general statements such as: "Everyone in the street likes me and pays me respect." The private voice, on the contrary, describes personal experiences and feelings of disappointment at the lack of respect.

As shame plays a central role in Arab society, the public sphere has great significance in the daily conduct of the individual. The distinction between the public and the private arenas in the context of honor and ageism illustrates how in this aspect too there has been a change in Arab society's attitude toward older people. In other words, while one might expect respect for elders to be evident in the public domain, it has in fact been lost or, at least, eroded.

The two kinds of voices are tightly intertwined, constituting a hybrid discourse in which respect is intermittently both present and absent. They join together to create a narrative riddled with contradictions and dualities about honor and exclusion, pride and disappointment, and ageism and its absence. These contradictions reflect the informants' ambivalence toward the ongoing processes of change of Arab society in Israel, namely, acceptance of modernization and the influence of Jewish society

on the one hand and the desire to preserve traditional values on the other. The value of respect for older people in particular and the family in general remains a central value and one of the cornerstones of Arab society; however, the intrusion of Western norms and lifestyle undermines the status and honor of the aged.

Despite the accelerated changes and modernization processes that Arab society in Israel is undergoing, some have argued that it demonstrates relative tolerance toward ageing and traditional familial customs, such that family bonds are maintained and prioritized over other social ties (Bergman et al. 2013; Khalaila 2009). The current study, however, reveals a slightly different picture, in which old age is no longer accorded the same respect as in the past. Furthermore, acceptance of old age and ageing as a natural process, when it did surface in the interviews, was largely related to a religious conception of old age as an inevitable process and God's will but not as something desirable, conferring status and advantage. If old age does indeed bring with it honor and respect, then many should have been found to be looking forward to growing old. However, my findings attest otherwise, as does the suffering of old age described by Gilleard (2018). Many of the informants expressed a lack of interest in reaching an advanced age and a hope to die before that. This finding suggests that the status of older people has deteriorated and the respect accorded them has eroded. The aversion to growing old is largely connected to this change in perception and attests to new proliferating manifestations of ageism in Arab society.

The insights emerging from this study are that life alongside Jewish society and the processes of modernization experienced by Arab society have influenced the discourse of aging and turned it from a discourse based on respect and appreciation to one colored by ageism. The dominant narrative in the discourse of Arab old age attests to age and self-ageism, and even though Arab society in Israel remains traditional and familistic, the issue of age has penetrated and caused cracks in the status of the elderly.

Limitations of the Study

The present study examined the subjective experience of older people in Arab society in Israel with the aim of characterizing the discourse dealing

with old age, honor, and ageism. In doing so, it does not, therefore, assess ageism systematically and quantitatively and future studies might therefore be conducted. Similarly, while the issue of gender did come up in some of the interviews with women, this was not my focus due to a lack of scope. Gender is, nonetheless, a topic deserving an in-depth examination, and I hope to address this in future research.

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Unsettling aging futures: challenging colonial-normativity in social gerontology

By May Chazan*

Abstract

This article explores the stories of two women activists, both in their mid to later lives, both grandmothers, and both Indigenous to what is now Canada. Both women participated in intergenerational storytelling research in 2017, as part of a multiyear (2016–2020) oral history project. The article brings their stories into dialogue with critical writings on "successful aging" discourse and notions of "happy aging futures" while also reaching beyond gerontology to examine related work by Indigenous scholars in other fields. In doing so, it challenges the ongoing colonial-normativity of interrelated gerontological conceptualizations of generativity and futurity, building on existing efforts to queer and crip these concepts. It ultimately contributes to efforts to understand complexity among multiple aging experiences, opening possibilities of livable and positive futures among those who do not identify with dominant images of wealthy, physically fit older couples with grandchildren.

Keywords: colonial-normativity, crip, futurity, generativity, Indigenous, queer, successful aging.

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"I want to welcome laughter into the room. She is very powerful. She brings us together and sustains us into the future." (Elder Audrey Kewaquom-Caskanette, research interview, 2017)

"That moment when I realized I am an ancestor – that was when I understood what sustains me, my work. What I do matters for seven generations to come. That moment was a game-changer." (Tasha Beeds, research interview, 2017)

This article foregrounds the stories of two Indigenous women activists: Elder Audrey Kewaquom-Caskanette and Tasha Beeds, both in their mid to later lives, and both grandmothers. Elder Caskanette introduces herself as Anishinaabek from Saugeen on the Bruce Peninsula (in what is now Ontario, Canada). Beeds introduces herself as Nehiyaw (Cree), of the Bear Clan, from Treaty 6 territory (in what is now Saskatchewan, Canada). Both women participated in intergenerational storytelling research, which I facilitated at Trent University in Nogojiwanong[1] (Peterborough, Ontario) in 2017, as part of a multiyear (2016–2020) oral history project. In this article, I bring their stories into dialogue with critical social gerontological writings on aging futures while also reaching beyond scholarship on aging to examine related work by Indigenous scholars in other fields, to explore how close listening to Indigenous perspectives might challenge and extend the interrelated concepts of generativity and futurity as these are typically understood within gerontology.

I build conceptually on Sandberg's and Marshall's (2017) project of queering/cripping[2] aging futures, which is rooted in a critique of

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[1] Nogojiwanong in Anishinaabemowin means "the place at the foot of the rapids." This is the original name for the region 150 km northeast of the major urban centre of Toronto; it contains the midsized city of Peterborough. This territory is governed by colonial treaties, Treaty 20 and the Williams Treaties, although these treaty relationships have repeatedly been violated by settlers (non-Indigenous people), corporations, and colonial governments (Gidigaa Migizi (Williams) 2018; Taylor & Dokis 2015).

[2] By 'queering,' I am referring to an analysis that aims to critically interrogate the workings of hetero- and cis-normativity, drawing on what is widely known as 'queer theory.' The use of the word 'queer' is a reclamation of a derogatory slur, recognizing the existence of queer cultures and identities, as well as the knowledge contributions and epistemological interventions offered by people occupying multiple, nonnormative subject positions with respect to gender and sexuality. By 'cripping,' I am referring to an analysis that similarly interrogates the workings of ableism and norms that privilege able-bodiedness/able-mindedness, drawing on critical disability perspectives and what is known as 'crip theory.' Like 'queer,' the use

dominant "successful aging" discourse.[3] Central to their argument is that "successful aging is not just about what one does in the here and now, but contains an imperative for the future – an association of aging with *possible* futures" (Sandberg & Marshall 2017: 3). Their project of queering and cripping seeks to disrupt simplistic narratives of "happy aging futures," which are shaped by the intertwining of compulsory heteronormativity and compulsory able-bodiedness and able-mindedness,[4] as represented by widely circulated images of affluent, physically fit, hetero (and I would add white) couples, leisurely interacting with their grandchildren. It calls into question the ways that "expectations of a good later life and happy aging futures adhere to some bodies and subjectivities over others" (Sandberg & Marshall 2017: 2).

At the core of their critique is that successful aging discourse presumes that success in later life depends on a particular conception of generativity as an individual's connection to future life.[5] The assumed corollary in this socially constructed success–failure binary is that a lack of generativity is a sign of failed aging, with the result being a lack of possible futurity. Specifically, Sandberg and Marshall critique this notion of generativity

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of the word 'crip' is a reclamation of the derogatory word 'cripple,' recognizing and valuing the existence and contributions of crip cultures and identities. Both queer and crip theories seek to challenge objectifying gazes turned upon people occupying nonnormative subject positions within dominant systems of power, and both critically investigate power systems as intersecting and overlapping (i.e. recognizing that heteronormativity/ableism interact with each other and with patriarchy, capitalism, white supremacy, colonialism, and so on, to create multiple subject positions and diverse experiences privilege and oppression). See Kafer (2013) for further discussion.

[3] Sandberg and Marshall (2017) provide an excellent review of literature that critiques "successful aging" discourse and related discourses of active and healthy aging. See also The Gerontologist 2014 (Vol. 55, Issue 1), which focuses on related critique and commentary.

[4] See also Kafer (2013) on the ways in which compulsory heteronormativity and compulsory able-bodiedness/able-mindedness intertwine.

[5] Hostetler (2009) offers a detailed review of generativity, tracing the concept back to Erikson's (1963) work, which popularized it as "establishing and guiding the next generation" and/or investing in projects that "outlive the self," anchoring the individual lifecourse in linear conceptions of both lifetime and sociohistorical time. In the project of queering generativity, Hostetler articulates definitions of "gay generativity" within and outside of the normative frame, suggesting that generativity, defined as "an individual's link to the future," has yet to be commonly applied to conceptions of LGBTQ2IA+ aging because it remains deeply rooted in heteronormative familial and reproductive narratives.

as dependent on heterosexual reproduction. They explain: "depictions of older people with children and grandchildren suggest more than their reproductive success in the present – they are a frequent trope in establishing generativity and the extension of life into the future" (Sandberg & Marshall 2017: 4). And, this consistent "imagery of reproductive success" presupposes that it is "(hetero)kinship that makes later life meaningful and positive" (Sandberg & Marshall 2017: 3). At the same time, they argue that this conceptualization of generative success requires older adults to have a high level of physical and mental ableness, to enable these familial relationships without the burden of older people being dependent, and to prevent the pain and sorrow supposedly connected to disability and/or memory loss (see also Grande 2018). In particular, success narratives assume a freedom from dementia, which can be understood as a disruption to generative connections to future life, by way of stunting memories and thus relationships: "If the success of hetero-aging futures lies partly in its links to generativity, then dementia – through loss of memory – threatens to disrupt that generativity and represents as such a form of queer crip temporality" (Sandberg & Marshall 2017: 5).

From this complex argument, they set out to simultaneously queer and crip aging futures, sustaining a critique of the concepts of generativity and futurity within gerontological writings. This work, which aims to illuminate a diversity of aging experiences, builds on a growing body of scholarship at the intersection of gerontology and feminist, queer, and crip studies. Indeed, Sandberg and Marshall contribute to a wider project of making legible a multiplicity of positive futures – futures among groups whose lives Western[6] societies do not typically value as worth preserving into old age. This project of queering and cripping aging futures is thus imperative in making spaces for lives lived outside of constricting success-versus-failure binaries (for more reflections on livable

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[6] Sandberg and Marshall (2017) refer to "Western" societies in their analysis. This language is contested, although to some extent this is a useful term. More clearly, however, I believe that they are referring to capitalist/settler colonial societies, in which the intertwining dominant systems of capitalist, colonial, heteropatriarchal, white supremacist power tend to value certain lives over others. LGBTQ2IA+ people (i.e. lesbian, gay, trans, queer, two-spirit, intersex, asexual, and people of other nonnormative sexual and gender expressions) and people living with disabilities are among those who are marginalized vis-à-vis these systems.

crip and/or queer futures, see Fabbre 2014; Jones 2011; Rice et al. 2017; Shepherd 2016).

What this queering/cripping intervention does not interrogate, however, is the enduring whiteness and colonial-normativity of dominant narratives on aging and generativity concepts. Such analyses remain sparse in much critical gerontology (Chazan 2018; Grande 2018; Ranzijn 2010). Indeed, Quechua scholar Sandy Grande (2018) has recently offered an important analysis toward a critical Indigenous counter-narrative of aging (i.e. an Indigenous perspective on aging that challenges dominant narratives on aging). Elsewhere, scholars are also seeking to include Indigenous (and other "marginalized" or "diverse") perspectives and Indigenous-focused "data" to gerontology research, in what Braun et al. refer to as the "growing field of Indigenous gerontology" (2014: 125). What is important, from the perspective of this article, is that many contributions to this subfield do not explicitly critique the colonial-normativity of core concepts or assumptions within gerontology (e.g. Lewis & Allen 2017; Warburton 2014). While conversations among Indigenous and decolonial scholars outside of gerontology could assist in retheorizing concepts of generativity, aging, and futurities (e.g. Belcourt & Roberts 2016; Boissoneau 2016; Nixon 2016; Peek 2014; sy 2016, 2018; Tallbear 2016), gerontologists have yet to fully engage with much of this work. Thus, in this article I extend Sandberg's and Marshall's important work – unsettling the project of queering/cripping aging futures by engaging centrally with Indigenous and decolonial perspectives.[7]

To do so, I draw on digital storytelling research carried out in 2017 with a multiage group of activists, students, and researchers in Nogojiwanong. This project, "Stories of Resistance, Resurgence, and Resilience in Nogojiwanong," aims to create an oral history of Nogojiwanong's diverse

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[7] It is important to clarify the approach that I am hoping *not* to take in this article: as a white, settler (non-Indigenous) researcher, I do not view this as "doing research on" Indigenous groups for the purposes of either adding diversity (in a "add and stir" fashion) to a white-centric field or as reinforcing existing concepts, frameworks, or assumptions. I am instead exploring some of the work of Indigenous scholars outside of gerontology, and offering certain stories generously shared with me in my own research, with a hope that this might bring different ways of thinking about core gerontological concepts. I am asking whether and how my own work and that of others engaged in these conversations might grow through close reading of and listening to Indigenous perspectives.

and lesser-known activisms[8] through a series of annual, intergenerational[9] storytelling and media creation workshops. Informed by decolonial, feminist, and queer storytelling methodologies (Cunsolo Willox et al. 2012; Rice et al. 2015; Sium & Ritskes 2013), the project centers the experiences, stories, and knowledges of queer activists, Indigenous activists, activists living with disabilities, and activists of color. As such, it offers a window into stories that tend to be eclipsed within successful aging discourse, or which are assumed to fall within the "failed" side of this imagined dichotomy. From this project, I focus specifically on Caskanette's and Beeds' stories in part because they are thematically illustrative of many stories offered through this project and in part because of these storytellers' explicit identifications as grandmothers offer an entry to critically explore assumptions about (hetero-reproductive) generativity as a part of a happy aging futures discourse. Their words, contextualized within the writings of Indigenous scholars from outside of gerontology, allow me to critically explore how aging might be conceptualized outside of colonial-normative narratives and worldviews.

Ultimately, I argue that the project of queering/cripping aging futures, as critical as it is, needs to be unsettled through ongoing engagement

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[8] I use the plural "activisms" to refer to diverse social change practices, including protest/rally as well as arts-based interventions, land-based practices, performance, cultural resurgence, creativity, survivance, refusal, ceremony, advocacy, and so on. This focus on aging and activism is not intended to depict another version of active or healthy aging; nor does it align neatly with research on voluntarism in older adults and its association with health, civic engagement, and/or generativity (Morrow-Howell, Hong, & Tang 2009; Warburton 2014). This focus on storying activisms pushes back against narratives of both "aging as decline" and "aging well." Understanding how people work for change in creative ways across the lifecourse offers a number of alternative stories about aging *resistantly* and *resiliently* in the face of ongoing oppressions (see Chazan 2018).

[9] By intergenerational storytelling, I am referring to coproducing knowledge through conversations among people of many different ages, who hold contrasting sociohistorical perspectives and varied narrative timelines. This approach to intergenerationality seeks to expand and challenge conventional ideas of intergenerational knowledge transmission as a passing down of preformed knowledge from elder to younger, instead exploring knowledge as coproduced in a multidirectional exchange across age. While "intergenerationality" is sometimes assumed to be inherently "good" (i.e. healing, transformative) or necessarily divisive (as in "generation gap"), this project interrogates whether and how participants' ages are significant points of connection and/or struggle.

with critical decolonial and Indigenous perspectives; by "unsettling," I am referring to an analysis aimed at revealing and destabilizing implicit or taken-for-granted colonial assumptions, privileges, and knowledge systems. While I can only offer a partial unsettling in this article, the storytellers who have participated in my project critically challenge the gerontological concepts at the core of successful aging narratives: generativity and futurity. Collectively, the projects of queering/cripping *and* unsettling aim to open possibilities for livable and complex later-life experiences for many of those currently Othered, abjected, or invisibilized by neoliberal images of carefree, wealthy, fit, white, hetero couples at play with their grandchildren. What follows in this article is: first, I outline my project and its methodology; then, I outline the existing literature to further explain the project of queering/cripping aging futures and I draw in Indigenous scholarship from outside of gerontology as critical intervention into core concepts and assumptions; and finally, I return to the words and stories shared by Caskanette and Beeds, bringing these into conversations with key ideas and interventions outlined from the literature.

Stories of Resistance, Resurgence, and Resilience: Methodology

As noted, this article draws on stories recorded as part of an ongoing intergenerational activist storytelling project, which centers stories from groups that have historically been, and remain, least valued in academic scholarship and in social gerontology – women and gender diverse people, people who are racialized, Indigenous peoples, people living with disabilities, and people on the LGBTQ2IA+ spectrum (Chazan 2018). Critical storytelling methodologies posit storying as important decolonial, feminist, and queer forms of knowledge production (e.g. Sium & Ritskes 2013; Zepeda 2014). This approach – facilitating group-based storytelling workshops as a form of research – recognizes that contexts and relationships inform how stories are constructed, shared, circulated, and remembered. Through its attention to particularity, complexity, and relationality, storytelling-as-methodology has the potential to challenge dominant narratives – "successful aging" as one example – and reveal multiple

counter-narratives. This project combines storytelling workshops with participatory media-creation methodologies to offer participants' direct input into how their stories are shared and circulated (e.g. Loe 2013).

This research was initiated in early 2016, when I was approached by a local activist organization to lead a project documenting a "people's history of activism in Peterborough." I designed the study to capture and analyze key actors' biographical stories of engaging in multiple activisms in this place, taking an explicitly intergenerational approach, to explore dynamics of age and aging within activists' stories and in our storytelling processes. At the time of writing, I have completed three rounds of these local workshops, in 2016, 2017, and 2018 respectively, each paired with a different community organization, recording a total of 40 stories.

In the 2017 research-generation workshop, during which the stories discussed here were recorded, a group of 18 upper-year undergraduate students in a course on activisms at Trent University gathered with 12 community activists (who became the storytellers), plus nine research assistants/facilitators, to share and record their stories of working for change and their experiences of activist aging in Nogojiwanong. Through existing relationships with me or a member of my research team, activist storytellers of different ages (20s through 80s), abilities, and backgrounds were invited to participate in interviews, circle conversations, and small group discussions. Students, acting as interviewers, asked storytellers: what drew you into social change work in Nogojiwanong, how has your work changed as you have aged, what has sustained you in this work, and what forms does your social change work take now? Students then worked together with storytellers to create short digital stories or media capsules (see www.agingactivisms.org/2017-stories-of-resistance), and the full interviews were archived in the Trent University Library and Archives (see http://digitalcollections.trentu.ca/collections/stories-resistance-resurgence-and-resilience-nogojiwanong-peterborough). In addition to these publicly available materials, the workshop also produced audio recordings of group discussions, participants' written reflections, photographs taken by participants and research assistants, and participant observation notes taken by trained research assistants.

Following these workshops, I have engaged in a process of close reading of all workshop materials and a combination of narrative and thematic analyses. I offer the analysis in this article as the lead researcher on

this project and as someone who, at the time of the research, had been living, working, and parenting in Nogojiwanong, on Michi Saagiig Anishinaabeg territory, for 4 years. As a settler[10] newly making home in this community, this research and the relationships fostered through it have contributed immensely not only to extending my thinking around aging, activism, intergenerationality, resistance, and place, but also to shaping my fledgling knowledge of this land, its histories, waters, and peoples. As a (currently) able-bodied, cisgender, white, settler professor, my analysis is necessarily limited: I offer this as a partial and situated analysis, recognizing that there is much that I do not understand and cannot know (Mackey 2016), in a spirit of sharing what was generously shared with me through relationships because I believe this might help challenge certain colonial worldviews and assumptions, which permeate many academic disciplines and systematically privilege some (myself included) and marginalize others. Both Caskanette and Beeds were invited into this project through existing relationships and my relationships with both are ongoing; throughout my analysis, I wish to acknowledge my continued learning through our exchanges and interactions.

While we never directly asked storytellers to reflect on concepts of aging futures, futurities, or generativity, these themes reverberate through how many storied their work for change. What was especially striking in revisiting the entire collection of stories, and in particular in my close reading of the 10 stories offered by Indigenous storytellers of different backgrounds, was the ways in which many discussed collective futurities and their responsibilities to nurture links to future (and past) generations. In doing so, they offered important challenges to the ongoing colonial-normativity within concepts of futurity and generativity as they are typically understood within gerontology. While meaningfully sharing more than a couple of stories from this project is beyond what is possible in an article of this length, and with a caution to readers wishing to generalize what I offer here toward some pan-Indigenous understanding of aging futures, I am choosing to pivot this article around Caskanette's and Beeds' stories because these illustrate many such interventions offered throughout the project. Nevertheless, I contextualize these stories

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[10] My own roots lie in now-displaced Jewish communities in Eastern Europe, and I grew up in Kanien'keha:ka territory, in what is now Montreal (Canada).

within the scholarship of diverse Indigenous scholars in the section that follows.

Queering, cripping, and unsettling: Conceptual interventions

Before turning to Caskanette's and Beeds' stories, I would like to further contextualize this analysis within discussions of generativity and futurity at the intersections of queer, crip, feminist, and gerontological studies, and among Indigenous scholars and writers outside of these fields. As explained in my introduction, Sandberg and Marshall interrogate restrictive discourses of generativity, which assume hetero-reproductive success and "sound" body–minds (see also Grande 2018; Kafer 2013). Signs of a good future, accordingly, include being "physically-fit, youthful-looking, financially secure, happy heterosexuals," who maintain leisurely intimacies with children and grandchildren (Sandberg & Marshall 2017: 4).

In recent years, critical queer and disability scholars have similarly interrogated the implications of conceptualizing futurity and generativity in such limiting and discriminatory ways, also offering important insights for social gerontology. Two themes within this work are especially pertinent to this analysis. First, several scholars reveal and redress absences in recognizable futures for certain subjects, or the positioning of Others' (nonnormative) futures as failed, miserable, or non-futures (e.g. Edelman 2004; Jones 2011; Rice et al. 2017). Such analyses interrogate the ways in which overlapping systems of power create silences, omissions, and invisibilities that position queerness and disability as antithetical to futurity – that is, LGBTQ2IA+ people and people living with disabilities are viewed as having no futures, or certainly not positive ones (Kafer 2013; Shepherd 2016). These scholars clearly critique such "non-future" narratives, calling upon researchers to continue making multiple, positive, nonnormative futurities legible. Second, and related, several scholars have theorized alternative or nonnormative temporalities and ways of conceptualizing generativity, as a project of widening (rather than limiting) possibilities for positive futures. Halberstam, for instance, critiques the idea that lives lived outside of the reproductive temporalities of heteronormativity, or "outside of the conventional forward-moving

narratives of birth, marriage, reproduction and death," are denied generativity and thus future happiness. Instead, Halberstam offers "queer time" as a concept of a life trajectory "unscripted by the convention of family, inheritance, and child-rearing" (2005: 16). Fabbre suggests that people who undergo a gender transition in later life expand "notions of queer temporality by drawing attention to growing older in ways that do not follow heteronormative scripts" (2014: 171). And, Rice et al. offer the possibilities of "feminist crip time," which involves replacing linear and static ideas about a "future perfect" with multiple, dynamic temporalities, making space for futures that "include bodies/minds left out of normative renderings of personhood and futurity" (2017: 27). Collectively, this work unpacks the normalizing workings of oppressive systems while valuing complex lives lived on the margins – with joy, pain, and diverse meanings.

Building on these important efforts at queering and cripping aging futures, an emerging finding in my own research is that even these most critical interventions tend to leave intact the ways in which colonial-normativity operates and intertwines with capitalism, ableism, and heteropatriarchy. In moving toward a project that might unsettle this colonial-normativity, I would like to briefly explore four sets of insights offered by Indigenous and decolonial scholars working outside of gerontology. These insights also help contextualize the knowledges offered through Caskanette's and Beeds' stories, which follow.

First, a multitude of writings on Indigenous futurities clearly speak to and resist the "no future" narratives that surround Indigenous communities, resonating with similar themes in queer and crip studies (e.g. Aikau 2015; Arvin et al. 2013; Belcourt & Roberts 2016; Boissoneau 2016; Nixon 2016; sy 2016). These writings, importantly, start from an analysis of how settler colonialism is an ongoing system designed to eliminate Indigenous peoples: through assimilation, neglect, extermination, removal from land (and connected livelihood, food sovereignty, culture, spirituality), and outlawing of cultural practices. These writers also recognize colonial policies and practices, such as residential schooling and child apprehension, as intentional disruptions to Indigenous generativity and continuance, and they point to colonial legacies of violence against Indigenous women and girls, continuously upheld through racist judicial and law

enforcement processes and institutions, as material threats to Indigenous survivance (Boissoneau 2016; Women's Earth Alliance & Native Youth Sexual Health Network n.d.). In this context, futurities, generativity, persistence, survivance, love, and even reproduction become forms of resistance to ongoing attempted elimination – what Anishinaabe scholar waseyaa'sin christine sy[11] calls "persisting life" (sy 2018). Furthermore, generativity through reproduction (hetero or not) – acts of birthing, nurturing, and all other forms of Indigenous "making" – is often depicted in these writings not as upholding of heteropatriarchy, but as reclamation toward imagined futures beyond colonial violence. Anishinaabe writer Boissoneau writes: "when we dream our futures alive we actively reclaim our places in the world by directing energy towards sustaining life" (2016: no page).

Second, several important contributions reveal the ways in which marriage, monogamy, and heteronuclear family structures are colonial constructs, which have aimed to destroy Indigenous kinship networks, particularly in the North American context (Nixon 2016; Peek 2014; Simpson 2017; Tallbear 2016). Given presumptions of successful aging as connected to hetero-kinship, these analyses are critical to understanding the workings of colonial-normativity within this discourse. These scholars, in varied ways, not only point to heterokinship and the nuclear family as colonial projects, but also challenge hetero-reproductive/nuclear family ideas about generativity by suggesting that, outside of the influence of colonialism on family life, generative opportunities and responsibilities would extend to a wider collective, or an extended kinship network not based solely on reproduction – they thus also effectively queer the concept (Nixon 2016; Simpson 2017). Described another way, care for future generations would, outside of colonial-normative practices, include not only reproductive relationships (parents/grandparents), but also, and importantly, community and extended kinship groups. And, many further explain that the reclamation and practice of a decolonial form of love, relationship, and kinship in the present is a means of resurgence and making futurities beyond colonial relations (Nixon 2016; Simpson 2017). In her excellent 2016 lecture, "Making Love and Relations Beyond Settler

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[11] This author chooses not to capitalize her name.

Sexualities," Dakota scholar Kim Tallbear delves into this colonial re-shaping of family structure and its embedded assumptions about intergenerational relations and responsibilities:

> It was not always so that the monogamous couple ideal reigned. […] The Christian model of lifelong monogamous marriage was not a dominant worldview until the 19th century. […] It took work to make monogamous marriage seem like a foregone conclusion and that people had to choose to make marriage the foundation of the new nation. […] At the same time that monogamous marriage was solidified as ideal and central to both US and Canadian nation-building, Indigenous Peoples in these two countries were being viciously restrained, both conceptually and physically, inside colonial borders and institutions that included residential schools, churches and missions, and urban relocation programs. These were all designed to save the man and kill the Indian by cutting the Indian off from the collective, their Peoples and tribes. Part of saving Indians from their savagery meant pursuing the righteous monogamous couple-centric nuclear family co-produced with private property. […] One hundred and fifty years after my Dakota ancestors were brought under colonial control, the unsustainable nuclear family is the most commonly idealized alternative to the tribal and extended family context in which I was raised. Prior to colonization the fundamental social unit of my people was the extended kin-group including plural marriage. […] Throughout my growing up I was subjected by both whites and Natives ourselves to narratives of shortcoming and failure. […] Now I see that it was not my family's so-called failures, but rather I was suffocating under the weight of the aspirational ideal of a normative middle-class nuclear family including normative coupledom period. […] But despite colonial violence against our kin systems, we are, I think, in everyday practice, still adept at extended family. […] Our tribal webs of kinship share with ethical non-monogamy […] when it goes beyond individualistic discourses of freedom and sexual self-actualization to making family and community, we share with that the possibility for greater emotional, environmental, and economic sustainability in these extended kin networks.

Tallbear's words illuminate the workings of colonialism in forcing Indigenous communities into nuclear family structures that posit generativity as a heteronormative pursuit, or as about nurturing biological kin.

Third, several writers center mutuality, responsibility, and reciprocity as Indigenous protocols that inform intergenerational relationships and generativity (Grande 2018; Tallbear 2016). In doing so, these scholars call into question dominant (colonial-capitalist) ideas that dependency in old age is a sign of failure and/or limited futurity, which is indeed a point of intersection with critical gerontology. Quechua scholar Grande, for example, seeks an "Indigenous counter-narrative of aging, one that illuminates

the ways in which settler logics undermine, if not erase, relations of mutuality (e.g. relationality, reciprocity, kinship) that operate beyond the productivist logics of capital" (2018: 169). She critiques successful aging as a corporatist agenda that reifies individualism and marks success in later life as an ability to care for oneself without dependence on others. She also writes that "relations of responsibility, collectivity, mutuality, and reciprocity are foundational to Indigenous protocols and practices, giving rise to a number of important distinctions regarding life, death, and being-ness" (Grande 2018). Among these distinctions is a valuing of non-commodified care across generations and across living and spirit realms. In other words, this work calls out assumptions that success for older adults is being healthy and fit enough to independently care for themselves and to nurture future generations; these are based on colonial and capitalist ideas that commodify care and value productivity over mutuality. Instead, Grande and others value intergenerational relationships based on reciprocity, where life is nurtured across ages in all directions. As such, generativity does not depend on able-ness as it is extended to generations future and generations past.

Fourth, some Indigenous scholars are offering critiques of gerontological concepts such as the lifecourse, and in particular challenging mainstream conceptions of the lifecourse as having a linear temporality with birth and death as its end points (Anderson 2011; Grande 2018; Lawrence 2003; Tallbear 2016); such a challenge has repercussions for conceptions of aging, aging futures, and generativities.[12] Grande, for instance, explains this critique as follows:

> [A]cross the relatively few studies of aging within Indigenous communities a pattern of belief emerges around aging as an integral moment in the *cycle*s of life(s), not temporally ordered along a linear lifespan. For instance, as found by Lewis's (2010) studies among Alaska Natives, the definition of elder is not based on chronological age, but rather is a designation or honor bestowed by the community; a status earned through "unspoken rules" regarding wisdom, experience, and contribution to community. (2018: 174)

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[12] Elsewhere, Indigenous scholars, social gerontologists, and others are critiquing the idea of lives lived along linear temporalities, and indeed queering/unsettling time through discussions of futures that are not linearly contained in future time. See, for example, Peek 2014; Pierce 2016; Riach, Rumens, & Tyler 2014; Rice et al. 2017; sy 2016.

She elaborates that "the state of being elderly is viewed as a product of the *social imaginary*, not necessarily ontologically located in the body or mind" (Grande 2018). To elucidate her point, Grande then draws on Hulko et al.'s (2010) work among Secwepemc First Nations peoples wherein infants and the elderly are described as located close to each other on the medicine wheel; in this view, both infants and the elderly are considered to be close to the spirit world, which creates some physical and mental vulnerabilities (see also Anderson 2011). She asks whether such notions of elderly people as moving back towards Creator and the spiritual realm might provide a conceptual opening for, among other things, rethinking biomedical models of what it means to be of "sound mind." Such beliefs about aging could perhaps assist in the project of cripping aging futures while also extending generativity into a multidirectional nurturing of life that does not necessarily end with death.

Finally, interweaving many of these insights are important challenges to colonial (Western/Christian) ideas about animacy, which implicate ways of conceptualizing futures, responsibilities, and relations. Some scholars describe this as a colonial separation between material (living) and spiritual (ancestral) realms (Tallbear 2016), which results in colonial-normative assumptions that intergenerational relationships are fostered only among the living (i.e. typically child through to (great) grandparent). By contrast, many Indigenous perspectives on intergenerational linkages, as noted already, include spiritual connections to ancestors past and to generations yet unborn (Boissoneau 2016; Cole 2018; sy 2018). Connected to this, several Indigenous writers point to colonial assumptions of separation rather than relationality between human and nonhuman entities, which inform dominant conceptions of generativity as including only linkages to future humans, as opposed to considering generativity as also about nurturing future (and past) land, water, plants, and animals (TallBear 2016; Wall Kimmerer 2014). Unsettling these colonial assumptions has important repercussions for thinking about roles and responsibilities over much extended timeframes, outside of hetero-reproductive relationships, and beyond human relations. TallBear again offers many insights into these complexities in her 2016 lecture:

> In that [Western/Christian] worldview, materiality is severed from spirit, for lack of a better word. […] In such a worldview, spirits do not legitimately bridge worlds in

mundane ceremonies or in dreams. […] But [in Dakota worldview] spirits are persons, [they are] our social relations, be they wise or imperfect. Some were human, some may be again. […] We don't pretend to know much, but we do know that death of the body opens up another stage of being, not only materially but in ways we cannot yet measure. […] For us, materiality is part of beingness, not the other way around. Likewise, persons that are not and will never be human, those called non-human, animal, less sentient, do things in this world, and are also our relations. Just as we do not relinquish the beingness of our human relatives with the passing of their biophysical bodies, we do not relinquish our relationships with our non-human relations in these lands.

So, what becomes evident is that the project of queering and cripping aging futures critically intervenes in many normative and restrictive assumptions about "happy aging" while still leaving the colonial underpinnings within many gerontological writings unchallenged – among these the colonial/Western/Christian tendency to sever "materiality from spirit," as Tallbear explains. In seeking to extend this work, I turn now to conversations with Caskanette and Beeds, bringing their words and stories into dialogue with some of the ideas and conceptual shifts outlined here.

Elder Audrey Kewaquom-Caskanette and Tasha Beeds: Stories of survivance, generativity, and futurity

Both Elder Audrey Kewaquom-Caskanette and Tasha Beeds invoked themes of futurity and generativity as central to their stories. Most immediately, both spoke of being grandmothers, and thus illuminated their own biological and reproductive links to future generations. Beyond heteronormative assumptions, however, a closer listen to their stories reveals a more complex and nuanced set of understandings about intergenerational connection, aging, futurity, activisms, and their own roles and responsibilities. Critically, both storytellers challenged outright "no future" narratives (resonating with Belcourt & Roberts 2016; Boissoneau 2016; Nixon 2016; sy 2016). In different ways, both noted the impacts of systemic colonial violence and attempts to disrupt generativity – for example, through residential schools, foster systems, and child apprehensions. Both strongly embodied continuance and survivance in the ways they discussed bearing new life, surviving into grandmotherhood, nurturing relationships with future generations within and outside of their families, connecting to community and culture, and working for Indigenous futurities. Theirs are

stories not only of positive, meaningful aging futures, but also of creativity and resilience in persisting life (sy 2018).

Turning to Caskanette's story of her work for social change, it quickly becomes evident that she has worked in and with Indigenous-led social service organizations and around issues of youth mental health and poverty for many decades. She has also been involved in various other forms of activism, from formal protests to cultural resurgence work. She introduced herself like this:

> My English name is Audrey. I come from Saugeen which is up on the Bruce Peninsula. […] I have four children, two natural and two adopted. […] I have grandchildren – and this is the reason I do these things – for the grandchildren, but all the grandchildren. So the students that are going to pick this up, yes that's why I am doing this. And that gives me encouragement and hope for the future and that's essentially the work that I'm about. […] My work has come out of that beginning time and I honour my mother and father for the life that they gave and the life that we had, and why I'm here today and have survived as an Anishinaabek person.

This makes evident that, from the very start of her interview, she oriented her story toward the future, toward nurturing future generations within and outside of her own family (i.e. the reason she does the social change work she does is for "all the grandchildren"). She also recognized past generations and the roles they have played in ensuring her survival. Her generativity – her survival into old age and her connections across generations – stands in clear resistance to the workings of settler colonialism. She was clearly well aware of this.

Caskanette's story involves resisting ongoing colonial power and injustices at the hands of the state; she spoke of working to maintain the integrity of families, communities, intergenerational relationships, spirituality, and culture, in the face of colonial disruption. For instance, she told a story about supporting a new Anishinaabe mother who was left crying in the hospital just after delivering her baby. Her baby had been apprehended against her will and was being given over to a white family for adoption. The story involved Caskanette going to the courthouse, rallying others to accompany her in this, and refusing to leave until the baby was given back to the community. In defiance, she recounted: "So there I am sitting in the courthouse and the cops come and sit in front of me and said, 'now you can't stay here, this is going to be closed in five minutes.'

And I said, 'well okay, you can close up, but I'm not going anywhere, I'm not going anywhere until that baby's brought back to our community.'"

Through her storytelling, Caskanette challenged narratives of aging that link successful aging futures with capitalist and colonial aspirations. Indeed, while her story is continuously oriented around futurity, it never revealed aspirations for her own individual aging future. Never in her narrative, for example, did she allude to later life retirement, financial security, being independent, or physical fitness – even when discussing what sustains her social change work as she is aging. She recognized that certain relationships and ways of working for change were shifting as she was growing older, acknowledging bodily changes, but she did not speak about this in a negative or limiting way, and her motivation remained grounded in supporting the well-being of future generations. Her ideas about aging futures and intergenerational connection also contested notions that older adults should be independently functioning, and instead spoke of responsibility, reciprocity, and mutuality across ages (resonating with Grande 2018). She talked about her role as a "cultural grandmother," based on her age, which is a responsibility and an opportunity to continue to support and mentor youth, but also that there is a reciprocal responsibility and opportunity for future generations to support and teach her: "The cultural grandmother role helps me to work with young people. 'Cause that's the role of the grandmother. I'm connected to that young person over there because I have something to give you, and also because you have something to give me."

Finally, her ideas about generativity have a spiritual dimension, shifting beyond a Western/Christian-centric temporal framework of one lifetime and beyond relationships as limited to the living or material realm (TallBear 2016). Caskanette instead emphasized the obligations and opportunities that come from connecting to her spirit, which she understands as the basis of her generativity: it is what connects her to her future as well as her past. Connecting to spirit and assisting others to do so is also at the core of her activist work in her later life, as is evident in this passage:

> The roots are so important because back there, standing behind me, are all the people from the beginning of time. […] They're still there, the essence of them are still here, encouraging us to be as full and alive as we can. […] My activism now, if you want to

call it that, is to preserve the spiritual connection that everybody needs, not just Anishinaabek people. […] I am about helping people to understand, if they come and ask, how is it that I connect to my spirit. My spirit is the thing that is going to live on after I go.

These ideas about generativity as linking to future life within but also beyond familial relationships, extending the temporal nature of generativity outside of one lifetime, and opening up generative possibilities beyond the material and into the spiritual realm reverberate through the literature discussed earlier. These themes also resonate strongly with Beeds' story.

Like Caskanette, Beeds reflected on what drew her into activism in a way that was clearly future-oriented; about working for the well-being of future generations, and about a sense of generativity that is much broader than that of mainstream gerontology (Sandberg & Marshall 2017). She too spoke eloquently about Indigenous persistence and futurity in the face of violence against Indigenous women – this was a clear impetus for her activism. Beeds' own survival, persistence, nurturing of new life, connections across generations, and work for Indigenous futurities were all also part of her story. It is worth reiterating that hers too is a powerful counter-narrative to "no future" discourses, as is clear in the following reflection on what drew her into activism:

> My work in academia would be my first area of activism, and that was looking at the cases of missing and murdered Indigenous women. A good friend of mine […] went missing in 2004 and that was a catalyst for me to begin to realize – I mean I always knew, that there was this violence directed at us. I was cautioned as a young girl growing up in Saskatchewan that there would be people who would target me because of my brownness. But the catalyst for me was when this beautiful young woman who was intending to be a teacher, who was a mother, a wife, a daughter, friend, a sister… when she went missing, that moved me. I wanted to know why. […] I wanted to understand how it is that Indigenous women were going missing at such an alarming rate. […] I want to understand and create a safer space for future Indigenous girls, for Indigenous girls that exist now, for Indigenous women, for my people.

Her story continued with this theme of futurity, but, like Caskanette, she never delved into a discussion of her own aging future – at least not in her embodied form. She also did not depict a narrative of hetero-happiness per se, or about individual financial security, retirement, or

able-bodied/able-minded independence (Grande 2018). But she did center her story around generativity – connecting to and working for future life. This generativity includes connection to her own offspring but, and perhaps more strikingly, it extends to deeply held links to her future relations, within and outside of family lines, and to entities both human and nonhuman (Tallbear 2016). This is most clearly expressed in her discussion of her work for the water and her ceremonial practice as social change work:

> That work [on colonial violence] led me into ceremony because I needed something […because] it was very heavy, heavy work. […] I began to look at one particular obligation and responsibility and that's work for the water. […] I began to understand how water is a living entity and how she can help us as much as we need to help her. […] And it was through the local Anishinaabekewag [Anishinaabe women], […] they introduced me to the practice of water walking, and from them I met Josephine Mandamin, who is the grandmother who walked around all of the Great Lakes, and then some. […]

> So I began to walk for the water and I began to enter into relationship with *nibi*, as she's known in this territory. […] I understand that Elders tell us that we don't actually have much time, that there are things that are going to happen in the future that we can't even anticipate, and it is because of our neglect. […] There are consequences that are going to play out for generations to come. […] There is always a message of hope: if we can begin to shift out ways of being in the world, if we can remember our relatives and how we are connected to every single living entity on Earth, […] there's a window there, but it's a closing window. […]

> Once we begin to realize those relationships, and we understand how reciprocal they are, then maybe we can start to shift. Maybe we'll start to see the water as living. Maybe we'll start to see the Earth as a living, breathing entity. […] I think it's really important for the next generations to understand that the Earth is not a resource. The waters are not a resource. They're part of a living, breathing connection that we're all part of […] to begin to think about how you relate to the earth, how you relate to the water, in ways that do not take away life, but sustain life, and give life.

Her words capture a conception of generativity as encompassing caring for the land and the water as living entities that will sustain future generations, ensuring that future generations have the necessary means for life. In other words, she described her responsibility and obligation to nurture the water, to ensure the water's life into the future. She views water as living and as a life-giving force for both human and nonhuman entities.

In a more conventional gerontological sense, Beeds also spoke of generativity in relation to her own granddaughter. She highlighted the importance of her granddaughter and the experience of entering grand-motherhood as motivating her ongoing work for change. Like Caskanette, then, her story also offers a narrative of "reproductive success" (Sandberg & Marshall 2017). But also, like Caskanette, Beeds' story and way of speaking about her passage into grandmotherhood disrupts this hetero/ colonial version of generativity (Tallbear 2016). For Beeds, the birth of her granddaughter was a call to action to work harder for the water, in cere-mony and in all of her social change efforts, because it came as a reminder that she would become an ancestor: her discussion of her generative responsibilities invoked by becoming a grandmother was most clear in her reflection of how her activism has changed as she has aged:

> I think one of the driving forces for me [in my activism] was becoming a grandmother, becoming a *kokum*. […] I realized I wanted the world to be a better place for my grand-daughter. I didn't want her to experience the pain, the trauma, and the violence that so many of my people have already. I wanted to know that there was going to be clean water for her, that the world was going to be a safe place for her. It was like all of these responsibilities and obligations fell into my heart. I knew that I had so much work to do. […] It was a huge shift for me knowing that this little girl is going to be here long after I am gone. […] Josephine Mandamin always says, seven generations ago your ancestors were looking at you right now, and they were saying, "How can I make this good for them? What […] are they going to need?" And when I held that little girl in my arms, I looked into the future and I saw that I was going to be someone's ancestor. And I asked myself, what kind of ancestor do you want to be? [… I want to be] the kind of ancestor that they look back on and say, "She did everything she could. She spoke, she fought, she wrote, she walked for the water. She tried. In the face of all this violence, she kept moving." That's what I want them to say.

Her passage into grandmotherhood, in other words, made her aware of generativity encompassed within the spirit world, which bridges multiple generations of ancestors. This is clearly evident in her discussion of her relational links seven generations into the future and seven generations into the past, and the responsibilities that come from these connections.

Finally, toward the end of her interview, Beeds clarified that, in her understanding, generativity cannot be limited to reproduction or familial/kinship relationships, but is more about collectively sustaining future generations. Upon wrapping up her story, a conversation

continued around the idea of becoming an ancestor as motivating working for change. Beeds then turned to another storyteller in the room – an Indigenous woman, knowledge holder, and activist of a similar age who has worked relentlessly to change sex discrimination in Canada's Indian Act, and who happened to never have had children or grandchildren. Beeds continued:

> That's the question – what kind of ancestor do you want to be? The realization that I am someone's ancestor is what drives me to work hard for those still to come. And we don't have to give birth to be an ancestor. We are all going to be ancestors. You never had children, but you are going to be an amazing ancestor – with all the work she is doing for the future generations of Indigenous girls and women, she is a powerful and positive ancestor-to-be.

This acknowledgement of this person's role in generativity, expressed through working for change for future generations outside of familial relationships, speaks to ideas about generative responsibilities as falling upon community or extended kinship groups, not as solely based in biological reproduction (Tallbear 2016).

Both stories and storytellers reveal positive and meaningful aging experiences, outside and beyond dominant notions of "happy aging futures" and "hetero-happiness," and outside the narrow success–failure dichotomy of successful aging discourse (Sandberg & Marshall 2017). In telling their stories of working for change over their lives, both orient themselves toward the future: working for and linking to future generations is central to what they are doing as they age. But, both storytellers' perspectives on futurity and generativity also challenge the ways in which these ideas are typically understood within gerontology, even within the critical project of queering/cripping aging futures.

Conclusion

This analysis has built from my own interest in, and commitment to, critically expanding dominant understandings of both aging and activisms beyond Eurocentric, white-centric, and colonial conceptions (Chazan 2018). It also reflects my ongoing personal deliberations – as an academic, activist, and parent – around my responsibilities, relationships, and

subjectivities as a white settler who is deeply invested in, and always uncertain about, what Carter et al. (2017) call "reworlding" – making antioppressive futures that do not reproduce or rely on colonial/capitalist power structures. I am committed to continuously exploring the complexities of my positions and the power dynamics involved because I believe that, practiced in critical and humble ways, storytelling, research, and relationship-building can all be part of making decolonial, anticapitalist, queer, crip, and feminist futures.

I have, in this article, attempted to share some of what storytellers in my research shared with me, in this spirit of reworlding. Specifically, I have drawn on the stories of two vibrant and indomitable social changers, both identifying as Indigenous grandmothers and activists, to suggest an analysis of how their knowledges might unsettle certain core gerontological concepts and ideas: aging futures, generativity, futurity, and the life-course, among others. As Grande so eloquently explains, and I concur, "Indigenous perspectives on aging are crucial. Not in a liberal sense of adding culturally relevant models for the sake of pluralism, but as a rupturing – a 'decolonial option' to the dehumanizing logics of capitalism and the settler state" (2018: 173). I tread with deliberate uncertainty in this work; while I am working from a place of relationship-building and toward a practice of radical listening, I am still constrained by my necessarily fraught settler relationship to the very idea of unsettling aging futures. I have, therefore, also sought to contextualize these two stories, and indeed my analysis, within the scholarship of Indigenous thinkers more broadly, particularly those whose work has yet to come into sustained dialogue with gerontology. Even though I do so, it is important for readers to bear in mind that the two stories I have shared are two among multiple and diverse perspectives that could be offered by activists from widely varied Indigenous territories and cultures across Turtle Island (North America).

What emerges, nevertheless, are two revealing stories of survivance, of "persisting life," in the words of waaseyaa'sin christine sy (2018). Caskanette's and Beeds' stories both clearly challenge "no future" narratives; they resist the ongoing attempts of settler colonialism to eliminate and assimilate. They also contest successful aging discourse in very important ways. Theirs are stories of generativity and futurity, and even

of positive aging – but none of these in conventional colonial/capitalist/ableist/heteronormative terms. These are not, for instance, about happy individualism as they age; they are not about accumulating wealth, being independent, retiring, or nurturing their own grandchildren for the purposes of building legacy; and they are not about volunteering as a leisure activity what will keep them active or healthy. Rather, these are powerful stories of continuance – of continuing the struggle and the joy of reworlding, of continuing to honor their relations and responsibilities. Both storytellers describe their work as future-oriented, but in a collective sense: sustaining lives, sustaining land and water, sustaining spirits, across generations. They acknowledge aging bodies as having different needs and elderly people as having changing responsibilities; they speak of relationships across generations in terms of these needs and responsibilities, based on reciprocity.

Conceptually, what is so striking is their radical intervention into colonial/capitalist/heteropatriarchal notions of generativity. Both Caskanette's and Beeds' stories are about connections far into the future and the past. This begs a shift in thinking about the central idea of animacy, toward an understanding of generativity as having a basis in the spirit world. From this perspective, generativity might be considered the work of nurturing ancestors seven generations past and working for futures seven generations ahead; it might also be the work of nurturing the nonhuman world into the future, or a generativity connected to land, water, and all of creation. These ideas clearly crip and queer aging futures in very significant ways – moving generativity well outside of heterokinship relationships and beyond a requirement of medically "sound" minds and bodies.

Sandberg and Marshall "call on cultural gerontology to further problematize the dividing practices that make some futures more valued than others, and instead find ways to recognize diversity as more than a catch phrase. This calls for a radical reshaping of cultural imaginaries of aging futures" (2017: 9–10). I hope, in some preliminary ways, the stories and knowledges in this article will open difficult, indeed unsettling, conversations about what these cultural imaginaries might be and, critically, to whom scholars in gerontology might look as we stumble along in our project of imagining futurities beyond oppressive colonial, capitalist, and heteropatriarchal values.

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Ageing, old age and media: Critical appraisal of knowledge practices in academic research

By Sara Mosberg Iversen[1] & Monika Wilińska[2]

Abstract

This interpretative literature review discusses research published between 2000 and 2015 that focuses on the media representation of older adults. The key objective is to offer a critical discussion on the knowledge and assumptions underlying such studies. Specifically, the review examines how old age and media, respectively, are conceptualised in the research and the consequence this has for further research in the fields of ageing and media studies. The main finding from this review is that a large part of the research appears to say nothing about what old age and media are, as it either entirely fails to discuss what is meant by these terms or relies on common sense notions. The review concludes that research on older age and media suffers from a lack of dialogue over disciplinary borders and that this issue needs to be remedied. Likewise, for research to move on, it is imperative to take a more reflexive stance on the topics in order to avoid simplistic notions of both ageing and media.

Keywords: ageing, gerontology, knowledge practices, literature review, media, media studies, old age.

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Introduction

It is widely recognised that the relationship between ageing, old age and media is a strained one. Media texts and institutions are often seen as some of the main forces responsible for reproducing stereotypical images of ageing and old age, thereby contributing to a solidification of socially and culturally constructs about later life. Gullette, discussing the concept of age in contemporary societies, summarises her arguments as follows: "We are aged by culture" (2004: 12), and media may play an important role in that process. Moreover, the overall media landscape has traditionally been regarded as a space that does not make adequate room for ageing and old age (Syvertsen 2010). The focus on older adults within media-oriented research is increasing, however, and various forms of media are increasingly addressed within fields that are concerned with later life. This research emerges from the intersection of Gerontology and Media and Communication Studies, two disciplines that have not traditionally entered into dialogue with each other. Yet, in order to develop and heighten the quality of research endeavours that address the complex relationship between aging, old age and media, dialogue over disciplinary borders is necessary. The strengthening of such exchanges is particularly important with regard to the underlying assumptions that inform research. This article aims to provide a starting point for such dialogue by examining the assumptions about media and old age that inform the current research into media representations of ageing and old age. Specifically, the article focuses on knowledge creation about ageing, old age and media as produced within published academic work that examines media representations of older adults.

We position this article alongside earlier literature reviews concerned with different aspects of media representations of older adults. These include studies of American television and older adult viewers from the 1970s onwards (Douglas & Buck 2009), advertising depicting older adults (Zhang et al. 2006), the portrayal of older employees in mass media (van Selm & van der Heijden 2014) and a systematic review that focuses on the key findings from studies examining images of ageing in mass media in Western and Asian countries (Bai 2014). Our study aims to offer a critical reading of the knowledge produced about ageing, old age and media rather than reviewing the ways in which older adults are

represented in media. To this end, we are guided by the following re-search questions: *How are ageing, old age and media understood in the exam-ined research, and which issues regarding media representation of older adults are problematized in the analysed articles?*

Firstly, the understanding of knowledge underlying the article is dis-cussed, followed by methodological reflections. Then, the reviewed arti-cles are analysed and discussed in terms of three constructions: (1) the construction of old age and ageing, (2) the construction of media and (3) the construction of problematic representations.

The Question of Knowledge Construction

In their seminal work on the social construction of reality, Berger and Luckmann (1989) postulated a shift in the sociology of knowledge, which once took knowledge about everyday life for granted. Instead, they ar-gued, knowledge about social reality does not exist as such; it is con-structed here and now. Since then, social constructionism has become one of the key paradigms embraced by social scientists in their quest to un-derstand the world. Social constructionism is founded on the following guidelines: any knowledge that is taken for granted should be questioned, the process of understanding is embedded in the context and the linkages between knowledge and social processes and actions are mutually rein-forcing (Burr 2007; Jørgensen & Phillips 2010). Within this paradigm, the questions of truth and scientific accuracy in reflecting the exact image of reality become less important. Instead, the process of knowledge produc-tion/construction and its links with the social reality have come to the forefront. Knowledge is used more often in the plural form than in the singular; there are diverse and multiple ways of knowing and also vari-ous knowledges that co-exist. This gives rise to the concept of knowledge as culture, where culture does not entail a system of shared meaning but emphasises a range of cultural practices that shape our reality (McCarthy 1996). Science is only one of the many cultural practices entangled in this construction (Pascale 2011). Practices grow out of specific locations that influence their type and content. Consequently, knowledge is always lo-cated and situated (Haraway 1991; Lykke 2010). This also holds true for knowledge about ageing, old age and media.

Following on from that, notions of ageing and old age are never straightforward or given. After all, ageing is a life-long process that begins the very day someone is born. Likewise, what at any given time is understood as "old age" is highly context-dependent, including when someone is understood to be "old" rather than, for instance, "an adult" or "young." We emphasise that not only who is considered "older" or "old," but even what is meant by these terms, is a matter of social construction (Hazan 1994). In many contemporary societies, ageing is equated with decline and misery (Gullette 2004), and old age is seen as a type of trap that spreads around our social and cultural environments (Hazan 1994). This trap presents old age as a fearsome and frightening disease, and it depicts old people as having no gender, race, religion, class, etc. (Cruikshank 2003). The development of gerontology – the science of age and ageing – has greatly contributed to such understandings of old age (Cohen 1992). In its attempt to understand old age and ageing, gerontology has successfully constructed a discipline around the problem of old age, as Katz (1996) argues. In particular, the development of scientific knowledge about ageing and old age has greatly contributed to the medicalisation of old age, which began to be seen as a problem that required a solution (e.g. Green 1993; Katz 1996; Powell 2001, 2006). Thus, the creation of academic knowledge can be regarded as yet another important practice that, like media institutions, texts and technologies, makes age and ageing socially visible as well as relevant and important to the ways in which we perceive ourselves, others and the social reality in which we live. By extension, old age is something that is done, and this doing involves the processes of categorising, organising and ranking according to socially and culturally defined imaginaries.

Methodological Approach

This article is based on a critical reading of a body of scholarship conducted from the perspective of social constructionism. Our objective was neither to systematise nor synthesise the existing research on ageing, old age and media, but rather to offer a critical commentary on the types of knowledge and assumptions underlying such studies. Responding to the critique regarding the focus and quality of qualitative literature reviews

(Baumeister & Leary 1997; Jones 2004; Thorne 2017; Weed 2006, 2008), we therefore approach the reviewed articles as we would any other type of qualitative data. The 186 articles under review here are therefore approached as 186 individual voices that give us insights into the type of knowledge that is being created about ageing, old age and media.

For the purpose of this study, we collected 186 research articles that were identified via searches in the following databases: Academic Search Premier, Communication Source, SOCindex and Scopus (Social Sciences). The criteria for inclusion were that the articles should be in English, must have been published between 2000 and 2015 in scholarly, peer-reviewed journals and focus primarily on the media representation of older adults. Relevant articles were found via a combination of two sets of search terms. The first set of search terms included "ageing," "old age," "old men," "older people" and "old women." These were combined with a second set of search terms: "advertising," "film," "digital media," "media discourse," "media images," "media representation," "news," "newspapers," "online discourse," "radio" and "television." These searches resulted in more than 3000 hits (of which a large number of items were duplicates between the databases) that were filtered manually for relevancy by the authors. Through this process, the number of potentially relevant papers was reduced to just over 400 articles that were read and filtered yet again against the inclusion criteria, which means that, for example, review articles were excluded. This resulted in the final sample of 186 articles.

To address our research questions, we conducted analyses of key discourses in the articles under study, that is, the particular ways in which understandings of the world are made to appear true, natural and given. Unlike discourse analysis and its focus on how people use discourses, analysis of discourses focuses on showing how discourses constitute people (Bacchi 2005) or other objects of inquiry. The question underlying such analysis concerns the type of discourses that can be recognised in the studied material. Its main objective is "to describe, understand, interpret and evaluate carefully constructed objects of investigation" (Howarth 2000: 139). Overall, the analysis of discourse may be seen as an investigation into the frames of thinking and doing that are exhibited by various social actors who operate in particular times and spaces. In this article, the authors of reviewed studies were seen as such social actors and it is

their ways of framing concepts, such as ageing, old age and media that our analysis focuses on. Thus, rather than re-analysing media discourses reported in the reviewed articles, we instead analysed how those different media representations were approached, critiqued and discussed by the authors. In the process of analysis, we thus examined the theoretical reference points used to explain media and old age, study design with a particular attention paid to inclusion/exclusion criteria and the discussion of results as advanced by the authors of reviewed articles. We also considered the types of problems and concerns regarding the representation of ageing and old age in the media that are raised in the analysed articles.

Constructing Knowledge about Ageing and Old Age

In the reviewed literature, we distinguish two main perspectives taken when establishing the research focus on ageing and old age: (1) a chronological measurement of age, which is often based on appearance and activities, and (2) a notion of ageing as socially and culturally constructed. Note that within both categories, the degree to which a reflexive stance is taken towards these assessments of age varies. Moreover, a number of articles do not make any theoretical or conceptual points at all about "older adults" or "old age," but apparently take it as a given (e.g. Aday & Austin 2000; Estrada et al. 2010; Hine 2011; Lee et al. 2006; Zhang et al. 2008; Zordan 2010).

A chronological measure is the most common way to establish "oldness," in particular with regard to the research that focuses on advertising. In many cases, these studies designate those aged 50–55 years and above as "older adults" (e.g. Baumann & de Laat 2012; Carrigan & Szmigin 2000; Chen 2015; de Luce 2001; Robinson et al. 2003). This age frame is mentioned several times as being in accordance with conventions established by the advertising industry (e.g. Lee et al. 2007; Prieler et al. 2011). However, others, while using the same measure, note that there is a lack of consistency in relation to how different studies define what "older" means (Simcock & Lynn 2006). One advertisement-related study draws the line at 65+ (Peterson & Sautter 2003). Studies of other types of media texts do not have any industry conventions to refer to when

seeking to define the group under study and must therefore construct their subjects based on other, more ad hoc criteria. Retirement, for example, is sometimes used as a demarcation (Rudmann 2006). Other studies establish "old age" as setting in at some point between 60 and 65 years (Shary 2014), or even as young as 50 years (Lewis et al. 2011), depending on the topic of the article.

While chronological age often guides the distinctions made between older adults and other age groups, in most cases, the exact age of the people portrayed in media is not known (cf. Markson & Taylor 2000). Hence, other markers of oldness are needed in order to gauge the age of subjects, for example, for content analyses. In most cases, appearance and activities are assessed as indications of chronological age. However, by no means, all of the research makes the criteria for these assessments clear (e.g. Carrigan & Szmigin 2000; Chen 2015; de-Andrés-del Campo & de-Lima-Maestro 2014; Kessler et al. 2004; Lauzen & Dozier 2005). Some studies do discuss the criteria for assessment explicitly (e.g. Bessendorf & Del Piore 2007; Danowski & Robinson 2012; Lewis et al. 2011). These typically take the form of everyday or common-sense criteria for marking out someone as old in the Western world:

> As in previous studies (Robinson et al. 1995; Swayne & Greco 1987), people were classified as elderly based on the appearance of a combination of factors such as grey hair, wrinkled faces and hands, retirement scenarios, ambulatory aids such as canes, walkers and wheelchairs, presence of middle-aged children, and/or presence of grandchildren. The appearance of a single factor was not necessarily sufficient to classify an individual as elderly. (Miller et al. 2004: 324)

As becomes evident here, although the chronological measurement itself may seem to be unambiguous and objective, it is based on a number of culturally established understandings about what it means to be "old." While these understandings are shared between coders, as established in tests of intercoder reliability, this does not make us any the wiser as to which underlying assumptions inform them. Likewise, even when criteria for assessment are made explicit, the assumptions about ageing and older age underlying these are seldom acknowledged or discussed. This lack of reflexivity about age categorisations easily leads to the reproduction and reinforcement of existing stereotypes

or discourses, despite the intention to highlight and, perhaps, even question them:

> […] many authors adopt age categorization strategies which result in characters being labelled as "old" at a variety of actual chronological ages, but in ways which stereotype the ageing process and establish normalizing attributes of behaviour attached to the label of elderliness. (Pike 2013: 83)

The failure to theorise and reflect about age and age categorisations therefore paradoxically means that many studies problematise media depictions while failing to be reflexive about their own constructions.

Articles that openly problematise the notions of ageing and old age usually begin by recognising the difficulty in establishing any well-defined meanings of those terms. Their focus is therefore on the ways in which various imaginaries of ageing and old age are used and enacted in media. Here, analysis conducted from an interactionism perspective is common. For example, by applying an interactional perspective to the literary images of ageing and old age, Pike (2013) is able to demonstrate the ways in which the label of "old" is attributed to different chronological ages. The flexibility and malleability of age categories recurs as an important theme in other studies, including Poulios' (2009) analysis of interactions in a Greek TV reality show and Raisborough's (2014) study of TV makeover shows. The authors emphasise, however, that regardless of the degree of creativity when using various age categories, old age is most often associated with wrongness, ugliness (Raisborough 2014), and poor health (Weber 2012). Such an understanding of old age also seems to underpin media efforts designed to fight negative images. In her analysis of Swedish educational TV programmes created to counteract ageism, Wallander (2013) demonstrates the persistence of age boundaries and images of old age as something requiring an intervention in order to be accepted and regarded as "normal."

In addition to creating space for a more critical approach to the societal ways of understanding ageing and old age, studies problematising those concepts also shed light on the associated phenomena that play a vital role in maintaining stereotypical imaginaries. Weicht (2013), for example, highlights the problematic fixation of contemporary societies on the concept of independence. Analysing both newspaper articles and

focus groups, he reveals the ways in which the simplistic understanding of independence as good and dependence as bad is transferred onto old bodies who become markers of dependency, and thus of otherness. Similarly, ageing bodies become markers of ugliness and decline. While Benbow-Buitenhuis (2014) discusses the concept of beauty culture that offers prescribed images of beauty associated with youthfulness, Addison (2005), in her analysis of the Hollywood film industry, discusses the prevalent cult of youth in our society, which is enacted, among other ways, via the celebration of youthful deaths of celebrities such as James Dean. Similarly, Goltz (2007), analysing the gay magazine *Instinct*, emphasises the role of youthist ideologies in constructing images of old age as fearful and unattractive. These discussions address the very contextual medial constructions of old age that are created in opposition to non-old ideals. In a study of newspaper discourse regarding the ageing population, Lundgren and Ljuslinder (2011) argue that an ageing population functions as a type of empty signifier to which diverse meanings and content can be attributed. As a body of research, the critically oriented studies on ageing, old age and media demonstrate that old age is one such empty signifier which, though constantly filled with new meanings, will never be full.

Several of the reviewed articles take a life course perspective to highlight the changing logics applied by media to people of different ages. These (mainly individual) case studies provide an interesting departure from the typical literature on ageing and media. Following the career development of well-known sportsmen (Atkinson & Herro 2012), actors (Holmund 2010), actresses (Carman 2012; Brown 2012; Jeremyn 2011, 2012; Krainitzki 2014), film directors (Cohen-Shalev & Marcus 2008; Cohen-Shalev & Raz 2008) and singers (Gorton & Garde-Hansen 2013), these studies trace the way in which various media outlets articulate the appropriateness of ageing processes. For example, Atkinson and Herro (2012), discussing the media coverage of the renowned tennis player Andre Agassi and his career, evidence the ways in which age is used as a frame to judge Agassi's performance and how the tone of media coverage of the same person has changed in response to the changing age of the tennis player. At the beginning of his career, in his early 20s, Agassi was arguably "too young" for his success, while at the end of it, when aged 35, he was "too old."

Constructing Knowledge about Media

The role and importance of media in contemporary societies and cultures is widely recognised and acknowledged in the majority of studies. Media is considered an important site of study that offers insights into societal views and norms regarding ageing (e.g. Anderson & Han 2008; Fealy et al. 2012; Wada et al. 2015) and simultaneously affects people's perception of ageing and old age (e.g. Danowski & Robinson 2012; Redding 2014; Vandenberg et al. 2012; Wada et al. 2015). Media texts, institutions and technologies are typically regarded as key to the spreading and upholding of stereotypical images and views (Lepianka 2015; Rozanova et al. 2006; Williams et al. 2010). For example, in a series of articles, Robinson and co-authors (Danowski & Robinson 2012; Robinson & Anderson 2006; Robinson et al. 2007, 2009) attribute great importance to media with regard to the formation of the stereotypical views of older adults held by children and teenagers:

> While these stereotypes arise in part from children's direct experience with older individuals, the media serves an important socializing function for many children, supplying them with images that can form, change, and reinforce stereotypes. Gerbner, Gross, Morgan, Signorelli, and Shanahan (2002: 51–52) found that heavy viewers of television are more likely to feel that older people are vanishing from the population, that "there are fewer of them, that they are in worse health, and that they don't live long." Children who are exposed to these stereotypical portrayals of older individuals may develop distorted views of how older individuals really are in society. (Robinson et al. 2007: 203)

Often, a clear and powerful negative effect of media is presumed (e.g. Robinson et al. 2003; Uotila et al. 2011; Wolburg 2011). For example, mass media is described as the cause of "the moral indifference and legal ignorance, social nihilism and senseless aggression and cruelty that have become daily realities of our life" (Puchkov 2011: 27) and is regarded as a distorter of reality with an "enormous influence" on individuals (Payne et al. 2008: 268). Although a number of articles seem to implicitly subscribe to a media effect theory, this is rarely explicitly acknowledged or discussed. The article by Raman et al. (2008) is an exception in this regard. In explaining the focus of their study on a comparison of media representations of older people in the USA and India, they actively engage with media effect theories, including those of social cognition and cultivation.

Other authors problematise the relationship between media and audience in order to emphasise the interactive process between them. This approach leads to studies that examine not only the content but also the reception of various media messages. For example, Chan and Leung (2005), analysing focus groups of older women in Hong Kong, demonstrate the ways in which these women use their different subjectivities to negotiate and respond to the same media content. Critical thinking is therefore emphasised as crucial in both media production and consumption by people of different ages (Cohen 2002; Donlon et al. 2005). Although still emphasising the role of media, these studies seek to bring to light the perspective of the audience who may appropriate the same media content differently. In a similar vein, Blakeborough (2008), analysing depictions of ageing in the TV show *The Simpsons* on the basis of the concept of ironic parody, argues that the condensation of negative images, rather than perpetuating stereotypes "takes representations, highlights the contradictions, the processes of production, and calls attention to them, asking for a critique" (p.60). This is, however, conditional upon the viewers' competence and knowledge. These few studies therefore offer a slight departure from the picture of the overpowering role of media, instead activating the role of the audience and problematising diverse readings of similar media messages.

The perspective of media as an overpowering force that contributes to discrimination and stereotyping based on age is not the only one in the research analysed here. At the other end of the spectrum, we find several studies that highlight the role of performing arts in reducing stigmatised visions and enabling inner creativity to project richer and more nuanced images. Analysing the images of ageing and old age in a Chinese movie *Riding alone for thousands of miles*, Stewart (2015: 31) argues:

> Film is a cultural storyteller, historical and futuristic at once, activating an imaginary reality between viewer and screen that creates as it informs. To seek the Elder Hero in film and in our lives is to seek a myth of transformation for years of life barely lived by humankind.

What is projected is the artistic element of media texts and it is precisely this element that is deemed to endow media with the potential to

change dominant, simplified images of ageing and old age. For example, Casado-Gual (2015) and Chivers (2013) demonstrate the creative force of film and literature, documentaries and photographs in forging diversified and complex images of dementia, old age and care. Gravange (2013) calls that untapped potential of media "the magic." Analysing the film *Strangers in Good Company*, she argues that film as an artistic form may go beyond real life and enable these new ways of thinking and imagining ageing, old age and time. By distorting the view of media as a societal window and mirror, this body of research emphasises the "unreal" aspect of media and its potential.

Several studies included in our review provide new perspectives for discussing the relationship between the lived life and media representations, thus questioning simplified understandings of the separation of media representations and "real life." Hofer (2013), studying one of von Trier's movies on time, proposes the perspective of blurred boundaries to explain the links between fictional characters and the actors' physical age. Working from the perspective of linked lives, Harrington and Brothers (2010) call a similar phenomenon "textistence" to emphasise the merger of fictional and real-life stories. Creativity, and its potential, is what seems to bridge the two, and what offers a resource for reimaging ageing. Also, Chivers (2006), analysing popular films, emphasises the ways in which offstage and onstage characters merge and act through each other, enabling media texts to become a medium of transformation. In her appraisal of Moore's poetry, Gregory (2012) arrives at similar conclusions. She demonstrates the ways in which the creativity of the poet and the content of her work change over time. As Gregory (2012) argues, an exploration of new themes and styles of writing becomes possible thanks to Moore's embracement of her own age. In a similar vein, Cohen-Shalev and Marcus (2008), with their study of the work of the film director Claude Saute, and Cohen-Shalev and Raz (2008) with their analysis of the films and career of Akira Kurosowa, demonstrate the changing style and content of the produced movies. The paradox of invoking new images of ageing lies therefore in the ability of artists to perform according to their own age. The separation between media and lived life is therefore called into question.

Constructing Knowledge about Problematic Representations

Once research begins to address the overall question of the media representations of older adults, the issue of under- or misrepresentation is not far removed:

> If we were to draw a picture of American life exclusively from evidence derived from these thirty-one magazines, we would have to conclude that the consuming population consists primarily of people 18 to 49 years old. We would also have to conclude that there are almost no people of color in the United States. […] In general, older men and women appear as survivors of cancer, as patients with cancer. They suffer memory loss, hearing loss, hair loss and loss of sexual vigor. (de Luce 2001: 41)

Almost a quarter of the articles under review (48/186) are concerned with these topics. Most of the articles discuss both the relative visibility or under-representation of older adults in different types of media texts and the ways in which they are depicted in terms of either stereotypes or particular roles. Although some of the articles that discuss stereotypification or role prominence do not address the question of under-representation, the topics are considered to form a single theme because the former and the latter go hand-in-hand in the majority of cases.

The widespread under-representation of older adults is implicitly or explicitly regarded as ageist by some studies (e.g. Carrigan & Szmigin 2000; Clarke et al. 2014; de Luce 2001; Lepianka 2015; Lewis et al. 2011), that is, as discriminating against a group of people due to chronological and/or social age (Bytheway 2005; Iversen et al. 2009; Palmore 1999). This discrimination is presented both as a problem in itself, that is, as a form of injustice, and often also as a problematic rendering of reality that is likely to affect audience's beliefs of and understandings about the world. While often not directly argued, several of the studies seem to follow the reasoning that the under-representation of older adults within both factual and fictional genres is problematic because it does not give an accurate account of reality and this, in turn, leads people to form incorrect or problematic understandings of the world (e.g. de Luce 2001; Kessler et al. 2004; Lauzen & Dozier 2005; Robinson & Anderson 2006; Signorelli 2001). Other articles regard media texts as co-constructors of social realities and critique the ways in which the truths and norms that are being presented via media silence, stigmatise or glamorise (particular groups of) older

adults (e.g. Harwood & Anderson 2002; Low & Dupuis-Blanchard 2013; Rozanova 2010; Rudmann 2006). Here, under-representation is treated as part of a larger problem, related, for example, to discourses that articulate youth as the norm while rendering old age invisible. In addition, a few articles touch upon an entirely different issue, namely that businesses may be missing a golden opportunity to reach an attractive target group, either because they are not sufficiently aware of the spending powers of older adults or because they may fail to attract older adults if they present them in a negative light in advertisements (e.g. de Luce 2001; Lee et al. 2006; Williams et al. 2010). In these cases, it is suggested that a more positive depiction of older adults in advertisements would be a successful business strategy.

In general, the role of media in studies that focus on the under-representation and/or misrepresentation of ageing and old age is portrayed as "window on the world," which may present reality more or less accurately, implying that reality is fixed and objective given. Hence, incorrect media portrayals are presumed to give rise to distorted views of reality. For example, research on roles assigned to older characters in media regards such media representations as either shaping the audience's understandings of the world (Danowski & Robinson 2012; Prieler et al. 2015; Signorelli 2001, 2004; Towbin et al. 2003) or as expressions of existing understandings (Zhang et al. 2008), and often both (Chan & Leung 2005; Markson & Taylor 2000; Raman et al. 2008). This leads many scholars to suggest that the increased visibility of older adults and old age in media will solve the problem of unjust representations.

One of the biggest problems with mis- and under-representations of older adults and old age in media as recognised in the analysed articles is that of gendered images. Almost a quarter of the articles explicitly address the question of gender and gendered representations of ageing and old age. These studies typically begin by recognising the socially and culturally constructed character of both age and gender. More than any other sub-group, articles belonging to this group apply critical and feminist perspectives in their analysis. In this case, the question of gender is presented as important for understanding the processes and images of ageing, and the phenomenon of gendered ageing is recognised as equally relevant for men and women, though in different ways (Calasanti 2007;

Pritchard & Whiting 2015; Wilińska 2010). Analyses of the careers of female comedians by Mock (2012) and the actress Judi Dench by Krainitzki (2014) provide authors with the basis to discuss the potential of acting upon age and gender stereotypes, stepping outside them and challenging them. This is in line with Harpin's (2012) reading of several British theatre plays that feature older women, where the presence of older women and their voices on stage are seen as a sign of change. Unintentionally, however, these studies individualise the issue of gendered representation by calling for physically old female bodies to act on their own behalf to change age and gender stereotypes, thereby shifting the responsibility for changing attitudes to ageing and old age away from society at large.

Similar conclusions are drawn from studies that explore older masculinities in media. The presence of older men and their ability to act upon cultural scripts of older masculinities are identified as signs of change and hope. This is especially the case when a clear shift or transformation of an actor or a producer is highlighted. Redding (2014), for example, highlights here some of Clint Eastwood's recent productions, in which the ageing actor and producer opens himself up for exploring typically taboo topics of weakness and vulnerability in men. Here, the contrast with earlier productions by and with the same actor constitutes an important line of argument to support the main claim about forging new images of older masculinities. Also, by contrasting with earlier productions of American Westerns as a film genre, Saxton and Cole (2013) argue that the value of the book and movie *No Country for Old Men* is their reinvention of ageing masculinities. Here, the key attributes of the main protagonist are discussed by authors with references made to how different they are from what is typically considered as male characteristics. The article admires the focus on reflection, life review and questioning as new to images of masculinity, but it does not address the question of how these qualities can be attributed to cultural expectations regarding old age as a time of deeper contemplation.

While much of the research cited above suggests that the use of negative and stereotypical depictions is very harmful for other age groups' perception of older adults as well as for the identity formation and self-perception of older adults themselves, Low and Dupuis-Blanchard (2013) discuss the use of mainly and overtly positive representations, which are

also problematic. Firstly, they stress that older adults are, in fact, being presented in more diverse and positive ways than previously. However, this does not mean that all is well. In their analysis of *Zoomer Magazine*, a Canadian magazine aimed at older adults, Low and Dupuis-Blanchard find almost no images of older adults of colour, of very old people or of poor older adults. Instead, most of the imagery seems to portray happy, good-looking, affluent Caucasians of a certain age:

> These positive images therefore are problematic as they do not account for the diversity of seniors in society. Instead they reflect anti-ageing ethos that is ageist in its devaluing of old age and are decidedly class bound. In them the only truly positive aging is anti-aging. (Low & Dupuis-Blanchard 2013: 61)

The increase in much more positive portrayals of older adults, according to Low and Dupuis-Blanchard, does not solve the representational problem, it merely causes a new one to emerge, namely, the exclusion of older adults, who for various reasons do not see themselves reflected in the glamorous images of todays "golden oldies." What is needed, instead, is maximum variety in depictions across *all* the dimensions of gender, ethnicity, affluence, life style and cultures. This is in line with the argument presented by Sciplino et al. (2010) who note that the depiction of grandparents in children's books from various countries is surprisingly homogenous and could benefit from showing a much larger variety in terms of looks, activities and positions.

Discussion and Conclusion

When embarking on this study, we wanted to examine the ways in which existing research addresses the question of media and old age. In doing so, we began with two major assumptions: the importance of media to old age and the importance of research on old age as a distinct life phase. None of these assumptions is unproblematic, however. In the course of reviewing other research, we therefore turned to our own understandings to reflect and revise our questions and, ultimately, to pose new ones. Following Baumeister and Levy's (1997: 314) contention that literature reviewers should remain open to new perspectives "to allow themselves to be led by the evidence," we too direct our

efforts at taking additional steps in order to discuss the results of this literature review.

Unquestionably, the articles under review have been of great importance in terms of solidifying a rather neglected topic of research, that of the media representations of older adults, as well as empirically documenting beginning or continuing change. However, what remains problematic in much of the literature reviewed here is the insistence on the use of simplified understandings of the very core concepts: old age and media. The interdisciplinary nature of the research is probably a key factor here, and we cannot stress enough the importance of explicitly acknowledging the complexity of both concepts. Thus, an important insight that arises from our study is the existence of fairly stable disciplinary boundaries even when approaching highly transdisciplinary research problems. This largely refers to the visible discrepancy between media studies and ageing studies, which, on the basis of this review, seldom seem to engage in dialogue and knowledge exchange (for recent efforts to do so, see, e.g., Blaakilde et al. 2017; Christensen & Jerslev 2017; Christensen & Petersen 2017). As demonstrated here, both ageing and media are highly complex phenomena and the transdisciplinary scrutiny of the two therefore requires much more dialogue between disciplines as well as heightened reflexivity.

To a large extent, media is repeatedly portrayed as an independent, external actor that has a considerable influence on how societies think, feel and act. We are not claiming that media technologies, texts and institutions do not affect people and society in a variety of ways, but rather than this tends to happen in more subtle, overarching and structural ways – for instance, in the form of mediatisation (Hepp & Krotz 2014; Lundby 2014) or the co-construction of discourses and practices (Couldry 2009) – than the one-to-one effect that is often assumed. Moreover, the logics that inform media production and consumption are not only about the dynamics that emerge from within the media industry or technological materialities but are equally an expression of audiences' practices, hopes and fears (Altheide 2013; van Dijck & Poell 2013). With this in mind, we therefore propose turning to more nuanced perspectives on media that recognise the interactive processes involved in its creation and reception. There has been a gradual increase in efforts to do this (e.g. Christensen &

Jerslev 2017; Fernández-Ardèvol et al. 2017; Ferris-Taylor et al. 2019; Loos et al. 2018; Wilińska et al. 2018). These efforts have so far triggered several new research initiatives, such as the project *Ageing + Communication + Technologies* (ACT), Concordia University, Canada (http://actproject.ca/); the research centre for *Women, Ageing and Media* (WAM), University of Gloucestershire, UK; the research project *Ageing and old age in the media and elderly people's media*, University of Copenhagen, Denmark; as well as the Media and Ageism working group that is part of the COST action *Ageism: A multi-national, interdisciplinary perspective* (http://notoageism. com). Initiatives such as these enable scholars from both Gerontological disciplines and Media and Communication Studies to enter into fruitful dialogue and joint projects, learning about the complexities of their respective topics from each other. By taking an interactive approach, such projects forge the way forward not only in terms of understanding both fields, but importantly, changing the ways in which ageing and media are portrayed as well as developing creative solutions that challenge stereotypes and encourage new media practices.

Old age, though often recognised as socially and culturally constructed, is still pinpointed as a "special" category that merits particular attention. Not surprisingly, the reviewed articles conclude either by critiquing media for silencing old age or for presenting it in ways that are either too positive or too negative. What needs to be questioned is the very effort of trying to represent old age. How can a relational and socially constructed category be represented in the most fruitful way? For example, our findings point out that one of the most common ways of establishing the inclusion criteria for media analysis of old age is physical signs of ageing, such as wrinkles and grey hair. In such approaches, the merging of biological markers with social judgements leaves very little space for questioning the very focus on age segments as a central and natural object of knowledge. Similarly, age group-based research causes the same problems with regard to the one-sided views of media as an overpowering external force: age boundaries and groups are not only maintained but also reinforced with new evidence by such research.

Kohli (1985) regards this Western fixation on ageing and age segments as a fairly recent way of ordering and understanding life, which emerged with the mindset of modernity (see also Spariosu 2016). It is the understanding of human life as ordered into well-defined sections that each

have their designated challenges and duties what Kohli terms chronologisation. He argues that the modern understanding of old age is a product of several developments that emerged during and after the renaissance period. Examples include increased age-uniformity in life events such as marriage and death, the rise of the modern working life in the factory rather than in the family, as well as the need of the modern state to easily and rationally tally and handle its citizens. He also asserts:

> Chronological age is apparently a very good criterion for the rational organization of public services and transfers. It renders the life course – and, the passage of the individual through social systems – orderly and calculable. (Kohli 1985: 286–287)

Apart from rendering the life course calculable, which is useful in many ways both for the modern state and capitalist society, Kohli also regards the fixation on chronological age as a socialising device in a society that has become increasingly individualistic and freed from the boundaries of religion, family bonds and the local community (Kohli 1985). While it can be argued that current society is already post-chronological (Blaakilde 2004), it is evident from our review that the chronologisation paradigm still dominates in most research on media representation of old age. Thus, it is not "old" that constitutes the main problem, but the ways that we as citizens, public servants and scholars have learnt to categorise, calculate and evaluate age. Thus, to address the problem of "old," we have to address the ways in which age is made relevant, important and visible. In this, "old age" as a problem is just the tip of an iceberg called "age." Seen in that light, we urge current research into the relationship between media and old age not only to build on the foundations that have been laid, but also to start questioning them by asking the underlying and more difficult questions such as the following: What is it that sets old age apart or, perhaps, why does ageing cause such fear in Western societies? Moreover, how does a chronologised world view affect media texts, institutions and audiences, and how can it be challenged in research on ageing and media?

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Misunderstanding home: exploring depictions of home in old-age policy decision-making

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Abstract

Living at home is a core value in old-age policies worldwide. This study examines how members of parliament (MP) depicted the home in two parliamentary discussions related to a law on older people's care and living arrangements in Finland. The data contained 110 speeches from 42 MPs in the first discussion and 17 in the second and were examined using thematic analysis. The extracts with the word "home" were coded and grouped as potential themes. These themes were reviewed further and reflected using relevant literature. As a result, the overarching theme, "home as a restricted space," was formulated with three subthemes: home as a space in which old people "manage to live," "are treated" and "live without contacts." The findings suggest that policymakers misrecognised the valued attributes related to older persons' homes, and in doing so, they hampered the potential for success in home-centred old-age policies.

Keywords: ageing in place, Finland, policymakers, thematic analysis.

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Introduction

Ageing in place, especially living at home for as long as possible, is a core value of old-age policies worldwide (Genet et al. 2011; Means 2007). The home has replaced institutional settings such as nursing homes and residential care as the most desirable place for older people (Means 2007). Living at home is promoted as a goal to which older people themselves aspire. The home has also been seen as a means to alleviate the financial pressures of the ageing population in the public sector (Means 2007; Tarricone & Tsouros 2008).

In spite of the strong emphasis on home-centred old-age policies, the concept of home has rarely been explicitly specified in politics. The home is, at the same time, a common and familiar word, and an elusive concept, with many meanings and possible definitions. Oswald and Wahl (2005: 21) have argued that the diversity of the meanings of home "hinders an understanding of what 'Ageing in place' is all about." This is seen in how the concept of "ageing in place" is used. Ageing in place has been associated with staying put in one's current home, within one's own four walls; others have interpreted ageing in place, as well as the concept of home, more broadly, as referring to living in a familiar community and moving within it if necessary (Means 2007). Vague understandings of the concept of home in home-centred old-age policies, such as the goal of ageing in place, may result in unwanted practices, for example, keeping older persons in their current homes in spite of their changing needs.

To our knowledge, there are no studies that address policymakers' perceptions of home, even though their underlying understandings of home direct the content and scope of the home-centred policies and thus affect the everyday lives of older people. Furthermore, statements made by policymakers are widely reported in the media and hence become involved in the broader process of constructing a shared societal understanding of older people's homes and care.

This study fills in these gaps in knowledge by exploring how policymakers depict the home when they debate living and caring arrangements for older people. The research question is: how do policymakers who are at the centre of old-age policies, and who are responsible for designing policies for publicly offered care and living arrangements, understand and depict the homes of older people? By investigating the concept

of home in the political debate, we offer a deeper understanding on the basis of the current policy of ageing in place and contribute to evolving that policy further.

We conducted this study by reviewing speeches by MPs during two parliamentary sessions in Finland. The discussions were part of the legislative process surrounding the *Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons* (enacted 1 July 2013, amended autumn 2014). This was the first legislative initiative in Finland specifically directed towards the older population and their services.

Multiple Meanings of Home

Home is a widely studied concept in many disciplines. It has been analysed through various ideas such as being at home, feeling at home, or creating or making a home (Mallett 2004), and from the perspective of the ideal home (Chapman & Hockey 1999). However, Easthope (2004) has argued that it is impossible to provide a single, solid definition of the term "home." This is because a home has different meanings for different people, and those meanings change over time. Thus, instead of trying to find a solid definition, a common way to approach the concept is to study its meanings (Rowles & Chaudhury 2005: 3). Oswald and Wahl (2005: 22) remarked that the meaning of home comes into existence in the relationship between objective socio-physical settings and subjective goals, values and emotions. The meaning of home is composed of shifting physical, social, cultural and symbolic contexts (Moore 2000), as well as personal features (Oswald & Wahl 2005).

Watkins and Hosier (2005) have suggested that the home has both experienced and imagined attributes that alter during the life course. *Experienced home* comprises everyday experiences of being at home, feeling at home and creating a home; *imagined home* is a more rigid idea emerging from the person's preferences and values, which reflect both positive and negative experiences of the home. According to Watkins and Hosier (2005: 205), "being fully at home requires conformance of the experienced and imagined home." However, this becomes especially compromised in late life when the experienced home may not conform to the imagined home, for example, due to the person's physical or mental decline.

Another way to approach the home is to distinguish it from related concepts, such as "house." In these distinctions, a home is referred to as an intimate place of belonging, whereas a house is more of an objective, concrete setting, which can be observed and evaluated (Oswald & Wahl 2005: 22). Relatedly, the home has also often been defined as a place or space. Space refers to a physical home with walls, while the home as a place goes beyond the physical space to address interactions with the surroundings, and thus is often constructed by the meanings that people attribute to it (Easthope 2004). Currently, it is commonly argued that a home is not just the four walls of a limited space. Rather, its boundaries extend beyond the physical space to the neighbourhoods and even to a whole area of living, such as one's home town (Easthope 2004; Ewart & Luck 2013; Mallett 2004).

If a home is understood as a comprehensive place and not merely a physical location, it is possible to entertain the idea that people can carry their home with them wherever they go (Ewart & Luck 2013). Vilkko (2000) has presented the concept of "home enough," in which it is acknowledged that the home is something people can carry with them when they move. You may not be in the same house, but the little things you take with you, and the memories related to them, can still make the new space and place feel "home enough." This notion can also be found in ageing in place policies. Wiles et al. (2012), for example, have suggested that, "when we think about ageing in place and ways to support people to 'stay put,' we need to recognise that place is a process and operates at different scales and sites." That is, the meaning of home fluctuates during the life course, alongside social, physical and cognitive changes (Chapman & Hockey 1999). Hence, the understanding of the home as the basis of old-age policy ought to be flexible.

Home in Later Life

There is a diverse body of literature on older adults' perceptions of home and living at home (Gillsjö et al. 2011; Gott et al. 2004; Haak et al. 2007; Mortenson et al. 2016; Oswald & Wahl 2005; Seymour et al. 2007; Stones & Gullifer 2016). Sixsmith and Sixsmith (2008) found that older home-dwellers defined their homes in a comprehensive manner. The home was

a place of privacy and security that provides a sense of control over one's life, but it was also vital to one's ability to interact with family and friends (Sixsmith & Sixsmith 2008). Also, Nicholson et al.'s (2013) study on frail older persons highlighted the importance of others in supporting their capacities and quality of life while living at home.

It has been shown that older persons can maintain their independence, even though their physical abilities are on the decline, if they can learn how to adapt their lives in a familiar place (Kontos 1998; Sixsmith & Sixsmith 2008). Indeed, the sense of independence is an important reason why older people want to stay at their permanent home (Kontos 1998). Living at home is also found to be one of the things that help older people to continue to experience a good quality of life (Borglin et al. 2005). Living at home has been found to support older people's self-image, personal interests and identity (Haak et al. 2007; Kontos 1998), while leaving home can mean giving up all these valuable aspects of life (Gillsjö et al. 2011).

Even though living at home is a frequent aspiration, not all older persons can or desire to stay in their current home, and living at home can be challenging or have several negative aspects. In a study by Sixsmith and Sixsmith (2008), home-dwelling older persons reported physical barriers (both inside, such as stairs, and outside, such as transport access), fearfulness (e.g. of violence or falls) and loneliness. Indeed, loneliness is one of the clearest drawbacks of living at home, especially for older people living alone (Eloranta et al. 2015; Savikko et al. 2005; Theeke 2009).

Some people may continue to live at home even though they do not feel it is an ideal place. Hillcoat-Nallétamby and Ogg (2014) found that older persons disliked their current homes and wanted to move, but they were so attached to the people in their neighbourhood that they decided not to. Older people may also prefer to stay at home because they do not want to move into an institution (Pirhonen et al. 2015). That is, they choose not to move into an institution, rather than actively choosing to live at home as the best alternative (Pirhonen & Pulkki 2016). Besides, even if older persons prefer to receive end-of-life care at home, they do not necessarily want to die at home, because they do not want to be a burden to their relatives or because they are afraid of dying alone (Gomes et al. 2013; Gott et al. 2004; Seymour et al. 2007).

Context of the Study

The political debate over the best place for older people's care and living has been ongoing in Finland for many decades (Kaskiharju 2010), and this debate has followed international trends in old-age policies (Means 2007). While institutional care arrangements were previously considered mainstream solutions, the emphasis has now shifted towards home-based care practices. During the past decades, older people living and being cared for at home has been the primary aim of many Finnish policy documents (e.g. Ministry of Social Affairs and Health 2001, 2008).

Currently, long-term care arrangements for older people in Finland include home care, sheltered housing or service houses and institutional care provided in nursing homes (Johansson 2010). Service housing is regarded as home-based care, because the older persons rent their apartments from a service house facility. Also, people living in service houses pay for their services, such as home care, akin to those living in their own private homes. There are also new initiatives for shared or group housing and senior houses that provide older people with a more communal type of living (Jolanki & Kröger 2015); however, these are not yet widely available in Finland.

Currently, old-age care services are the responsibility of 300+ municipalities in Finland. Municipalities have had the autonomy to organise services for older people, whereas the national-level steering and governance of old-age care policy has been rather weak (Keskimäki et al. 2019). This situation has led to substantial variation in the organisation of services across the country, including in long-term care utilisation (Kokko & Valtonen 2008). In line with ongoing international trends and national old-age policy, institutional care has been cut back in many municipalities and replaced by sheltered housing. Of people aged 75 and older, 91.9% lived at home, and 11.3% received home care in the year 2017 (Official Statistics of Finland 2018: 58, 228).

The *Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons* was launched in 2013 to strengthen national-level steering and decrease regional disparities in the availability of old-age care services. The explicit aim of the ACT was to assure individual social and health care services and care for aged people, namely, those individuals, throughout the country, who

have weakened physical, psychological, cognitive or social functioning due to old age. The objective of increasing care and living at home was also embodied in the Act (Finlex 2012). This objective was reinforced by an amendment to the Act in 2015, which stated that institutional care should be provided to older people only if there was a medical need for it. Besides this very general basis, there are no strict eligibility criteria for institutional care, nor for home care services, in Finland. Instead, all municipalities can decide for themselves as to whom they should offer their services.

The rationale behind the act largely reflected international policy ideas regarding ageing in place (Genet et al. 2011; Means 2007). Firstly, the number of older people is rapidly growing in Finland as well as in many other countries. It is projected that in 2030, almost 9% of the Finnish population (500,000 inhabitants) will be over 80 years of age (Statfin 2016). The common trend is for the use of social and health services, including long-term care, to be concentrated on the people aged 85 or older (Official statistics of Finland 2018: 65); thus, the use of services is predicted to increase due to the longevity and growing number of older people. Secondly, in Finland – as in other countries with an inclusive public welfare system, including public responsibility for long-term care – there is a strong incentive for policymakers to seek solutions to tackle the needs of the older population (Batljan & Lagergren 2005). The demand for services will occur in the context of decreased public finances, which further emphasises the need for new ways of organising old-age care that are simultaneously economically and socially sustainable.

Materials and Methods

Data

The data for this paper consist of two parliamentary discussions by MPs in Finland. Both relate to the legislative process concerning the *Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons*. The discussions took place during the process when the bill was passed on to the parliament for further preparation. In the Finnish parliamentary process, this preliminary debate is the stage where MPs can publicly take a stance on a bill and its content.

The first discussion was held on 14 November 2012, when MPs debated whether to launch the Act. In the second discussion, held on 18 November 2014, the MPs talked about suggested amendments to the Act. There are 200 MPs in the Finnish parliament, of which 42 MPs made overall 65 speeches in the first discussion, and 17 MPs gave 55 speeches in the second discussion. The transcripts of these discussions were altogether 78 pages long. The first discussion focussed on the general rationale of the Act, while the second focused particularly on living and caring arrangements for older people because the content of the amendments addressed eligibility for institutional care. The transcripts of the discussions are publicly available on the Finnish parliament's website.

In the first discussion, MPs from government and opposition parties alike praised the Act and most of its aims and content. The most debated issues were whether the Act could offer a solution to the rising public cost of care and whether the staffing rate in institutional care was sufficient. It seemed that in this first discussion, it was easy for policymakers to support the Act. Following Starke's (2006) argumentation about political processes, this might be because the Act offered a possible solution to an economic crisis while at the same time also providing better services and fulfilling older people's wishes. Thus, the need for the Act was acknowledged by all the policymakers, which subsequently framed the parliamentary discussions.

The second discussion was more argumentative, as the opposition disagreed that there was any need to amend the Act. In this discussion, the focus was especially on living and caring arrangements, as the government wanted to alter – or from the perspective of the opposition to restrict – the basis for long-term care. The MPs from the government parties used arguments such as "an institution is nobody's home" or that "we need to develop home-based services instead of institutional care." At the same time, the opposition MPs stated that, "the home is not always the best place." They also argued that restricting access to long-term care would impair both the Act and the situation of older people. In spite of the criticism, the government's proposal was approved, and only minor revisions were made to it during this process.

In principle, parliamentary debates are arenas where MPs may present their stance and persuade the audience on a suggested act publicly.

Thus, while doing home-centred policy, it could be presumed that MPs would use vivid – and most influential – arguments for why living and caring at home should or should not be promoted.

Thematic Analysis and Focus

This study sought to examine how policymakers depicted "home" while they were debating older people's living and care arrangements in the context of two parliamentary discussions concerning a central piece of legislation regulating old-age care policies in Finland. Thematic analysis was used to identify and analyse repetitive patterns of "home" in the data (Braun & Clarke 2006).

The analysis concentrated on one particular aspect of the data, namely, the arguments about and descriptions of home. The analysis was first and foremost semantic. When refining the themes, attention was also paid to latent meanings of home and things that were not stated. The analysis was first conducted inductively, but this data-based analysis changed into a more theory-driven form of interpretative analysis during the definition of the final themes (Cmpr. Braun & Clarke 2006).

The focus was deliberately on the concept of home only, and references to other living places were not considered for three reasons. Firstly, in a previous study, we had already analysed how MPs talked about places of living in general. We found three discourses in how the MPs constructed older people's dwelling places: "activating place," "fluctuating place" and "unsuitable place." Each of these three discourses also referred to the home, and the discourses varied in the importance they gave to living in one's own home and to the need to move from one place to another. As this previous study had a broad focus on living places, it failed to examine the "home" to which the policymakers were referring (Pulkki et al. 2017).

The second reason we focussed on the concept of home was that, in Finland and most other Western countries, the home is a central concept around which the contemporary debate on old-age care policies revolves. Finally, to our knowledge, there have been no previous studies that focus solely on how policymakers define home. Studying how the word "home" is used and what remains to be said will increase our understanding of the basis of home-based policymaking.

Analysis

The question, "What does this tell us about the homes of older people?," guided the analysis throughout the process. The analysis began by focussing on semantic statements about home (cmpr. Braun & Clarke 2006). Data extracts that included the word "home" and its various formulations were identified: in the first debate, the home was mentioned 120 times and in the second 222 times. After all the relevant extracts were identified, their core meaning or message was compacted, that is, the extracts were coded. These coded extracts were then grouped as potential themes and named based on their content.

As a result of the phase called "searching for themes" (Braun & Clarke 2006), the six most potential themes were identified. The first potential theme consisted of several statements where the home was said to be the "best place to live." The second theme included descriptions where the home was not considered the best place. The third potential theme included data extracts where MPs compared other places to the home and drew distinctions between what is and is not a home. A fourth and highly evident theme consisted of extracts where living at home was described in terms of "managing" or "coping." The fifth theme comprised extracts where the home was described as a place where care was offered. The final potential theme consisted of statements implying that older people were lonely in their own homes.

These potential themes were further reviewed (cmpr. Braun & Clarke 2006) based on what they revealed about the home as a concept. In this phase, three potential themes – "home as the best place," "home as not the best place" and "home as separate from other places" – were collapsed, as they were considered to represent the characteristics of a home. Also, even though the home was often mentioned to be the best place for older people, this was not explained in any way. Thus, the data did not contain solid support to build up a final theme regarding the positive aspects of a home. The three remaining themes were left unchanged, as each told a specific story. The potential theme, "home as a place to manage," concerned older people's ways of living in their homes; "home as a place for care" concerned the purpose of a home; and "home as a lonely place" concerned what life at home was like. At the end of this phase, we had four themes to refine further (Braun & Clarke 2006): characteristics of a

home, home as a place to manage, home as a place for care and home as a lonely place.

These semantic-based themes were further refined in relation to the latent meanings of home in the whole data set, that is, the themes were tested and, if found to be sufficient, were augmented with general notions from the whole data set. From this point onwards, the analysis became more interpretative, as theories, concepts and ideas from the literature were used to define the essence of each theme (cmpr. Braun & Clarke 2006).

Results

As a result of the thematic analysis, one overarching theme and three sub-themes of the home were formulated. The overarching theme "home as a restricted space" captures the attributes of the homes of older people. This overarching theme was classified into three subthemes that described older people's ways of living in their homes, the purpose of a home and what life at home was like. These subthemes demonstrated that living at home was associated to merely managing, that the purpose of home was to be an arena for care and that life at home was isolated. To sum up, the homes of older people were depicted as restricted spaces where older persons manage to live, are treated and live without contacts (see Figure 1).

There were no significant differences between the political parties in the views of the home captured in the themes. However, some arguments were more often presented by MPs from the government and some by the

Figure 1. The overarching theme of home and its sub-themes
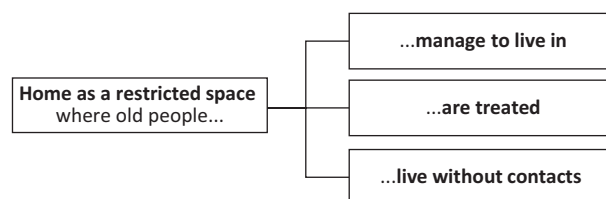
opposition. At the end of each excerpt below, added in brackets is whether the MP was from a governmental (Gov.) or opposition (Opp.) party, and the year of the debate.

Home as a Restricted Space

The home was often referred to as "the best place to live" and the place where older people wanted to live, but it was not commonly agreed as to what the word "home" actually means. In most of the discussion, the definition of home was implicitly and explicitly restricted to one's own private and permanent space. Rather than describing the home as a place in its own right, MPs contrasted the home with other living places. Firstly, the home was distinguished from institutions. MPs on both sides, but especially from government parties, stated both implicitly and explicitly that "an institution is nobody's home." It was suggested that institutional care was a temporary solution, even for people with dementia who needed 24-hour care, which reflected the nature of the amendment to the law made in 2014. At the same time, however, dying at home was seen as exceptional, implying that living in institutions at the end of life was very common. The following excerpt is from the speech where an MP advocated living at home but recognised the role of institutions as a short-term care facility at the end of life:

> Only a few of us manage to live at home through the end of life. It is often the case that in the last months, there is a period when institutional care is the only option. That is why it is needed, but it should not be a long-term solution. (Gov., 2014)

The home was thus separated from institutions: institutions were considered spaces to stay in for a short while or to die in, rather than places into which people could or should take or rebuild their home (Ewart & Luck 2013; Vilkko 2000).

Even though MPs occasionally said explicitly that "sheltered houses are homes for older people" or that "all places other than institutions are homes," the home was often presented implicitly as the opposite of living in other kinds of community settings. For example, it was suggested that, "older persons may move into sheltered housing when they cannot manage to live in their own homes."

Other places, such as sheltered housing, service houses, group homes, were mostly presented as solutions to feelings of loneliness and insecurity in one's own home; however, these alternative places were not referred to as a home but as a "home-like arrangement." That is, the line between home and other kinds of living arrangements was not clear to MPs when they were arguing about increasing living at home. This conceptual indeterminacy reflects the complexity of the old-age care system in Finland, which offers different forms of living arrangement and care for older people but has no shared understanding of the nature of these different forms (see also Pulkki et al. 2017).

Even though the home was said to be "the best place to live," there were no explicit descriptions of what made the home superior to other living arrangements. No positive attributes were presented related to the home other than the claim that "older people themselves want to live at home." Indeed, the home was not actually portrayed as the best place to live in all situations. In particular, it was relatively common for MPs from opposition parties to agree that "even though we all wish to age happily in our own home, it is not possible for many of us," or that "institutional care is needed when living at home is no longer dignified." Insecurity and reduced functional ability (mental or physical) were often described as factors that would turn the home of an older person into a substandard place to live (see Pulkki et al. 2017). That is, the home was not portrayed as a haven (Mallett 2004).

To sum up, the definition of home was restricted to one's own private and permanent space, while institutional care was referred to as "not being anyone's home" and sheltered housing was "an alternative to one's own home." There was an absence in parliamentary discussions of statements related to meaningful surroundings, emotional ties or other positive attributes of the home, and thus the home could be interpreted as resembling a restricted and objective space rather than an outward-looking place of belonging (Easthope 2004; Ewart & Luck 2013; Mallett 2004; Oswald & Wahl 2005). The home as a restricted space is described in more detail in the subthemes discussed below.

Home as a restricted space where older people "manage to live." The home could be depicted as a restricted space where older people "manage to live." This subtheme was constituted from comments where the MPs

pictured how older people lived, that is, what they did in their homes. Instead of using verbs such as enjoying, living actively and so forth, MPs often used the words "managing," "surviving" and "coping" when referring to living at home. The home was depicted as a space where one survives (or not) by the MPs from both government and opposition parties:

> Older people are healthier than before, and they can manage at home longer with home care services. (Gov., 2014)

> The home is certainly the best place for all of us, while we can cope there, and if we get help. (Opp., 2014)

Continuing to manage to live at home was mostly enabled by offering services – but rarely, for example, by adjusting the living conditions, which is also considered an essential facilitator for older people to maintain the balance between their experienced and imagined home (Watkins & Hosier 2005). MPs often presented situations, such as having problems with memory, reduced functional ability and insecurity, where older persons were no longer able to manage to live at home and needed to move somewhere else.

In our previous studies on MPs' talk, we found that MPs portrayed others, especially formal carers, as active agents in older people's lives over the older people themselves. This was also the case when MPs talked about the means by which "we support older people managing to live at home." Older people were not considered active participants in their care, even though caring takes place in older persons' own homes (Pulkki & Tynkkynen 2015; Pulkki et al. 2017).

Home as a restricted space where older people "are treated." Extracts demonstrating the purpose of the home constituted the second subtheme. In these extracts, the home was viewed as a restricted space where older people "are treated." In contrast to the literature, the home was not, for example, a place for social life (Nicholson et al. 2013; Sixsmith & Sixsmith 2008) or a place that supported older people's self-image and identity (Haak et al. 2007; Kontos 1998). Even though MPs considered independent living an important facet of late-life, the home was not stated to contribute

to independence, in spite of numerous studies that have demonstrated this (Haak et al. 2007; Kontos 1998; Sixsmith & Sixsmith 2008).

This theme stressed the notion of home as a functional space. That is, a space where services such as home care and rehabilitation were offered, not because these were necessary for an older person, but rather because these services would extend the time the older persons lived at home. The care offered in institutions was relocated to the home, as exemplified by the following excerpts where an MP contested the long-term care wards in health centres that were seen as violating older patients' physical functioning:

> We need to change our thinking … towards maintaining the ability to function for a longer period in late life. In order to do this, we need stronger services to be offered at home. (Gov., 2014)

The home was also turned into a care site in the opening speech by the MP from the government who presented how, by defining the home as a "unit for action," the care regulations could be applied also there and not just in institutions:

> Unit for action is defined in the Act so that it also includes, for example, home services, meaning that the home is also in this sense a unit for action. (Gov., 2012)

References to the home as a "unit for action" underline the view of the home as a limited physical space for care (see Ewart & Luck 2013; Mallett 2004).

This theme also included examples where care at home was not seen as the best option. MPs, especially those from the opposition parties, were concerned about the quality of services offered at home. They often suggested that institutional care might be a better option than living at home. Some arguments depicted the home as a site of insufficient care, for example, "institutional care could be a better option than a home where someone just chucks the medicines in from the doorstep (Opp., 2012)".

All in all, rather than acknowledging the subjective purpose of the home, the purpose of the home was determined objectively (Oswald & Wahl 2005) from the service providers' perspective.

Home as a restricted space where older people "live without contacts." The third subtheme consisted of clear statements related to older people's lives at home, but this theme also noted what was missing from the discussions. Older people living at home were stripped of any glamour, enjoyment or even a good life. Far from mentioning the positive attributes of life at home, these data extracts often depicted it as tedious and lonely, especially when MPs questioned living at home:

> …our older people live 22 hours a day alone in their home, and for many, loneliness is one of the biggest problems in life. (Opp., 2014)

> It would be the ideal situation for a nurse to be always available at home, but that is not the reality; instead, it is lonesome being at home. (Opp., 2014)

Formal carers have free and unfettered admittance to otherwise closed homes. Apart from formal carers, hardly any other connections or contacts with significant others, relatives or friends were mentioned in the MPs' talk about older people's lives at home. The home was not depicted as a place for social contact. Home-dwelling older people had opted out of any social life, even though in practice, they still lived within the community. This kind of home could be interpreted as a limited and narrow space disconnected from the surrounding environment (Ewart & Luck 2013; Mallett 2004).

If the home is considered to be disconnected, it may also be seen as easily exchangeable for other places and other forms of living. The supposed ease of leaving home and moving to another place was shown in the following extract, where one MP talked about building houses in "normal living areas" in city centres, into which older people could move:

> …this current situation certainly cannot be the ideal one, that homes' locations are scattered, and it is difficult to get services to them, but hopefully, municipalities can… offer houses for older people within the normal living areas, in order to bring the services there. (Gov., 2014)

This argument was presented with no serious thought about the importance of continuity in social contacts or familiar surroundings – things that make a home (Hillcoat-Nallétamby & Ogg 2014; Mackenzie et al. 2015; Stones & Gullifer 2016).

Discussion

This study aimed to explore how policymakers depicted the home when they were debating living arrangements and care for older people. By this, we aimed to shed light on the grounds of the current policy of ageing in place. In order to achieve these aims, two parliamentary debates regarding the legislative processes surrounding the *Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Personse* were analysed. The data used here had both advantages and limitations. The parliamentary debates opened a window that allowed an analysis of the policymakers' underlying views of the home while they were forging ageing in place policies. At the same time, the aims and nature of the Act the MPs were debating about shaped the results. For example, the home was mostly depicted from the point of view of an older person who needed services and care (see Pulkki & Tynkkynen 2015). This may not be problematic, however, as this is the focus group of old-age policy, including ageing in place policy, in general.

In the discussions, the homes of older people were portrayed as restricted spaces where people were mainly managing their lives and in which they received treatment. The concept of home that appeared in these discussions referred mostly to private houses or apartments, and the home was described as a space defined by four walls. At the same time, the importance of surroundings and social relationships were not acknowledged. Besides, the discussions included almost no references to older people's significant others. That is, the home could be depicted as an empty space.

The home appeared to be a confined and withdrawn physical space, as distinguished from an open-ended place that continues into its surroundings (see Easthope 2004; Mallett 2004). Nor was the home portrayed as a haven that offered security, privacy or comfort (see Mallett 2004). Even though the MPs considered the home to be the best place for older people to live, the home was not romanticised. Instead, it was seen as a fairly tedious space with no emotional purpose. There were no suggestions about the personal significance of home for the dwellers. Instead, the home was approached from a practical point of view – as a site for care. Thus, it could be interpreted that the home in these policy discussions was a "cold space" rather than a "warm place" (see Rubinstein & de Medeiros 2005: 59).

We can assume that MPs against and for home-centred old-age policy had similar opportunities in stating their cases. However, while MPs mentioned several and different kinds of downsides to the home, they did not specify the positive qualities of the home, even though these are well-known based on the research literature. Downsides were probably discussed more thoroughly to counter the deeply seated view of the home being the best place for older people, which was also often mentioned in discussions. This view could be said to be the cornerstone of home-centred old age and ageing in place policies and is probably so self-evident that it is not even considered needing any complementary explanations. MPs against the strict home-centred policy also had much "evidence" to build on their argument – they used stories and examples from their own real-world experiences, or they referred to news about problems in old-age care at home. It might be more challenging to put it in words as to why the home is the best place, especially if you are not familiar with the research related to it.

According to previous research, for older people themselves, the home is far more than four walls or a limited physical space where one receives care and just gets by. Rather, the home is a part of who older persons are, and living at home is an opportunity to continue a socially and emotionally enriched life in familiar surroundings (Stones & Gullifer 2016). Unlike the literature, the MPs misrecognised the importance of neighbours and community (Mackenzie et al. 2015; Nicholson et al. 2013), and maintaining familiar surroundings – not just in a particular house (e.g. Hillcoat-Nallétamby & Ogg 2014) – was downplayed in the discussions. Van Hees et al. (2018) made a similar finding in a study where they examined the meanings that local policymakers, directors and older people's representatives gave to ageing in place.

Older people's loneliness was regularly foregrounded. Thus, MPs shared the concern, also presented in many studies, that loneliness is an evident drawback of living at home (Eloranta et al. 2015; Savikko et al. 2005; Theeke 2009). The MPs recognised the need for alternative places to live when "the time comes" (see Pulkki et al. 2017). This observation is in line with what is known about older adults' preferences regarding living at home. It has been shown that the meaning of home maintains its ability to improve people's quality of life even in times of illness, but it also has its

limits. Older persons prefer living at home when they anticipate a healthy old age, but when physical or cognitive limitations or death are foreseen, one's private home becomes an undesired place (Fernández-Carro 2016; Gott et al. 2004; Seymour et al. 2007).

Alternative dwelling places for older people were offered in these debates (Pulkki et al. 2017), but these choices were no longer considered to be homes in the most profound sense. Institutions were said to be non-homes, and service houses were described as being less of a home than one's "permanent" or "current" home. It was not considered that older people might carry the home with them (Ewart & Luck 2013; Vilkko 2000), nor that a new living place can be "home enough" (Vilkko 2000). From the perspective of home-centred policy, it becomes increasingly important to understand that while living at home may be desirable, it is also possible to help people feel at home, even if they have had to move on in old age. Older people may "age out" of one place, but not out of the home.

According to our analysis, policymakers appeared to misrecognise the continuity, meaningfulness and supportive nature of staying at home when they were forging home-centred old-age policies. From a policy perspective, this misrecognition may be problematic. A restricted and one-sided view of the home may impede the formulation and implementation of policies as it narrows down the possible solutions for living arrangements. When formulating home-centred old-age policies, it is essential to understand that the home has physical, social, cultural and symbolic dimensions, and that it is a fluctuating venue by nature (see Easthope 2004; Moore 2000).

Declaration of Conflicts

The authors declare no conflict of interest.

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*Reviewed by Shyh Poh Teo**

The New Dynamics of Ageing (NDA) is a large-scale multidisciplinary research programme from the United Kingdom, funded through five research councils. The research projects span a wide range of aspects related to older people, including arts and humanities, biological sciences, engineering, social sciences and medical research. It was an ambitious goal of the editor to cover the scope of the NDA research into these two volumes. This was achieved through selecting key projects to illustrate the value of multidisciplinary collaboration and engagement of older people. The breadth of topics covered provides insight into considerations from other relevant disciplines, with a focus on practical implications that will benefit older individuals and society. These books are recommended for those involved in gerontology and geriatrics, and other specialties involved in service provision and policy planning for older people. While the books

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do not exhaustively cover all the completed NDA research, a complete list of projects is available in each volume for reference.

The two volumes follow a consistent format, providing a useful background of the problem at hand, research methodology used, followed by key findings and discussion of implications. The projects are clustered into themes within the books, ranging from active and healthy ageing, design for an older population, biological perspectives of ageing and how older people are represented in art and media. This arrangement allows readers to delve into different sections, particularly those that are relevant to their professional interests, rather than reading the books from cover to cover.

The main strength of the book is the clear introduction and background information provided at the beginning of each chapter, putting the research into the context of current knowledge and understanding. As each project covers very specific topics, it is important that readers possess basic knowledge to understand the relevance and significance of the research findings. I found the chapter on biological drivers of cell ageing highly specialised, particularly descriptions of cell theory and senescence. However, the authors managed to break down and explain the basics well, before delving into the genetic and molecular techniques used in their study.

While large national research frameworks tend to be useful for the country of origin, the NDA programme covered a diverse range of settings, providing learning points that are generalisable and applicable to other localities. The section on community engagement covered urban activities involving art and music. This was followed by a chapter describing a project in rural areas, allowing readers to contrast the different considerations for connecting older people with meaningful activities. These multiple facets within each theme covered through connecting the different projects together provide a more complete and holistic picture that would not have been apparent through reading the individual chapters published for each project. There were also examples of international collaboration under the NDA, such as the population studies carried out in India, Brazil and South Africa. The comparative nature of these chapters demonstrates how changes in social policy have real impact on the well-being of older people. The authors managed to distil clearly the

relevant real-life lessons from these countries, which are relevant to policy-makers internationally.

Another strength of the book is the summary of key findings and implications for practice at the end of each chapter. The conclusion at the end of each volume also reiterates learning points that require emphasis. All too often, research focuses on a very specific aspect of a topic, with limited practical value. In this case, the NDA researchers have packaged the information into usable, applicable evidence-based information that can be easily referred to.

There are two downsides to the way the books were arranged. I felt there was too much detail covering research methodology, particularly for the quantitative studies. While some readers may wish to critically appraise the study or plan to replicate the project, references were provided which they could look up if required. In addition, while there was a wide target audience for these texts, the detailed discussions within each project may be relevant to specific professionals only. For example, our physiotherapists may be interested in the chapter on dynamic biomechanical data and stair negotiation, but it may be difficult to generate their enthusiasm for reading other sections such as kitchen design or representations of older people in art. However, I would still utilise these two volumes as reference material, highlighting aspects that each speciality should focus on to allow them to expand their scope of practice.

Reading about the NDA projects was an eye-opener, as the breadth of research provided many ideas that can be considered or implemented locally. For example, I learned about the possibility of assessing the impact of government funding plans using projection models on costs of long-term care, such as in the Modelling Needs and Resources of Older People to 2030 (MAP2030) project, which would be useful for service planning.

The research outcomes also add to the existing evidence base that supports current action plans and initiatives for older people. Healthy ageing across the life course is a useful concept to maximise healthy years without disability in older people. The chapter on the Healthy Ageing across the Life Course (HALCyon) project describes cohort studies confirming the robust association between poor socio-economic circumstances in childhood and lower capabilities in later life, while genetic effects on physical and cognitive capabilities were limited. This resonated well with

our practice and should motivate health professionals to apply this approach of proactively caring for people's health at all ages due to long-term implications for future well-being.

The NDA framework also provided a crucial reminder that research for older people requires multidisciplinary input and their inclusion as active participants. The projects show that external views from different angles open up potential solutions and opportunities. For example, the collaborative Working Late project identified recommendations by older people to identify health needs and flexible working practices to support longer work hours. The process of involving older people in developing the Older People's Quality of Life Questionnaire also ensured their perspectives were taken into account and the tool was relevant. I thought the involvement of older people to design fit-for-purpose clothing and performance sportswear was quite inspired. It was also motivating to see action research with mutually beneficial outcomes, such as sustainable community groups, through the participatory action research process.

I enjoyed reading the quotes from the NDA qualitative research, which provided participants with a voice to share their views on community engagement, employment in later life, adjustments in a novel environment and what constitutes dignity and quality of life. The expression of older people in art serves as a reminder to clinicians regarding personal aspects such as self-image. The "representing self – representing ageing" project engaged older women in creating visual images, which was a novel approach to critique and challenge persistent media stereotypes that older people are dependent and unable to manage. The Ages and Stages project also showed how older people have a role in constructing individual and community identities through involvement in theatre and continued social engagement.

Overall, the book delivers useful insights into diverse aspects of older people's lives and reminds readers of the importance of involving older people and collaboration between multiple disciplines in research. I would recommend this book to healthcare professionals and policy-makers to aid the understanding of ageing and its implications.

Andrzej Klimczuk (2015). *Economic Foundations for Creative Ageing Policy. Context and Considerations.* Volume 1. New York: Palgrave Macmillan, 232 pp. ISBN 978 1 137 46533 7 (hardcover)

Reviewed by Michael Fine*

Klimczuk's book, *Economic Foundations for Creative Ageing Policy*, is remarkable not only for the vast literary scholarship it has entailed or for the ambitious approach he has brought to his topic, but also for the creative licence he has taken with the use of the term "creative ageing." In his hands, creative ageing has transformed from a phrase used to describe the pursuit of creative activities and crafts by those who are ageing to become a vision for ageing societies.

The term "creative ageing," encountered ever more frequently in recent years, was first proposed in 1960s by Edward LeRoy Borz (Bortz 2012; orig 1963), and was later popularised by others, the U.S. psychiatrist Gene Cohen in particular, who in 1995 famously described it as "like chocolate for the brain." In this formulation, creative ageing concerns the pursuit of creative activities and crafts by older people. It can work as a therapy for those requiring ongoing care, a life interest, occupation, identity or as a new hobby for those liberated from employment after retirement. The full range of creative activities is perhaps not possible to elaborate,

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but extends from singing and music making of various kinds to reading and writing, painting, sculpture, dance, acting and dramaturgical performance, and into the cyber world of computing and beyond. As Vera Gallistl and others have recently noted, creativity in later life is no longer exclusive to older artists but has instead come to be promoted as an enhancement of mind, body and social relations for a majority of the older population (Gallistl 2018).

Klimczuk's book takes the concept well beyond this apparently limited meaning to become a vision for something even grander in scope and scale – a social transformation in which population ageing is no longer seen as a problem or social burden to be managed. Instead of being confined to artistic endeavours, creativity, following the path of sociologist Richard Florida and many others, is seen as the transformative characteristic of successful post-modern economies, regions, corporations and social classes. Therefore, "creative ageing" has become a metaphorical way of leveraging social change, drawing on and extending the capabilities not just of older people but of all ages, serving as both an intergenerational means and end, a new blueprint for policy and social life in the 21st century and beyond.

Continuing his trickster approach to this topic, the focus on the "economic foundations" for policy turns out to have little to do with what is usually understood as economics. Instead of addressing topics such as demand and supply, production, consumption, prices, marketing, national budgets, economic growth or fiscal crisis as conventional economists might, the economics involved in this publication turns out be a much more abstract discussion of different perspectives on society and forms of economic activity.

In this way, having discussed old age as a stage of life in the opening chapter, Klimczuk goes on to review the literature on different forms of "older people's capital" in Chapter 2. The chapter does not discuss about costs of an ageing population, but about the meanings of terms such as human and social capital, cultural capital and creative capital. Chapter 3 reviews literature on creativity and ageing, before chapter 4 considers the concept of the mixed economy of welfare. Chapter 5 is the key chapter; it focusses on three different forms of economy – the

silver, creative and social economies – which he asserts are the economic foundations for ageing. In Chapter 6, he discusses writings that consider the interaction between these economic systems before finishing with a brief concluding chapter that advocates breaking down barriers to such a creative ageing policy.

This is a book that both excites and frustrates. The author's approach is essentially to present a vast literature review – or perhaps better said, to summarise the results of the literature search, mostly published in English and also to make a considerable volume of Polish language research accessible to English speakers. In this way, each chapter is a treasure trove of useful summaries of a vast number of key books and articles on the topics of his choosing. These lay a trail, like breadcrumbs, towards his final chapters, their pathway and destination revealed as the work proceeds rather than following a theory or argument laid out clearly from the beginning.

Little is done to critique the research cited or to explore its theoretical assumptions or limitations and this work reads in parts like a PhD thesis based on secondary sources. The approach has the advantage of allowing him to bring together research from a wide range of disciplines, creating something like a dialogue between authors who might normally be seen to come from opposite ends of political or philosophical traditions. Although the accumulation of ideas builds up to gradually take the shape of a proposition, Klimczuk has fallen short by not elaborating more clearly the conceptual approach of this scheme. Yet it would be wrong to dismiss the approach or the conclusions. This remarkable, if at times, frustrating tome deserves to be widely read, not only by gerontologists but also by social researchers concerned with charting a course for progressive social change into the future.

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