International Journal of Ageing and Later Life

Volume 16, No. 2, 2022

Published with the support of the Swedish Research
Council for Health, Working Life and Welfare
(Forskningsrådet för hälsa, arbetsliv och välfärd 2018-01671)

ISSN 1652-8670 (www)
URL: http://ijal.se

Copyright

International Journal of Ageing and Later Life is published under the auspices of Linköping University Electronic Press. All Authors retain the copyright of their articles.

The publishers will keep this document online on the Internet – or its possible replacement – for a considerable time from the date of publication barring exceptional circumstances.

The online availability of the document implies a permanent permission for anyone to read, to download, to print out single copies for your own use and to use it unchanged for any non-commercial research and educational purpose. Subsequent transfers of copyright cannot revoke this permission. All other uses of the document are conditional on the consent of the copyright owner. The publisher has taken technical and administrative measures to assure authenticity, security and accessibility.

According to intellectual property law the author has the right to be mentioned when his/her work is accessed as described above and to be protected against infringement.

For additional information about the Linköping University Electronic Press and its procedures for publication and for assurance of document integrity, please refer to its www home page: http://www.ep.liu.se/.

© 2022 Linköping University Electronic Press and the Authors

Christine Swane, EGV, Denmark
Theo van Tilburg, VU University Amsterdam, The Netherlands
Julia Twigg, University of Kent, UK
Lucie Vidovićová, Masaryk University, Czech Republic
Anna Wanka, Goethe-Universität Frankfurt am Main, Germany
Virpi Ylänne, Cardiff University, UK

Table of Contents

Articles

Acknowledgements

The Editor of the *International Journal of Ageing and Later Life* wishes to thank the following referees who generously provided evaluations and constructive criticism on submitted manuscripts in 2022.

David Amigoni, Keele University, UK
Sally Bould, University of Delaware, USA
Tom Dening, The University of Nottingham, UK
Tove Harnett, Lund University, Sweden
Hanne Laceulle, University of Humanistic Studies, the Netherlands
Corinna Loeckenhoff, Cornell University, USA
Emma Lundholm, Umeå University, Sweden
Susanna Nordin, Dalarna University, Sweden
Geoffrey Scarre, Durham University, UK
Päivi Topo, Age Institute, Finland
Katariina Tuominen, Tampere University, Finland
Paula Vasara, University of Jyväskylä, Finland
Kieran Walsh, National University of Ireland, Ireland

International Journal of Ageing and Later Life, 2022 16(2): 9–10 © The Author
doi: 10.3384/ijal.1652-8670.4526

Editorial

By LINN J. SANDBERG

In 2006 I had just started my doctoral studies and I remember very well the first issue of IJAL which was launched that same year. One of the articles, by Liz Schwaiger, addressed the gendering of ageing bodies – a theoretical text that became absolutely central for how my doctoral research unfolded and how I emerged as a gender and age scholar. It is therefore a great honour that I now, 16 years after the inception of IJAL, will be taking over as the Editor-in-Chief. I will be doing this work in close collaboration with the excellent and experienced editorial team consisting of Torbjörn Bildtgård, Cristina Joy Torgé and Peter Öberg, which I am very grateful for.

We live in uncertain and troubling times which raise urgent questions on the diverse presents and futures of ageing. The Covid-19 pandemic brutally exposed pervasive ageism, older people were isolated and often regarded as disposable, in particular older people living with illness and disability (Robertson & Travaglia f.c., Grenier &. Phillipson f.c.). In this crisis it became evident that cultural and critical gerontologists have an important role to play, to interrogate the social and cultural representations of ageing and later life and the lived experiences of older people. In the upcoming years the major questions of our time, the climate crisis and ecological collapse, will undoubtedly be issues that we as critical age studies scholars will have to further interrogate. Extreme weather conditions will impact in particularly adverse ways on the health and mortality of older adults (Watts et al 2021). While every new generation experience shifts and changes in what it means to grow old, the climate crises will most likely be absolutely defining to later lives across the globe in the years to come.

Whatever the future holds there will be a continuous need to 'unpack the metaphors of population ageing' (Shivers 2021) and to explore how ageing is diversly experienced in variety of contexts, but also to turn the gaze upon ourselves to ask not only '"what gerontology says but also "what gerontology does"' (Katz 2014, 18). It is my ambition to continue the work with IJAL as a place for dialogue, debate and theoretical, methodological and empirical exploration for critical and cultural gerontologists from different disciplines and contexts.

References

Chivers, S. (2021). "With Friends Like These": Unpacking Panicked Metaphors for Population Ageing. *Societies* 11(3): 69.

Grenier, A. & Phillipson, C. (forthcoming). Precarity and Dementia. In Ward & Sandberg (eds.), *Critical Dementia Studies: An introduction*. Routledge.

Katz, S. (2014). What is age studies? *Age, Culture, Humanities: An Interdisciplinary Journal*, 1: 17–23.

Robertson, H. & Travaglia, J. (forthcoming). An Emerging Necropolitics of the Dementias. In Ward & Sandberg (eds.), *Critical Dementia Studies: An introduction*. Routledge.

Schwaiger, L. (2006). To be forever young? Towards reframing corporeal subjectivity in maturity. *International Journal of Ageing and Later Life* 1(1): 11–41.

Watts, N., Amann, M., Arnell, N., Ayeb-Karlsson, S., Beagley, J., Belesova, K., ... & Costello, A. (2021). The 2020 report of the Lancet Countdown on health and climate change: responding to converging crises. *The Lancet* 397(10269): 129–170.

International Journal of Ageing and Later Life, 2022 16(2): 11–32 © The Authors
doi: 10.3384/ijal.1652-8670.3506

Orchestrating ageing – a field approach toward cultural disengagement in later life

By VERA GALLISTL[1,2] & VIKTORIA PARISOT[2]

Abstract

Despite gerontology's growing interest in culture, relatively little attention has been given to older adults' participation in theater. This paper addresses this gap by developing field theory as an analytical tool to conceptualize processes of cultural disengagement in later life. Ten older individuals (60+ years) were invited to investigate their access to three different theater spaces in Vienna. The investigation was documented through participatory observations, qualitative interviews, and photo diaries. The results highlight three specific sets of rules that are relevant in theater: Rules about 1) the ageing body, 2) mobility, and 3) subjectivities. Furthermore, these rules are age-coded, which means that many of the rules visitors in theaters have to follow to be able to participate in theater are not easily followed by older adults. Finally, this article outlines the potential of field theory for gerontology and highlights the importance of studying processes of cultural disengagement in later life.

Keywords: cultural gerontology, leisure, participatory research, qualitative study, theater.

[1] *Vera Gallistl*, Division Gerontology, Department of General Health Studies, Karl Landsteiner University of Health Sciences, Krems/Donau, Austria
[2] *Vera Gallistl & Viktora Parisot*, Department of Sociology, University of Vienna, Vienna, Austria

Introduction

Despite gerontology’s growing interest in the cultural aspects of later life, relatively little attention has been given to theater and drama (Amigoni & McMullan 2018; Bernard & Rickett 2016), and cultural participation in gerontology has hardly been explored outside of interventions (Fraser et al. 2015; Goulding 2018). While the positive impact of arts participation on older adults, e.g. in participatory arts (Noice et al. 2013), writing (Sabeti 2014; Swinnen 2018), music (Perkins & Williamon 2014), singing (Coulton et al. 2015), visiting museums (Thomson & Chatterjee 2016; Thomson et al. 2018), or – more generally – arts participation (Reynolds 2015; Tymoszuk et al. 2020), has been extensively analyzed, the barriers older adults face in access to arts and culture are scarcely a topic of gerontological research. The arts and culture have hardly been explored beyond gerontology’s “prism of health and wellbeing” (Goulding 2018; Twigg & Martin 2015: 9), which limits gerontology’s knowledge on the barriers older adults face in their access to culture.

This is somewhat surprising since studies with representative samples have repeatedly shown that later life is often accompanied with declining – if not diminishing – cultural participation. Even though adults aged 65+ participate more in certain types of culture compared with the general population (Toepoel 2011) and 45–54-year-olds are the most culturally active group in some samples (van Eijck 2005), participation in cultural activities declines in most European countries after the age of 65, indicating an inverted U-shaped relationship between age and cultural participation (Falk & Katz-Gerro 2015; Hallmann et al. 2016). Especially, the oldest-old (80+) report lower participation in cultural activities than younger age groups, and participation in cultural activities is especially low among older adults with low income, low education, or health limitations (Jivraj et al. 2016). Consequently, studies on arts participation show that the majority of older adults do not participate in any artistic activities at all (Tymoszuk et al. 2020), and that the decline in cultural participation in later life is more prominent for highbrow forms of culture, such as theaters, than for cultural activities that happen at home or close to the home (Gallistl 2021). Despite this overwhelming empirical evidence, however, gerontology’s knowledge on the reasons and processes behind these patterns of declining cultural activity in later life remains limited.

In contrast to gerontology, sociological research has widely explored barriers consumers face in access to culture through the concept of cultural disengagement (Gayo 2017), to describe the processes of becoming culturally “inactive” (Chan & Goldthorpe 2007) or “passive” (Jaeger & Katz-Gerro 2010). Such approaches offer a different perspective on cultural participation and its barriers, understanding the arts and culture not as a beneficial leisure activity, but understanding the theater as a social field in which arts institutions regulate a specific set of rules (*illusio*), which make access to culture easier for some social groups and more difficult for others (Bourdieu 1984, 1996; Lash 1993). Even though such approaches of cultural class analysis have been potent in describing the value of culture in older adults’ lives (Goulding 2018), they have never been applied to the barriers older adults face in their access to the arts and culture.

This article addresses this gap by, first, developing a sociological approach (Bourdieu 1996) to explore processes of cultural disengagement from theater in later life. Such a perspective asks which specific rules of the game (*illusio*) in the cultural field influence older adults’ experiences in access to culture. Second, this paper explores these barriers older adults face in their access to theater with empirical qualitative data from a participatory project, in which ten older individuals (60+ years) were invited to investigate their access to three different theaters in Vienna, Austria, through participatory observations and photo diaries.

Through these data, this article shows how the *illusio* of the theater field is age-coded, meaning that many of the rules visitors in theaters are expected to follow are not easily followed by older adults. In the last step, this article outlines the potential of a field approach to theater in later life and makes a case for the incorporation of gerontological knowledge in cultural policy. In doing so, this article highlights the role gerontology needs to play in cultural research and policy in times of demographic change.

A Field Approach toward Cultural Disengagement

What characterizes a field approach toward theater in later life? First and foremost, a field approach highlights the institutional and social circumstances of cultural participation – and hence the social stratification that goes along with cultural participation. Such a perspective highlights that theaters operate in a specific cultural field, which regulates and governs which social groups have access to highbrow forms of culture such as the theater, and which ones do not (Bourdieu 1996). Fine arts institutions, such as theaters, function as a source of social stratification (Prior 2005), and access to theaters is, therefore, not so much dependent on participants' competences, motivation, or interest, but dependent on how far their needs are considered as relevant in a given cultural field. From such a perspective, processes of cultural disengagement in later life are not individually motivated but institutionally regulated. A field theory approach to theater in later life, hence, renders visible the institutional conditions of cultural disengagement in later life.

Central to this understanding is the concept of the *cultural field*, which can be understood as spaces of encounter between different agents: "the literary field, i.e. the spaces of literary *prises the position* that (…) arise from the encounter between particular agents' dispositions (…) and their position in a field which is defined by the distribution of a specific form of capital." (Bourdieu 1984: 311). Cultural spaces such as the theater, in that sense, can be understood as a *field* or in other words, a social space, or a social arena, in which the legitimacy of different audiences is constantly negotiated through questions, such as: who gets to decide which stories are told on big stages? Who gets to be a critic of theater, and who gets to be a silent audience member? Which resources (*capital*) are needed to participate in the production and consumption of theater?

Partly, this is due to the high volume of capital that theaters as institutions possess. Theaters, especially renowned venues and stages, might have a considerable amount of economic capital, through e.g. the material resources from public or private funding. They might also have considerable amounts of social capital, by e.g. having especially renowned artists displaying their work on a particular stage or having access to consumer groups who are high in capital themselves. Most importantly, however, theaters tend to possess a considerable amount of cultural capital deriving from the value of a company's prestige as an institution in the art world (Serino et al. 2017). Through their high volume of capital, therefore, arts institutions play an important role in governing the access to theater and defining the rules audiences have to follow in order to gain access to these institutions.

However, Bourdieu (2018) highlights that it is not only just cultural institutions that regulate access to the cultural field of theater, but there are also certain rules of the game in place that audiences have to follow along to be able to take a legitimate position in the field, which he calls *illusio*. The struggles for legitimacy in a cultural field, hence, "contribute to a continual reproduction of belief in the game, interest in the game and its stakes, the illusion. (…) Each field produces its specific form of the *illusio*, in the sense of an investment in the game which pulls agents out of their indifference and inclines and predisposes (…) to distinguish what is important ('what matters to me'), is of interest, in contrast to 'what is all the same to me', or in-different" (Bourdieu 2018: 738).

Analyzing theater as an exemplary case of cultural fields, we could, hence, argue that the field of theater produces its own rules of the game (*illusio*) that are set into practice and governed through cultural institutions: Codes and rules about when and where theater can and should take place, rules about what to wear when visiting the theater, rules for how to behave during the play or even the breaks, or about which topics are legitimate for theater (and which are not). This does, however, not imply that these rules are materialized for all eternity or outside of individuals' agency. On the contrary, Bourdieu understands fields as a *relational* construct: Instead of focusing on the persistence of power struggles (e.g. between arts institutions and older audiences), Bourdieu stresses that it is the relationships between actors who characterize a field, and that these relationships can change over time. Even though these relationships might have historically developed or might feel as manifest or materialized power structures to an individual, this does, however, also imply that things could always be otherwise (Albert & Kleinman 2011).

Which place does that leave for older audiences? We utilize the notion of age-codings (Krekula 2009) to conceptualize the ways in which the *illusio* of modern theater addresses and governs old age. To do so, we need to move beyond our understanding of age as a biological, individual process toward an understanding of age as a relational and embedded "collaborative process that involves everyone" (Krekula et al. 2018), including institutions, symbols, materials, and structures. The role and position of older people, hence, is not just based on older adults, their health, or cognitive abilities, but defined by institutions that enable or restrict the role they are allowed to take in different contexts. Cultural fields and cultural institutions, from this perspective, are an arena in which age and age normality are negotiated and constructed (Krekula et al. 2017) that regulate in which positions older adults have access to culture.

Applying a field approach as outlined to our data, we, therefore, ask through which dynamics older adults are addressed or governed through the *illusio* in the theater field by answering the following research questions:

> *RQ1:* Which rules of the game are encountered by older adults when they visit the theater field?
>
> *RQ2:* How do these rules of the game in the theater field address age and ageing?
>
> *RQ3:* How do they enable or restrict the access of older adults to theater?

Design and Methods

Data Collection

To explore these questions, we draw upon data from a qualitative and exploratory study with participatory elements (von Unger 2014). In line with the participatory approach of the research, ten older adults were invited to explore the rules of the theater with us as coresearchers.

The project took four methodological steps. First, ten older (60+) adults were recruited as coresearchers. Second, the older coresearchers were asked to organize one theater visit for themselves and a researcher from the project team and document their experience through a photo diary (Photo Voice, Simmonds et al. 2015). The researchers from the project team documented their experiences at the theater in an observation protocol, which was structured by predefined observation topics (e.g. description of the time and place of observation, access to the building, interactions between coresearchers, description of phenomena related to ageing, and interactions between coresearchers and others at the theater). Third, we conducted semi-structured interviews with narrative elements with the coresearchers (Misoch 2015). Interviews were structured with an interview guide and covered questions about their everyday life, cultural activities, and theater in particular. Fourth, we organized two group discussions with five coresearchers each, in which they shared their photo documentation of the theater visit and discussed barriers older adults' face when going to the theater. In these group discussions, coresearchers analyzed the meaning of their photo diaries together using the SHOWED-model for photo analysis (Simmonds et al. 2015: 39). The two group discussions and the semi-structured interviews were fully transcribed verbatim (in German). The joint theater visits between researchers and coresearchers took place in three theaters in Vienna, Austria. The three venues were chosen because they are the three theater venues that receive the most public funding in Vienna. Each of the coresearchers had the task of picking a play and a date, coordinating it with the respective researcher, buying tickets and arranging a meeting point with the researcher on site. Costs for the tickets were later reimbursed.

Sample

Coresearchers were recruited in Vienna through presentations of the study in different contexts, mainly leisure clubs and associations for older adults. Participants in this study ought to be over the age of 60 years old, and half of them should be culturally disengaged, meaning that they did not attend any form of highbrow culture in the last 12 months prior to the study (Table 1).

Analysis

The data basis for the analysis consists of 1) ten interview transcripts, 2) transcripts of two group discussions, detailing the coresearchers' data analysis of their photo diaries, and 3) ten participant observation protocols. In a first step, data were analyzed through open, axial, and selective coding (Strauss & Corbin 1996) supported by the software MAXQDA (VERBI Software 2017). This step was conducted to identify reoccurring and important topics in the material and gain an overview of the material available. In a second step, we developed 'Situational Maps' for each case, which are one of the tools suggested by Clarke's 'Situational Analysis' (2012). This means that each theater visit was analyzed as a research situation, and the research team used dominant topics from the first step to

Table 1. Inclusion criteria for ten coresearchers

Coresearchers (anonymized)	**Age**	**Participation in concerts, ballet, opera, or theater 12 months before the project**
Mrs. H.	77 years	Once or never
Mrs. W.	72 years	Once or never
Mr. N.	62 years	Once or never
Mrs. F.	71 years	Once or never
Mrs. C.	75 years	Once or never
Mr. T.	78 years	Twice or more
Mrs. P.	62 years	Twice or more
Mr. V.	73 years	Twice or more
Mrs. K.	75 years	Twice or more
Mrs. S.	75 years	Twice or more

identify the relevant actors, discourses, rules, materials, and symbols at each theater visit. Third, the different case maps that emerged out of the coded data were conflated in group sessions, in which three researchers at the University of Vienna participated. The aim of this step was to identify common and differentiating topics between the different maps and therefore reveal the specific rules that our older coresearcher had to follow to be able to visit the theater.

Ethical Issues

The researchers' ethical responsibilities and the appropriateness of research settings and instruments were thoroughly considered throughout the process. As some of the coresearchers could be considered as vulnerable, exchange and reflection in weekly team meetings were an important part of our research strategy. In an individual introductory conversation, all respondents were given comprehensive information about the study and their role and tasks within the research process and asked for informed consent. Explanations were given with regard to the capabilities, e.g. some of the coresearchers were supported in learning how to take and send photos with their smartphone. All coresearchers were informed that their participation in the study was voluntary, their consent can be withdrawn, and their data can be deleted at any time. Furthermore, we offered the coresearchers follow-up conversations after the completion of their involvement in the research process. All data were anonymized after data collection. Researchers conducted a research ethics screening self-assessment provided by the University of Vienna to identify ethical risks of this study. No formal vote by an ethics committee was required for this study, as all study participants were able to give full informed consent to participate in this study, and the study design did not threaten the physical or mental integrity or the right to privacy of study participants.

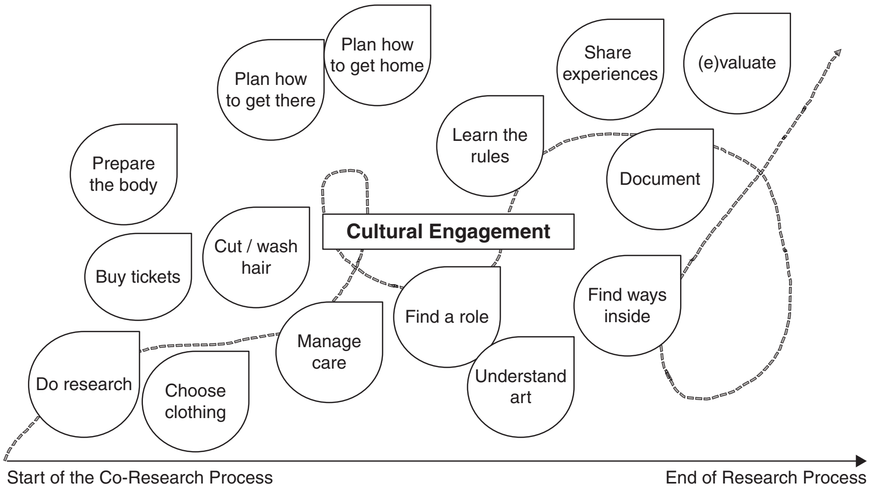
Results

Which rules of the game did the older coresearchers encounter in their visits to the theater? What are the age-codings in the *illusio* of the theater field? To answer this question, we first need to highlight all the different things that had to be done by our participants in order to be able to go the theater, as is indicated in the joint map of relevant practices related to cultural engagement. Figure 1 shows the most commonly described practices related to the joint theater visit in our data. Cultural engagement, as it seems in our data, was not just a case of going to the theater and enjoying the show – there was a considerable amount of preparation work that went into it.

This shows that consumption (experiencing the performance in the theater) was only a very small share of the overall process of cultural engagement. To be able (and allowed) to go to the theater, it seems, there was a whole variety of things our coresearchers had to do (and a whole variety of rules they had to follow), which was one of the reasons why many of them – despite their high interest – did not attend the theater regularly.

All the practices that were connected to cultural consumption indicate which rules are in place when older adults go to the theater. In the process of preparing the joint theater visit, our coresearchers had to carefully choose which work had to be done in order to be able to go to the theater (e.g. almost all of our study participants described how they read information about the play they were going to see), and which other things were less important and could be left out. The wide variety of practices that were done before (and after) the theater visit therefore paint a picture

Figure 1. Practices of going to the theater



of what our coresearchers felt was necessary in order to be able to go to the theater, and also gives us an idea of how challenging it was for them.

This careful process of planning, evaluating, and preparing for the theater visit that our coresearchers were involved in and documented through images and in the interviews, allowed us to understand the rules that were involved in going to the theater. Mrs. W. (72 years), for example, described in her interview the specific way that a 'normal' audience member is usually dressed: "Yesterday, I saw some people in the public transport. I did not see them at the theatre, but maybe, they were going there too. You can always spot them: beautiful, chic dress, yes. The hair nicely done, yes." Through images of a 'normal' or 'legitimate' audience member, Mrs. W. explains what she feels is necessary to do before going to the theater: dressing nicely and doing your hair the same way.

In the following, we want to focus on three specific sets of rules that were important for all of our interview partners, as they did not just define their role as audiences members, but also their role as an older audience member in the theater field: 1) Rules about the ageing body at the theater, 2) Rules about mobility in going to the theaters, and 3) Rules about subjectivities allowed in the theater.

Body Work: Preparing the Ageing Body

One important element of the age-coded *illusio* of the theater field was that bodies at the theater had to be prepared in a very specific way to be understood as legitimate. Our coresearchers described a wide variety of body work, understood as the production and modification of older bodies through work (Gimlin 2007) that had to be done in order to be able to go to the theater. Our coresearchers described (and graphically documented) a wide variety of this body work: For Mrs. W., this meant going to the hairdressers to get her hair washed and cut for the occasion, the result of which she also documented in her photo diary (Figure 2). For Mrs. H. (72 years), this meant carefully preparing clothing for the occasion: "I chose the dress I only wear at ceremonies. Thank god I had a dress for that occasion!" This kind of body work spreads across different areas of the ageing body – feet, hair, faces, and clothing – all of which were prepped to fit the occasion.

While this was a (relatively) easy task for our coresearchers, this also included work that was outside of our co-researchers' agency, more difficult or even impossible to do. In these cases, it became apparent how an ageing body – one who was not fully under the control of our coresearchers' agency – was a problem in orchestrating the theater visit. Often, this

Figure 2. Examples of body work in the visual diaries of coresearchers

was related to experiencing the ageing body as problematic in the context of the theater. Mrs. F. (71 years) tells us after asking why she does not go to the theater more often: “There are health related reasons. I cannot eat for a specific time before I go (to the theatre). Otherwise, I run to the toilet every other minute.” The apparent rule of the theater not to leave the venue during the play, therefore hindered Mrs. F. to go to the theater regularly.

Here, it seems as if the ageing body was an obstacle, something that stood in the way of Mrs. F. and her (desired) cultural activity. Another example was Mr. V., who fell asleep several times during the play and indicated feeling ashamed for it afterward (Observation Protocol Theater Visit Mr. V.). Ageing bodies, it seems in these examples, did not quite fit into the rules of the theater that were in place – and going to the theater made our coresearchers very aware of that. The apparent rule of the game, here, was that bodies in the theater were able-bodies, who were fully under the control of the audience member – a rule that seemed to be particularly hard to follow the older our coresearchers were.

Mobilities: Going There and Back Again

A second important challenge most of our coresearchers encountered in their theater experience was spatial: It was the challenge of researching, finding, and making their way to the theater. The body that was expected in the theater was, therefore, not only an able one but also a mobile one – and the mobility involved in going to the theater was described as one major challenge by our coresearchers, and impressions and barriers encountered on the way to the theater (or on the way back) were a reoccurring topic in our coresearchers’ visual diaries (Figure 3).

Partly, this is because theater art is predominantly spatial art, meaning that access to theater is heavily regulated by the spaces in which it takes place. Spatial art calls for a stage to be considered legitimate and the different kinds of venues and stages theater is performed in making a considerable difference in the perceived quality of the theater. The visited spaces, such as the Burgtheater in Vienna, can be understood as spaces of consecration (Hänzi 2015). In order to see good art, audiences have to visit these places, which might be harder for older (and less mobile) audiences.

Figure 3. Examples of mobilities in the visual diaries of coresearchers

The spaces our older coresearchers had to cross to be able to go to the theater heavily influenced the way they experienced their visit to the theater. Mrs. K. (75 years), who had to travel from her home to the Burgtheater in Vienna's city center, described herself as feeling far away from the theaters in the inner city: "And that means: I live on the other side of the world," she said in her interview. Spatial distance, in that sense, was often experienced as an emotional distance – and the less experienced our co-researchers were in crossing the spaces necessary to go to the theater, the more emotional distance they felt from the venues. This example shows how declining mobility in later life leads to feelings of exclusion from the world – for Mrs. K., it is not the theater that is on the other side of the world, but she feels that she is living on the outside of the relevant field.

This spatial distance was experienced even more strongly through the specific temporalities the theater follows. Our data included stories in which our coresearchers described their way to the theater as uncomfortable, displeasing, or at times even dangerous because they had to happen in the evening or at night: "What happens in the public transport system nowadays – especially on weekends, Friday and Saturday night – is making me feel very uncomfortable" (Mr. V., 73 years). From this perspective, we can see how another rule of the theater – that it happens predominantly in the evening – meant that older adults often experienced challenges in coming there on time. We can also see how this contributes to our coresearchers as experiencing themselves as vulnerable: Following the rules of theater, going out at night, crossing wide distances to go to these special venues, for them meant to often put themselves into an uncomfortable situation which made them feel vulnerable as an older person.

Processes of Subjectivation

The last set of rules that emerged as an important set of topics in our data was less directed toward external barriers, but included practices of subjectivation in the theater – questions about which roles our older coresearchers were allowed to take in the theater and which subjectivities were expected from them by the cultural field.

In many cases, our coresearchers felt the need to justify, evaluate, or explain why they were at the theater, by, e.g. thinking about what other audiences might see in them. Mrs. H., for example, obviously felt the need to explain – at least to the researcher she was visiting the theater with – why she was here and which role she had in the theater: "At the cloakroom, she says to me: 'I could also be here with my granddaughter', as if she had to find a justification to be in the theatre with me, a younger woman." (Observation Protocol Theater Visit Mrs. H.). The roles of the coresearchers varied from case to case and most strikingly between those study participants who had theater experience and those who did not: In some cases, coresearchers took the role of an alleged grandmother, at the theater with her granddaughter (Mrs. H.), in other cases it was the role as an experienced critic of the theater (Mr. V.). Finding, experiencing, and feeling comfortable with the diverse roles older adults were legitimately allowed to have in the theater, however, were not always easy, and it was especially the less-experienced coresearchers who had troubles finding a role in the theater.

These struggles for a legitimate position were often especially hard to conquer for our coresearchers because going to the theater, for many of our coresearchers, meant going to the theater alone, as many of our coresearchers were divorced or widowed. This shows another rule of the theater, which was that older adults were not allowed to go there alone – and reframing, ignoring, and breaking that rule were something that was described as overwhelmingly challenging for our coresearchers. Mrs. P. describes in her interview how challenging it was for her to go to the theater alone for the first time:

"I want to go (to the theatre alone, authors). Well, ok, then I have to overcome my fears. I knew (…) that the real reason (…) was my fear. Ok, I thought, everyone is here in a couple, I am the only one who is alone. I will attract attention; they will look at me (…) And then I realized: Nobody is looking at me (…) And that's what all the fuzz was about? You see, smooth sailing. And then I was relieved, I thought, now, you can go anywhere. And things like that (…) are key experiences."

Discussion and Implications

Applying a field approach to analyze cultural disengagement from the theater in later life proved highly useful to understand the processes, barriers, and challenges older adults face when visiting the theater. Focusing on the socially constructed, implicit, and often invisible rules of the game (*illusio*) of the theater exemplified how modern theater follows specific rules that are often challenging for older audiences. Our study highlights how the specific timings as well as social and spatial arrangements of the theater pose diverse challenges to older audiences. Therefore, data exemplify that we can understand the *illusio* of modern theater to be age-coded (Krekula 2009), as it included specific expectations and assumptions about the age of legitimate audiences. Applying a field approach, therefore, showed how the theater fields are materially, spatially, and temporally ordered, and it is all of these orders that address older audiences in a very particular way.

What were the rules of the game that were encountered by our study participants at the theater? First, the study participants encountered rules about the ageing body at the theater. In many occasions, the way older bodies behaved (from needing earlier breaks to finding it challenging to conquer stairs) was institutionally framed as deviant in theaters. This finding is in line with studies on dance in later life, which show that the marginalization of older people's changing bodies is at the core of the processes that order different audiences in a hierarchical relation to each other (Krekula et al. 2018). Second, the marginalization of older audiences happened through specific rules about mobilities in going there and back to the theater. In many cases, this was also connected to the timing of theater performances (which happened predominantly at night), and the regulations surrounding breaks were a challenge for older audience members. Therefore, this article adds to literature, suggesting that the hierarchical orderings of age are done through differences in access to time (Krekula et al. 2018), questioning who gets to decide, e.g. how long visitors have to sit before a break or when they are allowed to leave the performance space. Finally, through all of these rules, our older coresearchers experienced a specific type of identity, which was characterized by feeling vulnerable, deviant, and at risk as an older consumer at the theater. These processes have often been described in ethnographic studies (Aceros et al. 2015), showing how the feeling of vulnerability in later life might not (only) be based on biological changes, but on the social circumstances and arrangements that older adults participate in.

The participatory and qualitative nature of this study, therefore, enabled a thorough understanding of the theater visit in later life not only as a beneficial leisure activity but also as a collective practical accomplishment (Wanka 2019), a careful process of orchestrating that calls for significant amounts of preparation work for our older study participants that happened at different sites (from the hairdresser to the theater venue), at different times (from weeks before to days after the visit), and involved different actors (from older coresearchers to employees selling the tickets). Visiting the theater required the careful orchestrating of different tasks, which was challenging and at times exhausting for involved older coresearchers. A field approach, hence, renders visible how cultural engagement in later life calls for the careful orchestrating of older adults' everyday practices, a process that was often challenging for our older coresearchers.

Studies that have repeatedly identified the positive effects theater and arts participation have on older adults' quality of life, health, or wellbeing are significantly expanded and contextualized by this study. Besides exploring the positive effects of arts participation on older adults, supporting arts participation later in life also means to ask in how far arts institutions are prepared to include older audiences. Therefore, this study argues toward further incorporation of gerontological knowledge in cultural institutions, opening up cultural policy as a gerontological matter of concern (Sievers 2009). Enabling older adults to age actively, e.g. through arts participation, calls for enabling and supportive structures. Practice and policy in the field of theater and drama, hence, should take processes of demographic change not as a threat, but question how regulations that are in place marginalize older audiences.

Finally, this article opens up theater and drama in later life as a topic for critical gerontology, arguing that declining rates of cultural participation in later life are not an effect of declining health, but a result of social power struggles that include struggles around age and ageing. As cultural sociologists in the tradition of Pierre Bourdieu (1979/2013, 1996) have argued that cultural participation can never be fully understood if power relations are overlooked in its analysis and vice versa. Studying the differences in cultural participation between age groups, hence, means to understand these differences as “a particular state of the social struggle, i.e. a given state of distribution of advantages and obligations” (Bourdieu 1979/2013). Which age groups participate in cultural activities and which do not, from this perspective, is not a question of individual motivation or interest, but an expression of social power struggles through which the access to culture is carefully regulated (Gallistl 2021).

This study had several limitations, including the small sample and a bias in recruitment. While the qualitative nature of our approach facilitated an in-depth look into three particular theaters, it does not mean that these results can be generalized to describe the *illusio* of all theaters. In fact, many theaters, in many European countries, are engaged in various activities to create age-friendly theater spaces, e.g. through the inclusion of older amateur acting or dance groups or making theater spaces more accessible (Mälzer & Wünsche 2019). In that sense, it might be that the wider cultural, social, and community context influences in how far older adults are addressed as a relevant audience group by theaters. This aspect, however, could not be taken into consideration in this present study. The sample for this study included white older adults, who lived in the city of Vienna. Barriers in access to culture might be very different for rural areas and other geographical contexts. Finally, the scope of this study was cultural participation and disengagement in Austria. While this means that results may be relevant to western European countries, which have a similarly structured cultural sector, the case might be different in non-European contexts. The proposed field approach, however, can still be used in various contexts, and we do hope that others take this as an opportunity to develop the proposed approach further.

The applied field approach can be useful for several settings. We consider our methodological approach as especially useful for institutional contexts that contain institutional barriers in terms of empowered participation of older adults. These can be institutions with a firm institutionalized structure such as hospitals, care homes, or educational institutions as well as contexts with a latent institutionalized structure such as sport events or concerts. We, therefore, hope that the field approach that was suggested in this study will be applied to other contexts and phenomena related to age and ageing and, in the process, will be developed further.

Acknowledgments

This work was supported by the Federal Ministry for Social Affairs, Health, Care and Consumer Protection (Republic of Austria) [2015–2017] and the City of Vienna (Hochschuljubiläumsfonds der Stadt Wien).

Ethical standards

The appropriate steps have been taken. All research participants declared an informed consent to participate in this study.

Corresponding Author

Vera Gallistl, Division Gerontology, Department of General Health Studies, Karl Landsteiner University of Health Sciences, Austria, Dr. Karl-Dorrek Straße 30, 3500 Krems/Donau, Austria. Email: mailto:vera.gallistl@kl.ac.at

References

Aceros, J. C., Pols, J. & Domènech, M. (2015). Where is grandma? Home telecare, good aging and the domestication of later life. *Technological Forecasting and Social Change* 93: 102–111. doi: 10.1016/j.techfore.2014.01.016

Albert, M., & Kleinman, D. L. (2011). Bringing Pierre Bourdieu to science and technology studies. *Minerva* 49(3): 263–273. doi: 10.1007/s11024-011-9174-2

Amigoni, D. & McMullan, G. (2018). *Creativity in Later Life*. Routledge.

Bernard, M. & Rickett, M. (2016). The cultural value of older people's experiences of theater-making: A review. *The Gerontologist* 57(2): e1–e25. doi: 10.1093/geront/gnw093

Bourdieu, P. (1979/2013). *La Distinction. Critique Social du Jugement.* Éditions de Minuit.

Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste*. Harvard University Press.

Bourdieu, P. (1996). *The Rules of Art: Genesis and Structure of the Literary Field.* Stanford University Press.

Bourdieu, P. (2018). *Rules of Art. Genesis and Structure of the Literary Field*. John Wiley & Sons.

Chan, T. W. & Goldthorpe, J. H. (2007). Social stratification and cultural consumption: Music in England. *European Sociological Review* 23(1): 1–19. doi: 10.1093/esr/jcl016

Clarke, A. (2012). *Situationsanalyse: Grounded Theory Nach Dem Postmodern Turn.* Springer.

Coulton, S., Clift, S., Skingley, A. & Rodriguez, J. (2015). Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: Randomised controlled trial. *The British Journal of Psychiatry* 207(3): 250–255. doi: 10.1192/bjp.bp.113.129908

Falk, M. & Katz-Gerro, T. (2015). Cultural participation in Europe: Can we identify common determinants? *Journal of Cultural Economics* 40(2): 127–162. doi: 10.1007/s10824-015-9242-9

Fraser, K. D., O'Rourke, H. M., Wiens, H., Lai, J., Howell, C. & Brett-MacLean, P. (2015). A scoping review of research on the arts, aging, and quality of life. *The Gerontologist* 55(4): 719–729. doi: 10.1093/geront/gnv027

Gallistl, V. (2021). Cultural exclusion in old-age: A social exclusion perspective on cultural practice in later life. In K. Walsh, T. Scharf, A. Wanka & S. Regenmortel (eds.), *Social Exclusion in Later Life. Interdisciplinary and Policy Perspectives* (pp. 259–274). Springer. doi: 10.1007/978-3-030-51406-8_20

Gayo, M. (2017). Exploring cultural disengagement: The example of Chile. *Cultural Sociology* 11(4): 468–488. doi: 10.1177/1749975517727441

Gimlin, D. (2007). What is "body work"? A review of the literature. *Sociology Compass* 1(1): 353–370. doi: 10.1111/j.1751-9020.2007.00015.x

Goulding, A. (2018). The role of cultural engagement in older people's lives. *Cultural Sociology* 12(4): 518–539. doi: 10.1177/1749975518754461

Hallmann, K., Artime, C. M., Breuer, C., Dallmeyer, S. & Metz, M. (2016). Leisure participation: Modelling the decision to engage in sports and culture. *Journal of Cultural Economics* 41(4): 467–487. doi: 10.1007/s10824-016-9275-8

Hänzi, D. (2015). Konsekration auf Kredit. In C. Steuerwald, D. Danko, O. Moeschler & F. Schumacher (eds.), *Kunst und Öffentlichkeit* (pp. 305–328). Springer VS.

Jaeger, M. & Katz-Gerro, K. (2010). The rise of the eclectic cultural consumer in Denmark, 1964–2004. *The Sociological Quarterly* 51(3): 460–483. doi: 10.1111/j.1533-8525.2010.01175.x

Jivraj, S., Nazroo, J. & Barnes, M. (2016). Short- and long-term determinants of social detachment in later life. *Ageing and Society* 36(5): 924–945. doi: 10.1017/S0144686X14001561 (Accessed: October 01, 2020)

Krekula, C. (2009). Age coding: On age-based practices of distinction. *International Journal of Ageing and Later Life* 4(2): 7–31. doi: 10.3384/ijal.1652-8670.09427

Krekula, C., Arvidson, M., Heikkinen, S., Henriksson, A. & Olsson, E. (2017). On gray dancing: Constructions of age-normality through choreography and temporal codes. *Journal of Aging Studies* 42: 38–45. doi: 10.1016/j.jaging.2017.07.001

Krekula, C., Nikander, P. & Wilińska, M. (2018). Multiple marginalizations based on age: Gendered ageism and beyond. In L. Ayalon & C. Tesch-Römer (eds.), *Contemporary Perspectives on Ageism* (pp. 33–50). Springer.

Lash, S. (1993). Pierre Bourdieu: Cultural economy and social change. In C. Calhoun, E. LiPuma & M. Postone (eds.), *Bourdieu: Critical Perspectives* (pp. 193–211). The University of Chicago Press.

Mälzer, N. & Wünsche, M. (2019). Barrierefreiheit und Inklusion am Theater. Das Projekt Inklusives Theater an der Uni Hildesheim. In C. Maaß & I. Rink (eds.), *Handbuch Barrierefreie Kommunikation* (pp. 599–615). Frank & Timme.

Misoch, S. (2015). *Qualitative Interviews*. De Gruyter Oldenbourg.

Noice, T., Noice, H. & Kramer, A. F. (2013). Participatory arts for older adults: A review of benefits and challenges. *The Gerontologist* 54(5): 741–753. doi: 10.1093/geront/gnt138

Perkins, R. & Williamon, A. (2014). Learning to make music in older adulthood: A mixed-methods exploration of impacts on wellbeing. *Psychology of Music* 42(4): 550–567. doi: 10.1177/0305735613483668

Prior, N. (2005). A question of perception: Bourdieu, art and the postmodern. *The British journal of sociology* 56(1): 123–139. doi: 10.1111/j.1468-4446.2005.00050.x

Reynolds, J. (2015). Stories of creative ageing. *Working with Older People* 19(1): 33–40. doi: 10.1108/wwop-11-2014-0035

Sabeti, S. (2014). Creative ageing? Selfhood, temporality and the older adult learner. *International Journal of Lifelong Education* 34(2): 211–229. doi: 10.1080/02601370.2014.987710

Serino, M., D'Ambrosio, D. & Ragozini, G. (2017). Bridging social network analysis and field theory through multidimensional data analysis: The case of the theatrical field. *Poetics* 62: 66–80. doi: 10.1016/j.poetic.2016.12.002

Sievers, N. (2009). Herausforderungen und Handlungsoptionen für die Kulturpolitik angesichts des demografischen Wandels. In A. Hausmann & J. Körner (eds.), *Demografischer Wandel und Kultur: Veränderungen im Kulturangebot und der Kulturnachfrage* (pp. 51–70). VS Verlag für Sozialwissenschaften.

Simmonds, S., Roux, C. & Avest, I. T. (2015). Blurring the boundaries between photovoice and narrative inquiry: A narrative-photovoice methodology for gender-based research. *International Journal of Qualitative Methods* 14(3): 33–49. doi: 10.1177/160940691501400303

Strauss, L. A. & Corbin, J. (1996). *Grounded Theory. Grundlagen Qualitativer Sozialforschung*. Beltz.

Swinnen, A. (2018). "Writing to make ageing new": Dutch poets' understandings of late-life creativity. *Ageing and Society* 38(3): 543–567. doi: 10.1017/s0144686x16001197

Thomson, L. J. & Chatterjee, H. J. (2016). Well-being with objects: Evaluating a museum object-handling intervention for older adults in health care settings. *Journal of Applied Gerontology* 35(3): 349–362. doi: 10.1177/0733464814558267

Thomson, L. J., Lockyer, B., Camic, P. M. & Chatterjee, H. J. (2018). Effects of a museum-based social prescription intervention on quantitative measures of psychological wellbeing in older adults. *Perspectives in Public Health* 138(1): 28–38. doi: 10.1177/1757913917737563

Toepoel, V. (2011). Cultural participation of older adults: Investigating the contribution of lowbrow and highbrow activities to social integration and satisfaction with life. *International Journal on Disability and Human Development* 10(2): 123–129. doi: 10.1515/ijdhd.2011.027

Twigg, J. & Martin, W. (eds.). (2015). *Routledge Handbook of Cultural Gerontology*. Routledge.

Tymoszuk, U., Perkins, R., Spiro, N., Williamon, A. & Fancourt, D. (2020). Longitudinal associations between short-term, repeated, and sustained arts engagement and well-being outcomes in older adults. *The Journals of Gerontology, Series B* 75(7): 1609–1619. doi: 10.1093/geronb/gbz085

van Eijck, K. (2005). No more need for snobbism: Highbrow cultural participation in a taste democracy. *European Sociological Review* 21(5): 513–528. doi: 10.1093/esr/jci038

von Unger, H. (2014). *Partizipative Forschung. Einführung in die Forschungspraxis.* Springer.

VERBI Software. (2017). *MAXQDA 2018* [computer software]. Berlin: VERBI Software. Available on maxqda.com (Accessed: October 10, 2022).

Wanka, A. (2019). Change ahead – Emerging life-course transitions as practical accomplishments of growing old (er). *Frontiers in Sociology* 3: 1–13. doi: 10.3389/fsoc.2018.00045

International Journal of Ageing and Later Life, 2022 16(2): 33–72 © The Authors
doi: 10.3384/ijal.1652-8670.3532

The psychological and social impacts of museum-based programmes for people with a mild-to-moderate dementia: a systematic review

By HANNAH ZEILIG[1], LAURA DICKENS[2] & PAUL M. CAMIC[3]

Abstract

The importance of museum-based interventions for people with dementia has been increasingly appreciated. Yet, there is relatively little known about the psychological and social impacts of these interventions. To address this, the authors undertook a systematic review to elucidate these aspects of museum-based programmes for people with mild-to-moderate dementia. Four electronic databases were searched systematically, and eleven studies were included. Key findings were synthesised thematically, and six themes were identified: mood and enjoyment, subjective wellbeing, personhood, cognition, engagement, and social outcomes. These positive findings suggest that museum-based interventions for people with a mild-to-moderate dementia can offer a range of valuable benefits. This review also clarified that further mixed-methods studies and wait-list controlled studies, to clarify the factors that benefits may be attributed to,

---

[1] *Hanna Zeilig*, London College of Fashion, University of the Arts, London, UK.
[2] *Laura Dickens,* Salomons Institute, Canterbury Christ Church University, Canterbury, UK.
[3] *Paul* M. *Camic*, UCL Institute of Neurology-Dementia Research Centre, University College London, London, UK.

will contribute towards a more robust evidence base. In turn, this would positively impact funding and guide policy in this area.

Keywords: dementia, museum based, psychological and social impacts, systematic review, wellbeing.

Introduction

Dementia is a progressive condition marked by a deterioration in cognitive functioning and domains such as social behaviours, emotion regulation, and motivation, which affect a person's ability to carry out daily activities (World Health Organisation (WHO) 2019). There are many types of dementia that differentially affect the brain's chemistry and structure, and Alzheimer's disease is the most common form (Alzheimer's Society 2017). The number of people worldwide living with a dementia is increasing (from 47 million cases in 2015 to a predicted 75 million by 2030), situating dementia as a major cause of disability with high economic costs (WHO 2017). Consequently, strategies and policies have been developed to address this significant public health issue. The Global Action Plan on the Public Health Response to Dementia 2017–2025 (WHO 2017) outlines areas for action for moving towards better physical, mental and social wellbeing and reducing the impact of the disease on people with dementia (PWD), their families, carers and communities. The WHO report also notes the importance of developing person-centred and cost-effective interventions (2017: 5). It is important to acknowledge that dementia manifests differently in different people, and there are variations in cognitive, emotional and physical symptoms. Symptoms tend to intensify as the disease progresses (Stephan & Brayne 2014).

The challenges of living with a dementia place PWD at a greater risk of comorbid psychological difficulties such as anxiety and depression (National Collaborating Centre for Mental Health (NCCMH) 2018; National Institute for Health and Care Excellence (NICE) 2018). NICE (2018) guidance recommends a range of interventions that could support cognition, independence and wellbeing (1.4). Importantly, the physical, psychological and social impacts of dementia also affect families and carers (WHO 2019) as a person with dementia's roles, and relationships may alter (NCCMH 2018). The pioneering work of Kitwood (1997) is relevant here. Kitwood defined the concept of "personhood" in dementia as: "a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being" (p. 8) and thus acknowledged the relational impact of dementia. The concept of wellbeing is also a key focus in dementia care (NICE 2018) although there are ongoing challenges regarding its definition and measurement (Camic et al. 2019). Kitwood (1997) identified five key psychological and wellbeing needs of PWD: comfort, attachment, inclusion, occupation and identity. Kaufmann and Engel (2014) extended the Kitwood's model, using empirical data to add "agency," comprising components of "self-determination," "freedom of action" and "independence," which results in feelings of self-efficacy and self-worth. They also noted PWD are important informants of their own wellbeing.

The World Alzheimer Report (Batsch & Mittelman 2012) highlights stigma and social exclusion as significant barriers for both PWD and their carers, who describe feelings of being marginalised by society and sometimes by family and friends. The 2019 report (Alzheimer's Disease International) also highlights experiences of unfair treatment, such as others making jokes about dementia symptoms, and PWD being denied choices or ignored. Moreover, understimulation, in combination with diminished social contact, has been linked to loneliness and depression in PWD, whilst social stimuli can increase positive affect (Cohen-Mansfield et al. 2011). In addition, communication is an area of impairment experienced by PWD, which can significantly impact the quality of relationships with others and requires finding different ways to communicate and understand each other (McCarthy 2011).

Social prescribing and arts interventions

The value of social prescribing for people with long-term conditions, as well as for those who require support with their mental health, or are isolated, has been increasingly evidenced (Chatterjee et al. 2018; NHS England 2019; Veall et al. 2017). With particular reference to PWD, in the United Kingdom, the All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) championed the wider role of the arts in improving the quality of life in PWD and their carers, including visual art programmes such as those in museums and galleries. In line with this approach, museum-based interventions have proved an important way to promote the engagement and wellbeing of PWD (Camic & Chatterjee 2013; Smiraglia 2016).

The present review

A number of previous reviews have drawn together existing research, including grey literature on longstanding museum and art programmes, such as the Museum of Modern Art's Alzheimer's project "Meet me at MoMA" (Mittelman & Epstein 2009) and have examined their role for people living with dementia. The extant reviews have outlined the value and potential benefits of museum-based interventions for this population (Cousins et al. 2019; Kinsey et al. 2021; Sharma & Lee 2020; Windle et al. 2018). The current review differs from previous reviews in its aim to explore and identify the psychological and social impacts specific to museum-based programmes for people with mild-to-moderate dementia. In psychological literature and studies, subjective wellbeing is a key concept in relation to dementia. Moreover, wellbeing for people living with dementia is increasingly a concern in social policy; therefore, this was selected as a search term for this review. This provides an in-depth understanding specific to this population and setting and can inform future research and practice to contribute to a growing evidence base for museum interventions for PWD.

Methodology

A systematic review of the literature was undertaken, as described by Grant and Booth (2009). A search was conducted using the electronic databases: PsychINFO, Medline, Web of Science and Applied Social Sciences Index and Abstracts. The following search terms were used to identify relevant literature: Dement* OR Alzheimer* AND art* OR object* OR participatory OR creative* OR wellbeing OR well-being OR well being AND heritage* OR galler* OR museum* (Appendix 2). Other combinations of search terms were tried, including outcomes or combining the intervention type and location; however, these yielded tens of thousands of results, and it was decided outcomes would be implicit in the museum-based studies identified. Search terms were guided by the review topic, and key terms used in relevant literature and other literature reviews in the area. Dementia or Alzheimer's terms were thought sufficient to capture all subtypes of dementia. Terms used in the literature to describe relevant interventions were utilised with appropriate truncations to capture variations in wording or grammar and those relevant to the setting posed by the research question. No limits were applied to the year of the study; however, the search stop time was January 2020.

Figure 1 displays the process of identifying the papers reviewed here. Inclusion and exclusion criteria, as shown in Table 1, were developed to allow studies' eligibility for the review to be systematically determined.

Figure 1. Flowchart of the process of identifying included studies

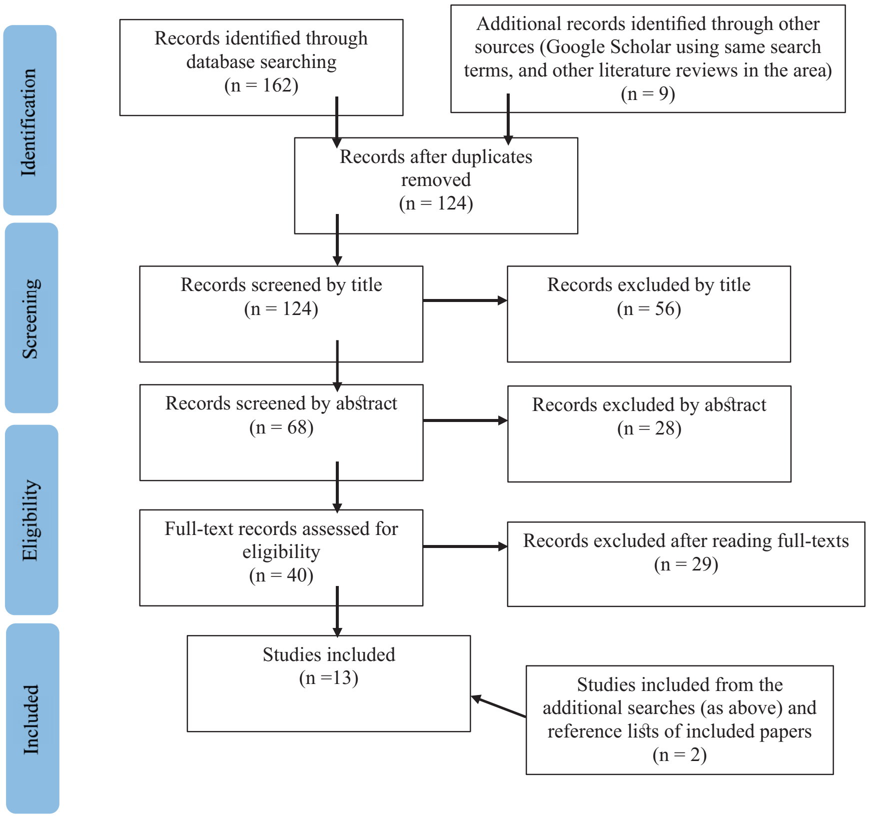


Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
English language	
Empirical studies published in peer-reviewed academic journal articles	Grey literature or reports
Dementia sample (or clearly specified as in the large majority)	Non-dementia sample, e.g. other cognitive impairment, older people without a dementia or where this is not specified
Mild-to-moderate dementia	Where the stage of dementia is not clearly indicated or specified
Museum-based interventions	Other interventions, e.g. reminiscence and art therapy
The intervention takes place exclusively in a heritage setting, e.g. a museum or gallery	Part of the intervention takes place in a museum and part in a non-heritage setting
The study includes a focus on outcomes relating to the psychological and/or social impacts including wellbeing impacts on PWD following an art intervention	Focus is on physiological, clinical and environmental outcomes on PWD following an art intervention

Note. PWD: people with dementia.

Studies that met these criteria were selected for inclusion. Those on the border of the criteria were discussed amongst two of the authors and an independent researcher to ensure these were applied as systematically as possible. For example, some studies were conducted in part in a heritage setting and in part in an outreach setting, such as a day centre. Studies were excluded if they did not take place exclusively in heritage settings, or used PowerPoint presentations as opposed to viewing authentic art. This enabled the studies to be as homogenous as possible in order to meaningfully synthesise their findings in relation to the research question. Findings from studies including samples with a range of dementia severity (mild to severe) were included provided the intervention, and its findings were separately and clearly reported for people with a mild-to-moderate dementia. In addition, studies in which samples consisted of PWD and other cognitive disorders were included in cases where these characteristics were clearly specified, and the large majority of the samples were PWD. Table 2 presents a summary of the 11 studies included in this review.

Quality assessment

The QualSyst (Kmet et al. 2004) was used to systematically assess the quality of the included studies (Appendix 1). This set of criteria was chosen for its ability to simultaneously appraise both quantitative and qualitative studies. Mixed-method studies were scored using the tool for both for their quantitative and qualitative aspects. The tool was developed drawing on existing appraisal tools, has good inter-rater reliability and is particularly appropriate when synthesising different study designs. A specialist librarian was consulted and advised the authors on the search strategy and use of search terms. All authors agreed on the terms and search criteria and ensured that the subsequent data extraction was robust and accurate.

Ethical considerations

Ethical approval was not needed for this review because only data from previously published studies in which informed consent was obtained by the primary investigators were retrieved and analysed. Nonetheless, the authors were cognisant of search, availability and language bias and were careful to include a wide range of databases and not to simply include those studies that were most easily accessible.

Results

Overview of included studies

Of the 11 studies reviewed, three employed quantitative methods, two were qualitative and six utilised a mixed-methods approach. Two studies undertook different analyses on the same intervention. Given the infancy of research in this area, the majority of studies were exploratory, feasibility or pilot studies either investigating existing programmes or conducting sessions for the purpose of the research. They utilised a range

Table 2. Summary of studies included in the review

Study/quality rating	Sample	Aims	Intervention	Measures/ evaluation	Design/ methodology	Key findings
Burnside et al. (2017) USA Quality rating score: qualitative 80%	PWD ($n = 21$) Early or mild stages of dementia on average. Clinical Dementia Rating scale (CDR) 4 = 0.5, 14 = 1, 1 = 2 Age (60–84, $M = 76$) 76% university degree. Prior arts experience: none 19%, moderate 24%, extensive 57% Carers ($n = 21$) Spouses (52%), daughters, paid carers and other family members 1 African American dyad, 1 Asian dyad, 19 white dyads	To explore the impact of "Here: now," a museum-based experiential arts programme for PWD and their carers and to develop a conceptual model regarding important components, processes and outcomes	Two (on-going) programmes: 1. Monthly one-time discussion-based gallery tours (90 minutes, 5–6 dyads, 3 artworks) include group and dyad discussion 2. Six-week programme including a gallery tour and studio art-making classes (120 minutes, art work discussion and materials around themes of the art shown) Total of 7 gallery tours and 3×6 art-making classes. Dyads participated in 1 or more of these Guided by a museum educator trained in working with PWD and visual thinking strategies Frye Art Museum	Semi-structured telephone interviews with PWD ($n = 13$) and their carers ($n = 21$). These took place 2 weeks post-participation Interviewer was independent to the programme	Qualitative Grounded theory	Major themes: facilitation, engagement, mindfulness, enjoyment, socialisation, joint respite, personhood, relationship normalising, relationship affirming, relationship growth and personal growth These were divided into relationship effects and personal effects Important factors to the programme: museum space, facilitation process and socialisation with others Conceptual model comprised: antecedents, structural factors, process (mindfulness incorporating the themes of enjoyment, socialisation, joint respite and personhood), outcomes

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/ evaluation	Design/ methodology	Key findings
Camic et al. (2014) UK Quality rating score: Qualitative 90% Quantitative 77%	PWD ($n = 12$) Mild-to-moderate dementia. Mini-Mental Status Exam (MMSE) scores ranged from 10 to 24 ($M = 20.1$) Addenbrooke's Cognitive Examination-Revised (ACE-R) scores ranged from 18 to 73 ($M = 52.8$, SD = 18.4) Age (58–94, $M = 78.3$, SD = 8.8) 17 White British, 4 White European, 2 British Asian, 1 Black British Carers ($n = 12$) Neuropsychiatric inventory (NPI) completed by carers	To explore the feasibility and impact on social inclusion, carer burden, quality of life and daily living activities of a gallery-based intervention for PWD and their carers	8-Week group art-viewing (60 minutes) and art-making (60 minutes) sessions across two different art galleries for PWD and their carers Dulwich picture Gallery and Nottingham Contemporary	Standardised measures: PWD: Dementia Quality of Life Questionnaire (DEMQOL-4) Carers: Zarit Burden Interview (ZBI) and the Bristol Activities of Daily Living scale (BADLS) Semi-structured interviews with participating dyads 2–3 weeks post participation (50–90 minutes) Field notes taken by researchers who attended all sessions	Mixed-methods, pre-post design Thematic analysis on interviews and field notes	No significant pre-post differences between galleries No significant pre-post differences in quality of life (which remained stable), activities of daily living or carer burden (although there was a slight trend in reduction) Key qualitative themes: social impact, cognitive capacities and art gallery setting

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/ evaluation	Design/ methodology	Key findings
Camic et al. (2016) UK Quality rating score: Qualitative 85% (This is the same intervention and data as in Camic et al. 2014)	PWD ($n = 12$) Mild-to-moderate dementia Carers ($n = 12$)	To develop a theoretical understanding of the impact of art gallery-based programmes for PWD and their carers	8-Week group art-viewing (60 minutes) and art-making (60 minutes) sessions across two different art galleries for PWD and their carers Gallery facilitators ($n = 4$) led guided discussions on 2–3 artworks and in 3 sessions dyads also discussed an artwork or object of interest Art-making in studio with professional artist with experience working with older people. Theme influenced by paintings discussed. Different materials provided each week	Semi-structured interviews with participating dyads 2–3 weeks post-participation (50–90 minutes) Field notes written by the researchers Written communication between the facilitators and research team Semi-structured interviews with program facilitators (30–60 minutes)	Qualitative Grounded theory Triangulation of data sources	Emerging theory with four primary components: valued place, intellectual stimulation, social interaction and changed perceptions Impact on individual (positive affect), relational (social interaction) and community (changed perceptions) levels

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/ evaluation	Design/ methodology	Key findings
D'Cunha et al. (2019) Australia Quality rating score: Quantitative 86% (The physiological data in this study were not included in the review)	PWD ($n = 25$) Moderate dementia as indicated by scores on the Mini-Addenbrooke's Cognitive Examination (M-ACE) 17 female Age ($M = 84.7$) Majority living in residential care and one living in the community Moderate level of independence as scored on BADL 17 Alzheimer's disease, 3 vascular dementia, 2 Parkinson's, 3 mixed 60% Australian Median of 10 years of education Family members/ friends/care staff were asked to act as a study partner	An exploratory study to investigate the impact of an arts programme on physiological and psychological measures	6-Week discussion-based art-viewing sessions (90 minutes, 3–4 works of art). Form of art differed each week. 5 groups. Led by 2 art educators trained in working with PWD and attended by 1–2 researchers Care staff and researchers were asked to limit their input and sat behind the group National Gallery of Australia	PWD: Geriatric Depression Scale (GDS), Health-Related Quality of Life Questionnaire for PWD (DEMQOL), M-ACE General Wellbeing Questionnaire (GWQ) sessions 1, 3 and 6 Carers: DEMQOL-carer Behavioural observation using a standardised template Exit questionnaire for those who recalled the sessions 6 weeks later	Quasi-experimental One week pre-1 day post the 6-week intervention with 6 week follow-up Statistical tests	Improvements in pre-post self-reported QoL for PWD but no differences were found in QoL as rated by carers Improvements in pre-post symptoms of depression and M-ACE scores (immediate recall and verbal fluency only) GWQ scores improved from sessions 1 to 3 and were maintained at session 6 Behavioural observations: increase in laughter and happiness between sessions 1 and 2 and then decreased. No other changes 48% completed exit questionnaire. Overall rated experience as memorable, looked forward to it, and carers felt it was beneficial for PWD. Participants rated average experience as 8.12 out of 10

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/ evaluation	Design/ methodology	Key findings
Eekelaar et al. (2012) UK Quality rating score: Qualitative 80% Quantitative 82%	PWD ($n = 6$) Early-to-mid stages of dementia. MMSE (18–24, $M = 21.67$) Age (68–91, $M = 78.67$) Carers ($n = 6$) Five spouse, one son Both groups three male	Exploratory study investigating the impact of a gallery intervention on cognition in PWD, namely, episodic memory and verbal fluency	3-Week gallery sessions: discussion-based art-viewing (30 minutes, 2–3 artworks) and art-making (60 minutes) in a studio Led by an art educator and an art therapist Dulwich Picture Gallery	Semi-structured interviews with PWD and carers pre- and 4 weeks post-participation Audio recordings of art-making sessions	Mixed-methods Pre-post design Content analysis for outcomes relating to cognition from interviews and art-making sessions (not art viewing) Thematic analysis on carer post-interviews	Patterns of increased episodic memory from pre-interviews across the sessions and maintained at follow-up. A more ambiguous increase in verbal fluency (a slight decrease in disfluencies) from pre-interview across the sessions and not maintained at follow-up. Both consisted of much fluctuation across sessions Carer reports corroborated these improvements Themes: social activity, PWD becoming their old selves, shared experience

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/ evaluation	Design/ methodology	Key findings
Flatt et al. (2015) USA Quality rating score: Qualitative 85% Quantitative 82%	PWD (n = 8) Early-stage dementia (n = 6) (Alzheimer's) and related cognitive disorders (n = 2). Referred to as ADRD Age (60+) Five female Eight Caucasian, two African American Carers (n = 10) Family	To explore the subjective experiences of people with ADRD and their carers of a museum activity	A one-time art museum activity: a discussion-based guided tour (60 minutes, 4 artworks) and an art-making studio activity (120 minutes). Four one-off sessions were held Led by a museum educator The Andy Warhol Museum	Unvalidated brief satisfaction survey Focus groups using a script to guide the interview (n = 4; 4–7 participants, 30 minutes) Both took place immediately after the intervention Field notes	Cross-sectional, qualitative Thematic analysis Descriptive and statistical analysis for the satisfaction survey	Key themes: cognitive stimulation, social connections and self-esteem In addition, themes of programmatic issues such as activity-specific concerns and program logistics were identified that could help improve future art programmes Participants enjoyed the art-making most followed by the group interactions (rated higher by people with ADRD than carers) and the guided art discussion Overall satisfaction related to having previous art/museum experience and to perceived social cohesion, including a sense of and positive feelings of morale

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/evaluation	Design/methodology	Key findings
Johnson et al. (2017) UK Quality rating score: Quantitative 82%	PWD ($n = 36$) Early-to-mid stages of dementia 2 early onset Alzheimer's, 17 Alzheimer's, 5 FTD, 4 Vascular, 8 mixed 25 male Age (58–85, $M = 74$) Living at home Carers ($n = 30$) Could attend with or without carer	To compare the impact of two museum activities and a social refreshment break on the subjective wellbeing of PWD and their carers	Group object handling (45 minutes) and art-viewing (45 minutes) with a social refreshment break in the middle (shorter in duration). 11 sessions in total. 4–8 people in a group. Included facilitator and volunteers. Same facilitator for all sessions. Museum in South East England	Subjective wellbeing pre- and post- activities (4 time points): Visual Analog Scales (VAS) happy/sad, well/unwell, interested/bored, confident/not confident, optimistic/not optimistic Feedback questionnaire	Quasi-experimental Mixed 2×4 repeated-measures crossover design with two groups: PWD and carers	Significant improvements in wellbeing during both activities (irrespective of order) but not in the refreshment break for both PWD and carers This increase was not significantly greater after object handling than art-viewing Positive feedback on participant experiences: 91% used positive adjectives and 6% neutral. 55% said preferred object handling, 36% art-viewing, 9% both equally

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/ evaluation	Design/ methodology	Key findings
MacPherson et al. (2009) Australia Quality rating score: Qualitative 70% Quantitative 82% Only participants with mild-to-moderate dementia (community group) are included as group interventions, and findings were conducted and reported separately for those with moderate-to-severe dementia (residential group)	PWD (n = 7) Mild-to-moderate dementia. CDR = 4 mild, 3 moderate Living at home Age (56–80, M = 70.8) Accompanied by an Alzheimer's Australia volunteer Presence and role of carers is unclear Measure of behaviours associated with dementia that cause carer stress completed (only pre-intervention)	A pilot study to assess whether PWD could engage with an art-viewing activity in a gallery and explore the impact of this for participants	Ongoing programme 6-Week art-viewing group sessions (45–60 minutes, 4 artworks). 1 all male and 1 all female group Groups facilitated by the same 2 gallery educators National Gallery of Australia (NGA)	Video-recorded sessions for behavioural analysis Focus groups 6 weeks post-intervention with PWD, carers and educators	Mixed-methods Mixed-subject design. Time sampling methods to analyse engagement. (Weeks 1 and 5 coded to see change over time) Grounded theory to analyse focus group transcripts	No significant differences in engagement between sessions 1 and 5 suggesting participants started off and remained engaged throughout No significant main effects for type of participant (community vs residential) or session (1 or 5) Focus groups: PWD: enjoyment of the programme, engagement and intrinsic benefits independent of having dementia, normalisation and discovery of residual abilities, social aspects, future of the programme Carers: recall, enjoyment, social aspects and (no) lasting change. Logistical issues and improvements to the programme Educators reports likely across both groups (community and residential): initial expectations and subsequent experience, gaining skills. Enjoyment/confidence and memory stimulation in PWD

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/ evaluation	Design/ methodology	Key findings
McGuigan et al. (2015) New Zealand Quality rating score: Qualitative 80% Quantitative 68%	PWD (n = 8) Severity of dementia not specified but noted all participants could provide their own written consent Age (73–90) Three men Six Alzheimer's, one mixed, one vascular Carers (n = 8) Five spouses, three children	A practice-based pilot study. To explore the experiences of a museum-based programme for PWD and their carers An additional aim of the museum was to consider the development and delivery to develop the programme for future use, the programmes development and implementation	6-Week museum programme (120 minutes: 20–30 minutes settling in, 35–40 minutes activity, refreshments provided after). Sessions took place in the members' lounge or gallery and included the use of objects or images alone, a combination of both, and three different gallery tours Led by museum volunteer guides with training to increase their understanding of dementia. A specialised tour style with "occasional opportunities for participants to speak" Focus was on an intervention PWD and cares could do together – equal focus Auckland Museum	Participant observation by independent researcher Focus groups at completion (n = 2, 2 with carers, 1 with volunteers, 60–90 minutes). Did not include PWD Individual interviews with Alzheimer's Auckland and museum staff Feedback sessions with volunteers and museum staff	Mixed-methods Time-sampling to evaluate attentiveness using unvalidated scale and continuous observation in rest of sessions Thematic analysis for focus groups and interviews	Average attentiveness remained high on average across the sessions. PWD were found to be most attentive in the session who used both objects and images and overall in sessions in the lounge compared with the gallery No statistical analysis Key themes: socialisation, programme delivery, shared experiences and practical issues Noted using objects in isolation was difficult for PWD without contextualising images and due to facilitators moving to the next topic whilst the previous object was being passed on, putting extra demands on attention to split this between the object and facilitator

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/ evaluation	Design/ methodology	Key findings
Schall et al. (2018) Germany Quality rating score: Qualitative 70% Quantitative 79%	PWD (n = 44) Mild-to-moderate dementia Living at home 23 female 32 Alzheimer's disease, 7 vascular, 2 Parkinson's disease dementia, 3 unclear. Age (51–93, M = 75.1, SD = 7.70 in the intervention group and 76.4 years, SD = 8.68 in the wait-list control group) 54.5% had a university or similar higher education degree. 4.5% had no vocational qualifications Carers (n = 44) Spouses (56.8%) or adult children (31.8%)	To explore the impact of the ART Encounters: Museum Intervention Study (ARTEMIS) on PWD and their carers A subsample of a related study	Intervention group (25 dyads): 6-week group guided art tour (60 minutes, different themes, 4–8 people) and an art-making activity in studio (60 minutes, where carried out tasks in pairs). Total of 13 groups Staff had dementia training based on the TANDEM training model Frankfurt Stadel Museum Control group (19 dyads): independent museum visits 4 months prior to the intervention	Standardised measures PWD: cognitive status (MMSE and ADAS-Cog), Geriatric Depression Scale (GDS), Quality of Life in Alzheimer's Disease (QoL-AD), NPI PWD and carers well-being: self-rating Smiley Scale pre-post each session/ museum visit Carers subjective evaluations of PWD after each session	Randomised wait-list controlled study Mixed-methods Pre-post measures a few days before/ after the intervention Follow-up assessments with carers 3 months later	Significant pre-post improvements for self-reported QoL for PWD in the intervention group when compared with the control group, who had a positive non-significant trend Significantly improved total NPI scores and the subscales affective (depression and anxiety) and apathy post-intervention and significant improvement in apathy in the control group Significant positive increase in emotional wellbeing pre-post each intervention session for PWD with medium effect sizes Subjective evaluations by carers "largely confirm the positive impact on emotional state and wellbeing"

(*Continued*)

Table 2. (*Continued*)

Study/quality rating	Sample	Aims	Intervention	Measures/evaluation	Design/methodology	Key findings
Young et al. (2015) UK Quality rating score: Quantitative 82%	PWD (*n* = 13) Early-to-mid stage dementia. Inclusion criteria: MMSE score between 10 and 24 11 female All White British Age (group 1: 60–94, *M* = 78.8, group 2: 73–91, *M* = 81.6) Carers (*n* = 13)	To investigate the impact of art-making and art-viewing on verbal fluency and memory Built on Eekelaar et al. (2012) to increase sessions and explore both art activities	8-Week discussion-based art-viewing (60 minutes, 1 artwork) and art-making in studio (60 minutes). In weeks 2 and 8 asked to bring in "interesting objects" to also pass around and discuss. Total of two groups Led by an artist educator who had dementia awareness training Contemporary art gallery	Audio recordings of art-viewing and art-making sessions (6.25% data missing due to failed audio recordings)	Quantitative content analysis on group data Data presented graphically as statistical analysis was not possible	Verbal fluency: disfluencies decreased and semantic clustering increased in both art activities from the first to final sessions. Disfluencies were more improved in art-making sessions and semantic clustering in art-viewing Reports of lifetime memories: overall increase from first to last sessions in both sessions, and more so in art-viewing However, these findings were not linear and considerable fluctuation occurred between sessions Exit interviews: carers reflected positive impact of the groups (not mentioned before the discussion)

of pre-post and cross-sectional designs and quasi-experimental designs, including one waitlist randomised controlled trial. Studies broadly aimed to investigate the experiences or impacts of museum-based interventions on PWD (and, to a lesser extent, their carers) in a range of domains such as subjective wellbeing, cognitive functioning, engagement, quality of life and mood. In addition, one study compared two museum-based interventions, and two studies also sought to develop a conceptual understanding.

All interventions took place in public art galleries or museums, in either or both the main galleries and private rooms. The length of interventions varied from one-off sessions to 8-week programmes, and sessions ranged from 45 minutes to 3 hours. Of the interventions used, seven included both art-viewing and art-making components (one of which also asked participants to bring in objects to share in two of eight sessions), two studies consisted of art-viewing only, one compared art-viewing and object handling, and one used only images, only object handling, a combination of both and gallery tours. The majority of interventions included a discussion-based exploration of art and involved facilitators with some training in dementia awareness or working with PWD. In addition, all interventions included carers. Some interventions were designed equally for carers and PWD, others noted carers were invited as support for PWD, and one study stated carers were optional, but most attended with a carer. The role of carers in one study was not specified. The majority of carers not only were family members but also included close friends, paid carers and staff. Data collection varied from in-the-moment measures to those several weeks post-intervention. Some measures relied more on the self-reports of PWD and others on the observations of researchers or carers. The studies took place in Australia, Germany, the UK and the USA.

Quality check and critique of studies

The overall scores of studies ranged from 68% to 91%. Overall, studies stated their aims clearly and used appropriate designs to address these. Most included small sample sizes (range = 6–44). This was deemed appropriate for one quantitative study. However, for many studies, this was rated as only partially appropriate, particularly given the use of statistical tests and general lack of power calculations, or the inability to conduct statistical tests and instead rely on drawing interpretations from descriptive data. One study did include power calculations, but their sample size was smaller than that specified for some calculations.

In relation to the recruitment of participants, studies were typically lacking in replicable detail around recruitment methods and procedures. All studies were rated as partially meeting the quality criteria in this domain, given the opportunity samples used. Authors demonstrated some awareness of this limitation in which samples may be biased to include people who have an interest in the arts.

The range of participant characteristics reported varied across the studies, although all but one study was rated as giving sufficient information. This study provided fewer characteristics and did not specify the sex of participants or where they were residing. One study did not specify the level of dementia severity but did note participants could consent for themselves. Several did not report the subtypes of dementia of people within the sample. These characteristics were not central to the research questions but can make it difficult to compare samples across studies.

Overall, studies did not control well for confounds. Few studies used a control group, and only one was able to randomly allocate to groups and used an appropriate method for this. However, comparability of baseline characteristics was conducted for a few studies.

Measures for outcomes were generally well reported and explained, including non-standardised measures. These were appropriate, again given the studies' exploratory nature. For example, two studies used quantitative content analysis as a novel way to explore data in a naturalistic setting, which, whilst not as robust as validated measures, was appropriate to the aims of the study to use non-obtrusive methods to capture in-the-moment change. A range of measures were used to explore diverse outcomes (including psychological, social, cognitive and, whilst not a focus of this study, physiological) sometimes using different tools across studies for the same domain. This can make it more difficult to compare studies and also reflects the widely reported difficulty of defining concepts such as "wellbeing" (Dodge et al. 2012). It should be noted that "wellbeing" is an outcome in the studies included here, rather than an intervention.

Quantitative analytical methods were often well described and appropriate. However, there were instances in which statistical tests were not conducted, without a clear rationale for their omission. In other cases, statistical tests were run for some parts of the data and not others, again without a clear rationale. It is possible this was due to small sample sizes but could also be due to only reporting tests that were run and yielded significant results, thus giving an incomplete picture of the analysis. Variance was often not adequately reported, only providing standard deviations.

Qualitative data collection methods were generally described well and were transparent and could, therefore, be replicated (Aguinis & Solarino 2019), with the exception of two studies, which did not give sufficient detail about the focus of interviews or focus groups. Qualitative methodologies varied from descriptive to thematic analysis and grounded theory. These were typically well explained with supporting quotes, and all but one study reported some method to increase credibility, including the triangulation of data, peer reviews and inter-rater reliability. However, only two studies reported using reflexivity, and none specifically described how their own characteristics may have influenced the data. Qualitative analyses were only partially explained in some instances. These included having few supporting quotes to allow a judgement to be made on the appropriateness of the interpretation in one study, and not clearly describing the analytical procedure, so that it could be sufficiently understood.

Results were reported in sufficient detail and had logical conclusions. Where descriptive results were interpreted as support for positive changes in a domain, conclusions presented this evidence more tentatively, acknowledging the limitations within the methodology. This was appropriate and prevented findings from being overstated.

Themes

Given the overlap in the outcomes and themes of the studies' findings, these were synthesised thematically through a reflexive process of re-reading studies to identify and refine themes.

Psychological outcomes: mood and enjoyment

Overall, improved mood and enjoyment were important aspects of the interventions.

Although quantitative results connected with mood and enjoyment were mixed, they suggested that positive outcomes were not maintained over time (D'Cunha et al. 2019; Schall et al. 2018).

In qualitative studies, improved mood and enjoyment featured consistently as benefits of the interventions identified by PWD (Flatt et al. 2015; Johnson et al. 2017; MacPherson et al. 2009). Burnside et al. (2017) highlighted "enjoyment," and Eekelaar et al. (2012) identified the theme PWD "becoming old selves," which included the subtheme "improvement in mood." Enjoyment was reported both during and after the interventions by D'Cunha et al. (2019).

Two studies investigated the specific components of the intervention that might have contributed to enjoyment, in more depth. In Johnson et al. (2017), preferences of the experienced art activities were rated equally (object handling and art-viewing). Flatt et al. (2015) found participants enjoyed the components of the intervention in the following order from the most enjoyable: art-making (rated significantly higher than the following two components), group interaction, and guided art discussion.

Finally, two studies (MacPherson et al. 2009; Schall et al. 2018) drawing on carers' and/or facilitators' perspectives regarding the impact of interventions on PWD also reported benefits to mood and enjoyment levels. MacPherson et al.'s (2009) analysis of carers' reports in relation to PWD resulted in the theme "enjoyment," with one carer noting, "you do it for the moment" (p. 748). Schall et al. (2018) descriptively reported carers' subjective evaluations of PWD during sessions. These reflected frequent expressions of positive emotion by PWD during creative activities such as those based on biographical themes and when drawing to music. The authors noted the reports "largely confirm the positive impact on the emotional state and well-being" (p. 738) reflected in their quantitative findings. Quotes from open-ended questions also referred to PWD experiencing enjoyment.

Clearly, notwithstanding the mixed results from quantitative measures, the reviewed papers suggest enjoyment and improved mood for PWD are two important potential benefits of the interventions.

Subjective wellbeing

The findings from the studies reviewed provide support for museum-based programmes having a positive impact on subjective wellbeing.

Employing a measure of general wellbeing questionnaire (GWQ), D'Cunha et al. (2019) found an increase between weeks 1 and 3, which was maintained at week 6. Johnson et al. (2017) found subjective wellbeing to significantly increase pre-post both art-viewing and object handling sessions but not for a refreshment break for both PWD and carers, suggesting wellbeing was impacted by the art activities over and above socialisation and refreshments. There was not a statistically significant difference between art viewing and object handling. Schall et al. (2018) also used a visual subjective wellbeing measure (Smiley Scale) pre- and post-intervention and control group sessions, finding significant improvements following the intervention and a non-significant but slightly positive trend in the control group. Comparisons between each of the intervention sessions with the control group showed an overall majority of medium effect sizes.

Personhood

Findings highlight the potential for museum-interventions to support the personhood of PWD.

Several qualitative studies identified concepts relating to personhood as themes in their analysis. Burnside et al. (2017) developed a conceptual model comprising themes of "personal growth" and "preservation of personhood." They also highlighted "personhood" as one of several incorporated themes that made up "mindfulness," which was reported to contribute to the process and essence of the intervention. Camic et al. (2016) also noted that both others and the gallery setting contributed to "a sense of normalcy, equality and personhood." MacPherson et al. (2009) identified themes of "normalisation and discovery of residual abilities" relating to being treated by others as normal and having the ability to do things despite dementia. Flatt et al. (2015) identified the theme "self-esteem" referring to the positive feelings expressed when discussing the intervention. This theme comprised the subthemes "feeling accepted or a sense of normalcy," "a sense of autonomy or control or mastery" and "feeling special or important."

Cognition

Memory and verbal fluency were two specific cognitive domains that featured in the reviewed literature. Overall, the findings suggest art gallery and museum interventions were cognitively stimulating and may improve aspects of memory and verbal fluency in PWD; however, these positive effects may not be maintained over time.

In qualitative analyses (Camic et al. 2014, 2016; Eekelaar et al. 2012; MacPherson et al. 2009; McGuigan et al. 2015), memory emerged as a commonly reported theme. Memory is a broad concept, and the studies referred to a range of processes, including "memory stimulation," "recall" (MacPherson et al. 2009), "engagement and new learning" (Camic et al. 2014) and "cognitive stimulation" (Flatt et al. 2015). McGuigan et al. (2015) referred to subthemes "nostalgia," "memories inspired by the sessions" and "other memories." Eekelaar et al. (2012) identified the subthemes "recalling memories" and "increased verbalizations." They found an overall increase in episodic memory frequencies from pre-interviews across sessions which were maintained at follow-up (including some variability). The authors noted these findings were corroborated by qualitative findings.

Camic et al. (2016) reported a superordinate category of "intellectual stimulation" referring to a learning experience rather than merely reminiscence.

Eekelaar et al. (2012) found overall improvements in verbal fluency (as explored through disfluent speech and semantic clustering) from pre-interviews to art-making sessions, but these were not maintained at follow-up. Disfluencies in speech only decreased slightly during art-making (and include some anomalies), which the authors acknowledge as a more ambiguous finding. Building on Eekelaar et al. (2012), Young et al. (2015) reported that both disfluencies and sematic clustering improved in both art-viewing and art-making activities from the first (or second session where there was missing data) to the final session. Lifetime memory reporting was also found to increase from the first to final sessions in both art activities, with a bigger impact during art-viewing than art-making (increase of 7.18% and 4.08%, respectively). However, changes in verbal fluency and memory were not linear and fluctuated considerably from session to session, which the authors note presents challenges when trying to draw definitive conclusions without looking in more depth at the content of session discussions.

Other findings also related to whether positive cognitive effects were maintained after the intervention. D'Cunha et al. (2019) reported a pre-post intervention increase in cognitive function (using the Mini-Addenbrooke's Cognitive Examination) in both the overall score and the subdomains of "immediate recall" and "verbal fluency," but this was not maintained 6 weeks later. Improvements in verbal fluency from pre-interviews to art-making sessions in Eekelaar et al. (2012) were similarly not maintained at follow-up.

Engagement

Overall, findings indicate that the art programmes engaged PWD in a variety of ways (including with the artwork and others present). Qualitative and quantitative results alike indicated that engagement was an important feature of the interventions. In the context of the studies reviewed, "engagement" referred to being involved in the art activity, being attentive and communicative, as well as participants feeling connected with others.

Thus, for Burnside et al. (2017), "engagement" encompassed participant responses including communication with the facilitator, the process of the art activity and the feeling of connected with others, whilst in Camic et al. (2016), the subthemes "engagement" included different perspectives on engaging with art from positive to feeling overwhelmed or discomfort.

Quantitative methods enabled some researchers to capture high levels of engagement experienced by PWD. MacPherson et al. (2009) explored changes in engagement. No significant differences were found between sessions 1 and 5, which the authors note suggests participants began and remained engaged throughout. Only a small proportion of negative or neutral observations was made (less than 10% across groups). McGuigan et al. (2015) found that the average attentiveness of PWD remained high across sessions. This study found higher mean scores in sessions held in a members' lounge (however several members were also observed to fall asleep) compared with the sessions involving gallery tours. However, the authors considered the potential impact of the increased difficulty in observing participants in the gallery in relation to this finding. PWD were found to be most attentive in a session that used both objects and images. The authors recommend this combination for maximising engagement opportunities.

Other studies reported more mixed results. D'Cunha et al. (2019) found that behavioural observations showed no changes in prompted or unprompted discussion, sleeping or negative emotions. However, they did find an increase in happiness and laughter between sessions 1 and 2. Eekelaar et al. (2012) found factual observations and opinions made by PWD in response to art works decreased during art-making sessions and rose again at follow-up, with some individual variability at follow-up in factual observations. The frequencies of emotional reactions to paintings occurred at a similar rate both pre- and during sessions and decreased in post-interviews; however, individual data show variability. Soliciting information (seeking knowledge and requesting guidance) was also observed. Seeking knowledge showed similar levels at pre- and during sessions, which dropped at post-interview, but with inconsistent individual patterns. One PWD displayed direct requests of guidance to facilitators (about what to do or say) and more so in sessions than in pre–post interviews.

Social outcomes

Overall, the studies highlighted a broad range of social benefits of the interventions.

McGuigan et al. (2015) identified themes of "socialisation," including subthemes of "connecting with others," "novelty," "re-engagement with the museum," "opening up another venue to visit" and the theme "shared experiences." Eekelaar et al. (2012) identified themes of "social activity" and subthemes of (reduced) "isolation" and "structure," and the theme "shared experience," with subthemes of "learning together" and "making art together." Camic et al. (2014) identified the theme "social impact" and subcategories of "social aspect of the group" and "caring relationship." Camic et al. (2016) also reported a superordinate category of "social interaction" with associated subcategories of "carer respite and support" and "interaction." Flatt et al. (2015) identified "social connections" as a theme with the subthemes "connecting with others" and "how others shaped the experience." In addition, they found people with early-stage Alzheimer's disease or related cognitive disorders to rate the group interactions significantly higher regarding enjoyment than their carers.

MacPherson et al.'s (2009) theme "social aspects" not only included positive elements of social contact but also expressed concerns such as "making an idiot of self." In addition, an identified theme from carers reports was "social aspects and [no] lasting change," whilst a theme from the comments of session facilitators was "excess disability," where PWD displayed less confidence when their carers' were present. Burnside et al. (2017) developed a conceptual model that identified the process and essence of the intervention as the theme "mindfulness," incorporating themes including "socialisation" and "joint respite." Their model highlighted an outcome of relationship effects comprising themes of "relationship normalising," collaborating and removing the stigma associated with dementia, "relationship affirming" in relation to the current bonds and "relationship growth" together in a meaningful experience.

Discussion

This review has investigated the psychological and social impacts of museum-based programmes for people living with a mild-to-moderate dementia. A synthesis of the findings of the 11 reviewed studies has highlighted key themes across the literature in relation to these impacts.

The papers reviewed here were largely exploratory in nature. Due in part to the practical restraints imposed by conducting research in naturalistic settings, sample sizes were small. As a result, any conclusions must be drawn tentatively, something the studies tended to acknowledge appropriately. With this caveat in mind, this review offers observations regarding key themes, acknowledging the evidence reviewed and its limitations.

Clear themes emerging across both qualitative and quantitative studies included social benefits, improvements in mood (although quantitative findings were mixed) and enjoyment. These reflect the findings of a previous review of museum programmes in a more general older adult population (Smiraglia 2016).

The theme of cognition was also evident and is more broadly explored in a review by Young et al. (2016). Papers utilising quantitative methods were again limited in the conclusions they could draw in relation to these findings. Sample sizes meant statistical analyses were unable to be run, instead descriptive frequencies and improvements were reported where small increases in measures were observed. At times, these observations appeared to obscure the substantial fluctuation in scores that occurred between sessions. However, as exploratory studies employing novel methods that seek to capture changes during sessions, rather than simply pre- and post, these emerging findings are promising.

Themes of subjective wellbeing, of which PWD are important informants (Kaufmann & Engel 2014), and personhood, relating to the concept defined by Kitwood (1997), were also reported in a number of reviewed studies and highlight the interventions as valuing PWD in a society where much stigma still exists (Batsch & Mittelman 2012). These studies demonstrate that whilst stigma continues to negatively affect the self-worth of people who live with dementia, art gallery and museum-based interventions can help ameliorate this.

Across the themes identified by this review, findings from quantitative measures were often mixed, which may reflect methodological limitations discussed, such as small sample sizes and a lack of power or, indeed, reflect a differential impact of different interventions. However, much overlap was found in the qualitative themes across the studies, suggesting a range of benefits for PWD. This finding supports Camic et al.'s (2014) assertion of the value of using mixed-method designs in the face of small sample sizes, as qualitative information can be useful in exploring the impact of interventions in the face of these issues.

Overall, the studies reviewed offered evidence that art gallery and museum-based interventions can be engaging and have a range of benefits pertaining to the psychological and social wellbeing of PWD. The findings also reflect wider literature promoting the positive benefits of museum settings and interventions for PWD (Camic & Chatterjee 2013). Therefore, it is recommended that health and social care professionals partner with local public health departments, museums and art galleries, to consider making these interventions more widely available and explore ways to increase access. This is in line with recommendations for improving dementia care, such as those outlined in the Prime Minister's Challenge on Dementia (DOH, updated from 2012 in 2020), social prescribing (NHS England 2019) and public health interventions (Camic & Chatterjee 2013).

Research considerations

Art galleries and museums in many countries now offer programmes and activities for PWD and their carers. What their future roles will be for dementia care within a public health framework – and how that will be funded – remains an area of discussion. The role of social prescribing may have an important impact here. Knowing what the most relevant outcomes are to assess also needs careful consideration. Wellbeing and quality of life are aligned with the concept of personhood (Kitwood 1997) and a more holistic and positive psychological approach to care (Stoner et al. 2019). This cuts across all types of dementia and levels of impairment and provides additional outcomes to consider other than outcomes limited to a cognitive domain (e.g. memory, thinking, language and judgement).

Pursuing mixed-methods studies (Camic et al. 2014) and including more wait-list controlled studies, as conducted by Schall et al. (2018), to clarify the factors that benefits may be attributed to will contribute towards a more robust evidence base, sensitive to the realistic issues faced in these settings. In turn, this could positively impact funding and guide policy in this area.

Limitations of this review

The Qualsyst tool (Kmet et al. 2004) used to assess the quality of the studies was appropriate, given its ability to guide critique on both quantitative and qualitative studies. However, despite clear questions and an adequate guide, there is still room for subjective interpretation.

This review sought to control for some confounds of the stage of dementia and setting by limiting its inclusion criteria to those living with a mild-to-moderate dementia and interventions based exclusively in heritage settings. Therefore, the findings may only be applicable to these specified settings and population. Future reviews could seek to compare outcomes for those with a mild-to-moderate and moderate-to-severe dementia, or in authentic heritage settings versus outreach interventions, to understand what impact these factors may have.

Given the focus of the research question, there was scope to consider other themes neither in the studies' findings, such as the museum setting, facilitation and logistics, nor in the findings relating to carers, facilitators or functional and physiological findings (of which there were fewer reported findings). These may lend themselves more to the processes and practical features in improving future interventions, which were not the focus of this review.

Conclusion

Art gallery and museum-based programmes are increasingly recognised as having the potential to engage PWD in the community and to positively impact wellbeing. However, there is a recognised lack of methodological rigour and research funding, which consequently limits the quality of the evidence-base. This systematic review has extended understanding of the psychological and social impacts of these interventions for people living with a mild-to-moderate dementia. Themes relating to psychological outcomes comprised mood and enjoyment, subjective wellbeing, and personhood; other key themes were cognition, engagement and social outcomes. These positive findings suggest that museum-based interventions for people with a mild-to-moderate dementia can offer a range of valuable benefits to this population in these domains.

Corresponding Author

Hanna Zeilig, London College of Fashion, University of the Arts, London. 20 John Prince's St, London W1G 0BJ, United Kingdom. Email: h.zeilig@fashion.arts.ac.uk.

References

Aguinis, H. & Solarino, A. M. (2019). Transparency and replicability in qualitative research: The case of interviews with elite informants. *Strategic Management Journal* 40: 1291–1315. doi: 10.1002/smj.3015

All-Party Parliamentary Group on Arts, Health and Wellbeing. (2017). *Inquiry Report. Creative Health: The Arts for Health and ellbeing*. UK: All-Party Parliamentary Group on Arts, Health and Wellbeing. Available on http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf (Accessed: January 10, 2021).

Alzheimer's Disease International. (2019). *World Alzheimer Report 2019: Attitudes to Dementia*. London: Alzheimer's Disease International. Available on https://www.alzint.org/u/WorldAlzheimerReport2019.pdf (Accessed: January 10, 2021).

Alzheimer's Society. (2017). *The Dementia Guide: Living Well after Diagnosis*. Available on https://www.alzheimers.org.uk/sites/default/files/2020-03/the_dementia_guide_872.pdf (Accessed: January 2, 2021).

Batsch, N. L. & Mittelman, M. S. (2012). *World Alzheimer Report 2012: Overcoming the Stigma of Dementia*. UK: Alzheimer's Disease International. Available on https://www.alz.co.uk/research/world-report-2012

Burnside, L. D., Knecht, M. J., Hopley, E. K. & Logsdon, R. G. (2017). Here:now – Conceptual model of the impact of an experiential arts program on persons with dementia and their care partners. *Dementia* 16: 29–45. doi: 10.1177/1471301215577220

Camic, P. M., Baker, E. L. & Tischler, V. (2016). Theorizing how art gallery interventions impact people with dementia and their caregivers. *The Gerontologist* 56: 1033–1041. doi: 10.1093/geront/gnv063

Camic, P. M. & Chatterjee, H. J. (2013). Museums and art galleries as partners for public health interventions. *Perspectives in Public Health* 133: 66–71. doi: 10.1177/1757913912468523

Camic, P. M., Hulbert, S. & Kimmel, J. (2019). Museum object handling: A health-promoting community-based activity for dementia care. *Journal of Health Psychology* 24: 787–798. doi: 10.1177/1359105316685899

Camic, P. M., Tischler, V. & Pearman, C. H. (2014). Viewing and making art together: A multi-session art-gallery-based intervention for people with dementia and their carers. *Aging & Mental Health* 18: 161–168. doi: 10.1080/13607863.2013.818101

Chatterjee, H. J., Camic, P. M., Lockyer, B. & Thomson, L. J. (2018). Non-clinical community interventions: A systematised review of social prescribing schemes. *Arts & Health* 10: 97–123. doi: 10.1080/17533015.2017.1334002

Cohen-Mansfield, J., Marx, M. S., Thein, K. & Dakheel-Ali, M. (2011). The impact of stimuli on affect in persons with dementia. *The Journal of Clinical Psychiatry* 72: 480–486. doi: 10.4088/JCP.09m05694oli

Cousins, E., Tischler, V., Garabedian, C. & Dening, T. (2019). Principles and features to define and describe arts interventions for people with dementia: A qualitative realist study. *Arts & Health* 11: 202–218. doi: 10.1080/17533015.2018.1490787

D'Cunha, N. M., McKune, A. J., Isbel, S., Kellett, J., Georgousopoulou, E. N. & Naumovski, N. (2019). Psychophysiological responses in people living with dementia after an art gallery intervention: An exploratory study. *Journal of Alzheimer's Disease* 72: 549–562. doi: 10.3233/JAD-190784

Department of Health. (2012). *Prime Minister's Challenge on Dementia: Delivering Major Improvements in Dementia Care and Research by 2015*. London: Older People and Dementia Team. Available on https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia (Accessed: December 15, 2020).

Department of Health. (2020). *Prime Minister's Challenge on Dementia 2020*. Available on https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414344/pm-dementia2020.pdf (Accessed: December 15, 2020).

Dodge, R., Daly, A. P., Huyton, J. & Sanders, L. D. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing* 2: 222–235. doi: 10.5502/ijw.v2i3.4

Eekelaar, C., Camic, P. M. & Springham, N. (2012). Art galleries, episodic memory and verbal fluency in dementia: An exploratory study. *Psychology of Aesthetics, Creativity, and the Arts* 6: 262–272. doi: 10.1037/a0027499

Flatt, J. D., Liptak, A., Oakley, M. A., Gogan, J., Varner, T. & Lingler, J. H. (2015). Subjective experiences of an art museum engagement activity for persons with early-stage Alzheimer's disease and their family caregivers. *American Journal of Alzheimer's Disease & Other Dementias* 30: 380–389. doi: 10.1177/1533317514549953

Grant, M. J. & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal* 26: 91–108. doi: 10.1111/j.1471-1842.2009.00848.x

Johnson, J., Culverwell, A., Hulbert, S., Robertson, M. & Camic, P.M. (2017). Museum activities in dementia care: Using visual analogue scales to measure subjective wellbeing. *Dementia* 16: 591–610. doi: 10.1177/1471301215611763

Kaufmann, E. G. & Engel, S. A. (2014). Dementia and well-being: A conceptual framework based on Tom Kitwood's model of needs. *Dementia* 15: 774–788. doi: 10.1177/1471301214539690

Kinsey, D., Lang, I., Orr, N., Anderson, R. & Parker, D. (2021). The impact of including carers in museum programmes for people with dementia: A realist review. *Arts & Health* 13(1): 1–19. doi:10.1080/17533015.2019.1700536

Kitwood, T. M. (1997). *Dementia Reconsidered: The Person Comes First*. Buckingham: Open University Press.

Kmet, L. M., Lee, R. C. & Cook, L. S. (2004). *Standard Quality Assessment Criteria for Evaluating Primary Research Papers from a Variety of Fields*. Alberta, Canada: Alberta Heritage Foundation for Medical Research. Available on https://www.ihe.ca/advanced-search/standard-quality-assessment-criteria-for-evaluating-primary-research-papers-from-a-variety-of-fields (Accessed: Octember 20, 2020).

MacPherson, S., Bird, M., Anderson, K., Davis, T. & Blair, A. (2009). An art gallery access programme for people with dementia: "You do it for the moment." *Aging & Mental Health* 13: 744–752. doi: 10.1080/13607860902918207

McCarthy, B. (2011). *Hearing the Person with Dementia: Person-Centred Approaches to Communication for Families and Caregivers*. London: Jessica Kingsley Publishers.

McGuigan, K. A., Legget, J. A. & Horsburgh, M. (2015). Visiting the museum together: Evaluating a programme at Auckland museum for people living with dementia and their carers. *Arts & Health* 7: 261–270. doi: 10.1080/17533015.2015.1045531

Mittelman, M. & Epstein, C. (2009). *NYU Aging and Dementia Research Center Evaluation of Meet Me at MoMA*. Available on https://assets.moma.org/momaorg/shared/pdfs/docs/meetme/Resources_NYU_Evaluation.pdf (Accessed: January 2, 2021).

National Collaborating Centre for Mental Health. (2018). *The Dementia Care Pathway: Full Implementation Guidance*. London: All-Party

Parliamentary Group on Arts, Health and Wellbeing. Available on https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/dementia/nccmh-dementia-care-pathway-full-implementation-guidance.pdf?sfvrsn=cdef189d_6 (Accessed: January 12, 2020).

National Institute for Health and Care Excellence. (2018). *Dementia: Assessment, Management and Support for People Living with Dementia and Their Carers*. NG97. UK: National Institute for Health and Care Excellence. Available on https://www.nice.org.uk/guidance/ng97/chapter/Recommendations#interventions-to-promote-cognition-independence-and-wellbeing (Accessed: Octember 15, 2020).

NHS England. (2019). *Social Prescribing and Community-Based Support: Summary Guide*. England: NHS England. Available on https://www.england.nhs.uk/publication/social-prescribing-and-community-based-support-summary-guide/ (Accessed: Octember 15, 2020).

Schall, A., Tesky, V. A., Adams, A. K. & Pantel, J. (2018). Art museum-based intervention to promote emotional well-being and improve quality of life in people with dementia: The ARTEMIS project. *Dementia* 17: 728–743. doi: 10.1177/1471301217730451

Sharma, M. & Lee, A. (2020). Dementia-friendly heritage settings: A research review. *International Journal of Building Pathology and Adaptation* 38(2): 279–310. doi: 10.1108/IJBPA-01-2019-0005

Stephan, B. & Brayne, C. (2014). Prevalence and projections of dementia. In M. Downs & B. Bowers (eds.), *Excellence in Dementia Care, Research into Practice* (pp. 2–19). Berkshire, UK: McGraw Hill Publishing.

Smiraglia, C. (2016). Targeted museum programs for older adults: A research and program review. *Curator: The Museum Journal* 59: 39–54. doi: 10.1111/cura.12144

Stoner, C. R., Stansfeld, J., Orrell, M. & Spector, A. (2019). The development of positive psychology outcome measures and their uses in dementia research: A systematic review. *Dementia* 18(6): 2085–2106. doi: 10.1177/1471301217740288

Veall, D. et al. (2017). *Museums on Prescription: A Guide to Working with Older People*. UK: Arts and Humanities Research Council. Available on http://www.artshealthresources.org.uk/wp-content/uploads/2018/09/2017-Museums-on-Prescription-Guide.pdf (Accessed: Octember 15, 2020).

Windle, G., Gregory, S., Howson-Griffiths, T., Newman, A., O'Brien, D. & Goulding, A. (2018). Exploring the theoretical foundations of visual art programmes for people living with dementia. *Dementia* 17: 702–727. doi: 10.1177/1471301217726613

World Health Organisation. (2017). *Global Action Plan on the Public Health Response to Dementia 2017–2025*. Geneva: World Health Organisation. Available on https://apps.who.int/iris/bitstream/handle/10665/259615/9789241513487-eng.pdf;jsessionid=F538D3E4745EC960C597967AC302929B?sequence=1 (Accessed: October 15, 2020).

World Health Organisation. (2019). *Dementia*. Available on https://www.who.int/news-room/fact-sheets/detail/dementia (Accessed: December 10, 2020).

Young, R., Camic, P. M. & Tischler, V. (2016). The impact of community-based arts and health interventions on cognition in people with dementia: A systematic literature review. *Aging & Mental Health* 20: 337–351. doi: 10.1080/13607863.2015.1

Young, R., Tischler, V., Hulbert, S. & Camic, P. M. (2015). The impact of viewing and making art on verbal fluency and memory in people with dementia in an art gallery setting. *Psychology of Aesthetics, Creativity, and the Arts* 9: 368–375. doi: 10.1037/aca0000030

Appendix 1. QualSyst quality checklist and scores for quantitative and qualitative studies

QualSyst quality checklist and scores for quantitative studies

	Camic et al. (2014)	D'Cunha et al. (2019)	Eekelaar et al. (2012)	Flatt et al. (2015)	Johnson et al. (2017)	MacPherson et al. (2009)	McGuigan et al. (2015)	Schall et al. (2018)	Young et al. (2015)
1. Question/objective sufficiently described?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Study design evident and appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Method of subject/comparison group selection *or* source of information/input variables described and appropriate?	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial
4. Subject (and comparison group, if applicable) characteristics sufficiently described?	Partial	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. If interventional and random allocation was possible, was it described?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	N/A
6. If interventional and blinding of investigators was possible, was it reported?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7. If interventional and blinding of subjects was possible, was it reported?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(*Continued*)

Appendix 1. (*Continued*)

QualSyst quality checklist and scores for quantitative studies

	Camic et al. (2014)	D'Cunha et al. (2019)	Eekelaar et al. (2012)	Flatt et al. (2015)	Johnson et al. (2017)	MacPherson et al. (2009)	McGuigan et al. (2015)	Schall et al. (2018)	Young et al. (2015)
8. Outcome and (if applicable) exposure measure(s) well defined and robust to measurement/misclassification bias? Means of assessment reported?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Sample size appropriate?	Partial	Partial	Yes	Partial	Partial	Partial	Partial	Partial	Partial
10. Analytic methods described/ justified and appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Partial	Partial	Yes
11. Some estimate of variance is reported for the main results/ outcomes	Partial	Yes	N/A	Partial	Partial	Partial	N/A	Partial	Partial
12. Controlled for confounding?	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial
13. Results reported in sufficient detail?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14. Conclusions supported by the results?	Yes	Yes	Yes	Yes	Yes	Yes	Partial	Yes	Yes
Total score (%)	17/22 (77)	19/22 (86)	18/22 (82)	18/22 (82)	18/22 (82)	18/22 (82)	15/22 (68)	19/24 (79)	18/22 (82)

Key: Yes (2); Partial (1); No (0).

Appendix 1. (*Continued*)

QualSyst quality checklist and scores for qualitative studies

	Burnside et al. (2017)	Camic et al. (2014)	Camic et al. (2016)	Eekelaar et al. (2012)	Flatt et al. (2015)	MacPherson et al. (2009)	McGuigan et al. (2015)	Schall et al. (2018)
1. Question/objective sufficiently described?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Study design evident and appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Context for the study clear?	Yes	Yes	Yes	Yes	Yes	Partial	Yes	Yes
4. Connection to a theoretical framework/wider body of knowledge?	Partial	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Sampling strategy described, relevant and justified?	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial
6. Data collection methods clearly described and systematic?	Yes	Yes	Partial	Yes	Yes	Partial	Yes	Yes
7. Data analysis clearly described and systematic?	Yes	Yes	Yes	Partial	Yes	Partial	Partial	Partial
8. Use of verification procedure(s) to establish credibility?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
9. Conclusions supported by the results?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Reflexivity of the account?	No	Partial	Partial	No	No	No	No	No
Total score (%)	16/20 (80)	18/20 (90)	17/20 (85)	16/20 (80)	17/20 (85)	14/20 (70)	16/20 (80)	14/20 (70)

Key: Yes (2); Partial (1); No (0).

Appendix 2

Search terms

Dementia AND	Intervention AND	Setting
Dement* OR	art*	heritage
Alzheimer*	object*	galler* OR
	participatory	museum*
	creative* OR	
	wellbeing	
	well-being	
	well being	

International Journal of Ageing and Later Life, 2022 16(2): 73–96 © The Author
doi: 10.3384/ijal.1652-8670.3487

On age, authenticity and the ageing subject

By Chris Gilleard[*]

Abstract

This paper is concerned with the relationship between selves as subject positions and the experience of aging. The existing psychological literature on "subjective" and "objective" age, it argues, has failed fully to engage with the idea of subjectivity, focusing instead upon what are ascribed and attributed identities. In contrast to treating age and ageing as some object-like characteristic potentially applicable to both things and persons, this inquiry explores the internal experience of ageing and whether such experience can realise an authentic subject position. In begins with an outline of De Beauvoir's views of the "unrealisability" of such a subject position and proceeds to consider whether her views are the necessary consequence of the phenomenological existentialism of Sartre and Heidegger that frames her thesis. Such foreclosure on De Beauvoir's part, I conclude, is not inevitable, and, ultimately, there is a choice between what may be termed a Sartrean or a De Beauvoir position on the possibility of realising an authentic subjectivity of age.

Keywords: ageing, authenticity, De Beauvoir, existential phenomenology.

---

[*] *Chris Gilleard*, Division of Psychiatry, Faculty of Brain Sciences, University College London, London, UK

Introduction

Although most older people these days are aware of their chronological age, in the sense of knowing both when they were born and how old they now are, it can be argued that such knowledge does not constitute an aged subjectivity. Equally the well observed fact that most older people neither "feel" nor "think" of themselves of "being" their chronological age does not prove any distinct subjectivity of age exists, despite the use of the term "subjective age" (Kastenbaum et al., 1972; Logan et al., 1992; Montepare, 2009; Rubin & Bernstein, 2006). Indices of "felt age" or "thought age" constitute more an assumed identity than proof of an experienced subjectivity of age. Since any numerical age that one reports that one "feels" is likely based upon some socialised concept of what age and ageing represent, such "subjective" ageing seems less a lived experience than an assumed social judgement – a "me-self" rather than an "I-self." Why this might be so, why the concept of subjectivity seems so difficult to align with age and whether age can ever be authentically realised is the focus of this paper.

Whether it is possible to align one's subjectivity, one's experience of being with one's understanding of ageing involves something more than empirically studying the correlation between people's official and "felt" age. In the two realms of human reality proposed by Gabriel Marcel, human beings are presented with either problems, calling for solutions, or mysteries that serve as sources of introspection and contemplation (Barnard, 2017, p. 465). Ageing, as Barnard observes, presents both as problem and as mystery, the former falling into the domain of the bio-psycho-social sciences, the latter the domain of the humanities and human sciences (Barnard, 2017). The question of ageing as a subject position, I suggest, requires engaging with ageing as a mystery, which can be most usefully considered and interpreted through recourse to literature, philosophy and the arts. The present paper addresses the mystery of ageing, not as a problem but as a problematic experience. At the heart of this mystery, I suggest, is its potential to appear most often as a form of "alienation," an otherness arising from both within and without. In treating age so, I draw upon the existentialist phenomenology that was first applied to the problem of ageing as inner experience by Simone De Beauvoir in her book, *Old Age* (De Beauvoir, 1977). As one of the first and perhaps the best example of a phenomenological approach to the subjectivity of age, her account of "the discovery and assumption of age" provides the starting point of this paper.[1]

But first comes the matter of terminology and what is to be understood by the term "subjectivity." Aside from the field of linguistics, where subjectivity refers more or less straightforwardly to a self-expressed in language through first person discourse, within philosophy, and particularly within phenomenology, the term subjectivity is rather more complex and contested. It is a key part of the Cartesian tradition where the distinction is made between the individual as self-consciousness and the individual as the object of his, her or another's consciousness, between the (*I*) as thinker and the (*Me*) as thing thought. This split between one's subjective consciousness and one's consciousness of being a subject (to oneself and to others) has been a central theme in much continental philosophy since Descartes wrote his Meditations, some four centuries ago (Descartes, 1998; Van der Heiden et al., 2012).

Among the many approaches addressing this problem, very few philosophers have shown any interest in the potential role played by ageing in problematising this mix of constancy and change, inner-ness and outer-ness through which human selves are realised. Whilst the experience itself is common, of people not feeling "their age," as are reports of the "uncanniness" experienced when unexpectedly confronted by an image of oneself as an old man or woman, De Beauvoir was exceptional in taking such experiences as her starting point, before going on to explore what might account for this frequent non-alignment between one's observed ageing and one's observing and seemingly "ageless" self. Her central premise was age's fundamental "unrealisability," its inability to be realised other than as an "alterity," an other even to one's self.

To understand what De Beauvoir meant by otherness and unrealisability, one must go further back, to her and Sartre's elaboration of an existentialist phenomenology, with its roots in the works of Husserl and

---

[1] In her book, *The Long Life*, Helen Small calls De Beauvoir's work "exemplary" in illustrating "how interested people have thought about age and ageing" (Small, 2007, p. 1). It has taken some time, but increasing attention is being paid both by philosophers and students of ageing to the philosophy underlying her book on Old Age (e.g. Deutscher, 2017; Stoller, 2014).

Heidegger (see, e.g. Clayton, 2009). Consequently, after summarising De Beauvoir's view of ageing and the impossibility of there being an *authentic* subjectivity of age, I will turn to this background in existential phenomenology that provided much of the context for her own interpretation. In doing so, it is important to recognise that Sartre's philosophical writings that De Beauvoir cited were very much the product of their earlier mutual intellectual interchange, including their common reading of both Husserl and Heidegger (Clayton, 2009; Simons, 1981, 2000). Unsurprising then that she shared a common interpretation of the concept of age's unrealisability with Sartre who, toward the end of his life, reportedly told her:

> There's one thing I've always thought -I spoke about it to some extent in *Nausea*- and that is the idea that you don't have experience of, that you don't grow older. The slow accumulation of events and experience that gradually create a character is one of the myths of the late nineteenth century and of empiricism. I don't think it really exists.
>
> Sartre, cited in *Adieux* (De Beauvoir, 1984, p. 324)

This was the position that De Beauvoir articulated more fully, when she wrote that age "does not dwell in [our] consciousness and … can only be viewed from a distance … through the vision that others have of us" (De Beauvoir, 1977, p. 324). Although De Beauvoir considered her writing on old age – or at least the second and central part of the book, translated as "the discovery and assumption of old age" – as "an entirely personal piece of work" drawing upon "my own experience and my own reflections" (De Beauvoir, 1979, p. 148), her approach was both shared and shaped by her and Sartre's long immersion in phenomenology. So, after outlining De Beauvoir's position regarding the unrealisability of age, I will turn, in the next section, to address the more general question of subjectivity and its antithesis, otherness and the processes of subjectification.[2]

---

[2] I use the term "subjectification" in this paper to mean "the objectivizing of the subject" or "making someone subject to" an objectified identity. In this sense, it is intended to align with Foucault's use of the term (Foucault, 2002, p. 327) and is employed here in contradistinction to a similar term used by Ranciere to refer to quite the opposite, namely, the achievement of a new sense of collective consciousness by an otherwise oppressed group, freeing itself from the structures of an oppressive objectivisation conferred by its previous oppressed and objectivised identity (see Rancière, 1995, pp. 35–42).

De Beauvoir and the Unrealisability of Age

Though De Beauvoir begins her account of old age with a focus upon old age as "seen from without," she is most notable for her attempt, in the second half of her book, to turn from its exteriority in society to the perspective of the aged/ageing subject. Unlike the first section, this section of the book was not based on her readings of the gerontological literature, but on her own lived experience and her reflections on that (De Beauvoir, 1977, p. 21, 1979, p. 148). From the outset, ageing – old age – presented her with a dilemma, one that she addresses in detail, though without claiming any resolution, in the second section "*On Being in the World*" (De Beauvoir, 1977, pp. 315–597). Old age, she states, is not an activity, a quest or a journey, not something framed or realised through conscious intent, but, like events and accidents, "just something that happens" (De Beauvoir, 1977, p. 313). The absence of intent, of self-directedness, is for her crucial in denying old age its agency, its subjectivity – its incapacity to exist as a "for-itself."

In highlighting this problem, she draws attention to old age's incapacity to serve as a subject position, confirming its status as one of life's "unrealisables" (De Beauvoir, 1977, p. 323). This term she attributes to Sartre, though it seems likely that it was one co-constructed, like so much of their thought, within the conversations and correspondence that passed between them both before and during the war (Clayton, 2009; Simons, 2000). The unrealisability of age, its failure to become part of one's "for-itself" being, she argued, lies in old age's inherent otherness, emerging as an event, an exterior happening, that remains always and only as an "in-itself-ness," a something come upon and realised first and foremost through the gaze of the Other. De Beauvoir does not leave it at that. She recognises that our body – in its "in-itself-ness" – changes and acquires the "look" of age, not as part of our intentions, our agency but as a phenomenon realised in and through the "Look" of the other.[3] This look, this confrontation with the other, eventually weighs down up the existing, "for-itself" self. The consequence is that look after look, the self's "for-itself" is forced to acknowledge the ageing of its "self-for-others" and bit by bit, merges as "the Other within her …. the Other that existed for the

---

[3] For an extended discussion of the concept of the Look, as deployed by both Sartre and De Beauvoir, see Dolezal (2012).

rest but of whom she herself had no immediate knowledge" (De Beauvoir, 1977, p. 327). Age is not so much an achieved identity or status, not so much a realised part of one's becoming, but a phenomenon inscribed from without, but realised within one's body-for-others, one's body that exists not as the agent of one's becoming, but as realised through the look, firstly of others, and later, of oneself as such an Other.

Before old age happens upon us, De Beauvoir says that the person we are to the outside world "is as many sided as the rest of the world itself." No one viewpoint of ourself "for others" prevails. Our self-as-other can be challenged, contested, one facet turned to, just as one facet is turned against (De Beauvoir, 1977, p. 316). But with the onset of age, there are fewer facets to turn to, and more to turn against, each bearing the multiple signs of ageing. Whilst denial or rejection continues, our being for others gradually overwhelms our being-for-ourself; our body becomes more a body for others and our subjectivity subsumed beneath our embodiment in and through the look.

Whilst De Beauvoir continues to employ the distinction between an embodied consciousness that exists – a for-itself body – and an embodied consciousness that exists "in itself" as an object of consciousness recognised outside of consciousness, – a myself as old – her focus is very much on the struggle between the subjective and objective poles of such conscious ageing. In many accounts, anecdotes and autobiographical sketches that she draws upon when charting how ageing and old age are talked about as experiences in the first person, her constant theme is that of a struggle between accepting or rejecting, owning or disowning an old age for oneself. The various subject accounts she draws upon, in diaries, letters and autobiographical accounts, reflect this commonly experienced struggle between the necessity for, and the inability to realise "ageing"; not simply "owning" it, as an identity, but authentically realising it, being it. The nearest she seems to come is what she calls the "assumption" of age. This seems, to this reader at least, to mean something like an acceptance of (or submission to) the other within; like acknowledging the body for others, if not fully as a "for-itself," a kind of "step-self" at least.

As Kathleen Woodward has observed, on reading De Beauvoir again after a space of nearly half a century, although much of the book can seem dated, the second part, that particularly concerns the "inner" aspect of ageing retains its significance, even as it resonates differently with one's own experiences of ageing (Woodward, 2016). The paradoxes ageing presents, personally and socially, remain paradoxes; despite the many influences of time, culture and social position, the centrality of the division between the "me" and the "I" of ageing seems inescapable. Whether it is as unresolvable as De Beauvoir seemed to believe, of course, is more debatable. Such considerations form the key for this paper.

Subjectivity and Subjectification

Although this is not a term that she employs, the subjectification of one's subjectivity by the otherness of age is arguably De Beauvoir's central theme, at least in the second half of "*Old Age*." She spends much time in her book – and is perhaps most interested in – illustrating this process through the numerous first-person accounts, diaries and letters of men and women confronting their ageing. To move beyond such a purely literary focus, it is useful to pursue what exactly is understood in the phenomenological tradition, by "subjectivity" and particularly the relationship between these two related terms – "subject" and "subjectification." As already noted, subjectivity is commonly used as a term standing in for the unity of consciousness, the "I" that thinks rather than the things that the "I" thinks about. Although it is possible to trace this term further back, most contemporary writing treats the problem of subjectivity – i.e. of consciousness – through (or against) Descartes' well-known distinction between "*res cogitans*" – inner experience – and "*res existans*" – the world outside, experienced as the "object" or "predicate" of consciousness.

The difference between what we see, hear, feel and think about and our seeing, thinking, feeling and hearing constitutes a seemingly inseparable divide between an observed "objective" position and an observing "subjective position." Subsequent interrogation of this division, however, reveals further divisions, first between our own and others' subjectivity, and second within our own subjectivity, between our self as a locus of agency, experience and intention and our self as the reflected object of our consciousness. In both cases, we are confronted by our self as agent and subject, forming intentions, planning and carrying out actions to realise those plans, which seems distinct from our self-accounting for and reflecting upon both plans and performances – our narrative ability to "account for" and "explain" ourself and at times re-frame our agency, in contrast to our agency itself. When we as subjects act not in accordance with our plans and intentions but in reaction to forces external to those plans – we experience our subjectification – the limits of our agency and the power the external world exercises upon us. Included within that external world, however, are the constraints of our own embodiment. Being a subject, thus, encompasses both our subjectivity (conscious intent and automatic agency) and our subjectification (that is consciously or automatically submitting to forces other than such subjectivity).

Nowhere is this duality more acutely experienced than in our own embodiment – in our both being and having a body. In being a body, we experience both agency and authority; in having a body, we experience our otherness and observe constraints on our own limited agency, governed in no small measure both by external forces and internal limits. Philosophers like Edmund Husserl sought to reconcile this seeming division, by arguing first that consciousness could not exist without an object – that a subject abstracted as a pure consciousness was inconceivable. Furthermore, he argued, "before one can have one's body as an object, one must already be a body" (Wehrle, 2020, p. 504). In short, without there being a subject pole, there can be no object pole. This does not mean that objects cannot be said to exist without human observers, but objects can exist as *beings-in-the-world* only if their being so is realised through their being experienced. The nexus between subject and object, at its closest in relation to self and body, extends beyond what is understood as mine, to all other beings-in-the-world to whom I can be subject, in ways that reflect the sense of control we have over them as experienced both within our subjectivity and through our subjectification.

In *Being and Nothingness*, Sartre developed his own interpretation of Husserl and his own existentialist philosophy (Sartre, 2003). Whilst he sought to retain Husserl's concept of the unity between subjective experience and experienced objects, he did so by distinguishing between what he called two ways of "being" (that is, two ways of existing), that he termed the "*For Itself*" and the "*In Itself*" (Sartre, 2003, p. 650). This distinction De Beauvoir would draw heavily upon in her account of ageing. The "for itself" is in a sense Husserl's "subject pole," reliant for its existence upon the existence of the "in itself" – the objects of consciousness, without which there would be no consciousness. Sartre writes: "consciousness is a slippery slope on which one cannot take one's stand without immediately finding oneself tipped outside onto being-in-itself" (Sartre, 2003, p. 638). The "other," as he puts it, is both the guarantor of the world – its objectivity – and equally the guarantor of the self, which is "as necessary to the very constitution of the self" (Sartre, 2003, p. 257). In short, like Husserl, Sartre's existentialism sees a necessary unity between consciousness and the objects of which one (the ego) is conscious, namely, phenomena. Only within this synthetic totality (p. 194), Sartre sees there to be knowledge of the world. Although no ego is realisable without there being an "In Itself" against which to realise itself, the "in-itself" nature of this inevitable exteriority is annihilated once it becomes a conscious object.

How does Sartre approach the question of the body as both subject and object of consciousness? To begin with, he separates two ways of bodily being, one as determined by others' bodies – the body whose composition and construction can be understood as an externality, in the same way that any other body can be constructed and construed, a body revealed in its "being-for-others" (Sartre, 2003, p. 329). The other he terms the body-for-itself, a body that is wholly body and wholly consciousness, "the instrument which I am … my facticity of being-in-the-midst-of-the-world" (Sartre, 2003, p. 382). This for-itself-body, this cantering instrument, which "nihilates the in-itself which it is and alone transcends the world", is nevertheless "re-apprehended" through the presence of the Other and cast back upon its "in-itselfness" (Sartre, 2003, p. 451). In other words, our bodily being, in its "for-itselfness," its subjectivity, is in Sartre's terms always capable of being de-centred – of being re-apprehended as an externality, by the look. Whilst the look does not transform us into objects, in the sense of becoming non-persons, it imposes the representation of our personhood as an embodied, if not a corporealised one that emphasises our existence as an externality and makes us "self-conscious."

In the final section of *Being and Nothingness*, Sartre turns to the third component of human reality, from having and being to doing. Here, Sartre seeks to address what he calls that part of absolute subjectivity whereby the individual is above all else "defined by his [sic] desires," by wanting and by willing freedom (Sartre, 2003, p. 578). Freedom plays a key role in realising Sartre's conception of subjectivity – of being-for-itself. Without freedom human reality has no substance – "we are," Sartre says, "a freedom which chooses, though we do not choose to be free" (Sartre, 2003, p. 506). Even as this freedom does not extend to determining the outcome of our actions, nor does it offer us any guarantee that by exercising freedom we can overcome the situations we are faced with, the realisation of our facticity, the way of our being-in-the-world is what Sartre calls our freedom (Sartre, 2003, p. 515). But even that realisation that freedom to realise one's being-in-the-world is not unconstrained, our being-for-others puts a constraint upon our freedom. Once apprehended as an Other, Sartre argues that two forms of constraint apply to our subjectivity – our being-for-itself. In the first place, it destabilises our definition of our situation in its for-itselfness becoming, if not instead at least also "an objective form in which I exist as an objective structure"; second, in "being apprehended as the Other-as-object" (Sartre, 2003, p. 546) by others, our being is subjected to our being-with-others in the world.

Sartre goes on to point out that our being apprehended as Other is made possible by attributing freedom to others, freedom to appraise me as Other and thereby free to be othered in turn. Since it is scarcely imaginable that we cannot attribute similar freedoms to others as to ourselves, however, we cannot escape our being-for-others, what we cannot be for-ourselves. This dilemma of freedoms, Sartre frames as the "infinity of unrealisables" that surround us, real existences which, however, cannot be realised by the one who is realised by them. But still a freedom exists – to "reassume it with my freedom, to make of it a structure of my free projects … [an] unrealisable to be realised" (Sartre, 2003, p. 550). "I do not choose," he writes, "to be for the Other what I am, but I can try to be for myself what I am for the Other, by choosing myself such as I appear to the Other – i.e. by an elective assumption … whether in fury, hate, pride, shame, disheartened refusal or joyous demand" (Sartre, 2003, p. 550). Whether by strategies of resistance, reframing or adoption, our freedom to intend in one way or another the attributions of our being-for-others, we remain always free, free to frame our limits and our finitude, living beings always "compelled to decide the meaning of being" (Sartre, 2003, p. 577).

Authenticity and Human Reality

For De Beauvoir and for Sartre, freedom plays a central part in constituting human reality, fleeing that responsibility and the anguish it causes represent "bad faith." Both Heidegger and Sartre shared a common concern with what might be called the quality of human reality – of realising our being-for-itself as our being-in-the-world and owning this choice. Failure to accept responsibility for the manner of our being in the world and the individuality or subjectivity that this involves creates the ever-present possibility of instead becoming (or remaining) "inauthentic" subjects – beings-for-others, beings as others, and hence unrealised subjects.[4] Heidegger's original term for "authentic" was "*eigentlich*" whose roots mean "own", "inauthentic" echoes its antithesis, "unowned" (Guignon, 2005, p. 86). What Heidegger is referring to as inauthenticity is the extent to which individuals choose as their "reality" ways of being that are practiced by most "others," by what he terms "*das Mann*" the already existing modes of acting, speaking and thinking into which each individual, from birth, is thrown into.[5] By contrast, authenticity implies acting in ways that are somehow "truer" to one's own self, acting in accordance with one's being-for-itself.[6]

Considered in relation to age and agedness, the question of authenticity becomes a central aspect of age's realisability. But whether it implies being true to one's "for-itself-ness" irrespective of age, or whether it implies being true to one's age, irrespective of one's own self, one's own interests is debatable. The saying "mutton dressed as lamb", for example, implies that wearing the clothes of young adults when one is no longer young exemplifies "ageing inauthentically." But such inauthenticity reflects only a contrast in identity – not between a "true" and a "false" self but between forms of externality ("how I look" versus "how I appear"). Though he accepts the fundamentally social nature of the self – our essential "we-self-ness" – Heidegger insists that a distinctly individual authenticity is nevertheless possible. By confronting one's "finitude" and by facing and owning one's individual mortality, he argues that individuals thereby can come to "owning up to what one is becoming" and take responsibility for one's becoming (Guignon, 2004, p. 134).

---

[4] It should be noted that Sartre was quite critical of Heidegger's terminology, claiming that "the expressions 'authentic' and 'inauthentic' are dubious and insincere … because of their implicit moral content" (Sartre, 2003, p. 552).

[5] "*Das man*" refers to a generalised human reality, not realised through individual singularity but as part of the collectively construed mode of everyday being, not so much "the man" as the "they."

[6] For a review of the different ways, "authenticity" has been interpreted, see Guignon (2004).

Although Sartre chides him for introducing a "moral" tone to his analysis, Heidegger is merely acknowledging what might be called the social origins shaping individual human reality alongside the individual agency that equally resides within that reality. Inauthenticity, in everyday life, is the default position that being thrown into the world of others necessitates; it shares in a life shaped by the already existing society. Ageing much like everybody else, therefore, might be deemed to ordinarily lead to ageing inauthentically, ageing as a "they-self" and ageing "normally." Seeking out and owning an individualised existence for one's self at any age is a difficult and onerous task, but, so Heidegger claims, a necessary one if the individual is to confront the singularity implied by his or her finitude – and the necessary termination of the possibilities that always surround one's "own-most and extreme potentiality-of-being" (Heidegger, 2010, p. 252). Without this recognition of finitude, Heidegger argues that there can be no confrontation with the singularity of one's one and only self, no deliberative agency. Whether age brings about, or somehow facilitates such recognition, or whether, as Heidegger implies, it is an omnipresent potential realised in many ways depends upon one's views of the contingencies affecting the experience of subjective finitude. At most, one might say that confronting age helps facilitate such recognition.

But, Heidegger asks, is this existential possibility of living authentically in the world merely "a chimerical undertaking," a "poetising arbitrary construction" of what we wish to be possible (Heidegger, 2010, p. 249). The mere expression of "I statements," Heidegger points out, is neither indication of a singular, individual human reality nor evidence of an authentic subjectivity. Indeed, what expresses itself most often in such "I statements" is "that self which … I am not authentically" (Heidegger, 2010, p. 307), the everyday "they-self" that "keeps on saying 'I' most loudly and most frequently because at bottom it is not authentically itself" (Heidegger, 2010, p. 308). To become authentic, says Heidegger, requires a constant "resoluteness" in caring about one's becoming – by which he means a determined focus upon living ahead, of leading a planned and deliberate life. Still, the question remains of how such resoluteness might be defined, how might it be realised and how might it be tempered (or sharpened) with age?

Moving from past to future, the individual's "*Dasein*" must sustain itself as a deliberate choice, a becoming that is inevitably anchored in both its past and its present. Only towards the latter chapters of his book, *Being and Time*, does Heidegger begin to address this "classic" problem of "self-identity" and its bearing upon the authenticity of human reality (*Dasein*).[7] Dreyfus has described this process as one of developing "practical wisdom," the transformation of a shared intelligibility achieved "by facing the anxiety of death [with] an anticipatory resoluteness and so seeing that his [sic] identity and that of his [sic] culture is ungrounded and could be radically changed" to realise "a fully authentic *Dasein*" (Dreyfus, 2005, p. 151). Another commentator, William Blattner, has put it somewhat differently, focusing upon Heidegger's framing of authenticity through the being of temporality. It is as if, Blattner suggests, authenticity can be achieved only by confrontation with finiteness, and thus with temporality. Then, it becomes possible to acknowledge "being unable to go forward as who you have been" (Blattner, 2006, p. 161). Rejecting the over-determined self as my-life-that-has-passed, Heidegger calls on the importance of seeing who I have been in terms of who I find myself becoming "in so far as I press forward into my life" (Blattner, 2006, p. 165). Like Sartre's emphasis upon the realisation of a fundamental freedom, Heidegger's framing of authenticity is not a matter of being "true" to one's self, in the sense of being bound to what one was and is, but almost exactly the opposite, of becoming existentially free to "press ahead into who one is to-be" (Blattner, 2006, 165).

This focus on moving forward in the face of finitude reflects Heidegger's insistence that the persistence of the self, the self-sameness of the subject, arises less from our present being and its ties to our past self but rather through the persistence of "the authentic potentiality-of-being-a-self" into the future (Heidegger, 2010, p. 308). Neither in Sartre nor least of all in Heidegger is there any notion that authenticity is to be found in the saying, "to thine own self be true." Constancy is not to be found in either hanging on to the past or clinging to the present, but with a constant engagement directing one's care forward, as an always ever "being-in-the-world." Does this then mean that the authentic subject is one who

---

[7] Heidegger's term *Dasein* is literally translated into English as "being-there" but is often rendered as "human reality"; it implies a self-aware being – a "being concerned about its very being," as Heidegger puts it, early on in his book, *Being and Time* (Heidegger, 2010, p. 11).

sticks to what Sartre calls the always "for itself" subject, the existential individual choosing his or her way of becoming – realising his or her potential self against the constant threats of bad faith, by succumbing to the expectations and influences of others (recall Sartre's notorious comment in that "hell is other people") Sartre, to? Is there no inter-subjectivity grounding "being-in-the-world," but rather a necessary shedding of the "we-self" to attain an individual, singular authentic *Dasein*? No shared authenticity, in later life or indeed at any other stage of adult life?

Although the term intersubjective was never used by Heidegger, his concept of the "they-self" approximates it. As Stapleton notes, Heidegger does not see authentic *Dasein* as shedding our "they-ness," in order to realise at last "some deep inner 'real' me" – so much as owning the totality of our "potentiality" for being in the world (Stapleton, 2014, p. 55). This totality is both the world that we have been and are a part of, as well as the unique concern for becoming existentially free to "press ahead into who one is to-be" in the face of one's finitude. The inter-subjective, social world is part of being in the world, and it is not inauthentic to recognise that. The same might be said of age; it is not inauthentic to identify ourselves as "aged." At the same time, the inter-subjectivity of *Dasein*'s becoming is a grounding that has, at some point, to be recognised as "without ground"; one cannot simply be held in an already existing world, and whilst our choices may reference the inter-subjectivity of the world, they cannot be its choosing. It is not enough to say, "I am old."

Sartre, as already noted, does seem to see inter-subjectivity as a shackle from which the subject must free him or herself, in order, in good faith, to realise one's for-itself being in its wholeness, its freedom to become itself. Although he acknowledges the possibility of the experience of sharing in others' subjectivities – of seeming to realise a sense of "we-ness," of being and acting as a "We-subject" – such experiences he concludes are "purely subjective impressions which engage only me" (Sartre, 2003, p. 448). Otherwise, we can become at most realised as "us-objects," beings for others, but any such collective subjectivities are transitory, impressionistic and fundamentally "unreal." "It is useless" he concludes, "to seek to get out of this dilemma: one must either transcend the Other or allow oneself to be transcended by him [sic]" (Sartre, 2003, p. 451). Whilst we cannot exist as monads, without our also being for others and with others, at the point of action, he claims, we are alone, subjects who must act and must act alone. Attempts have been made to reconstrue Heidegger's *Dasein* as "an inherent form of intersubjectivity" whose authenticity is "always formed within a pre-existing community" (Stroh, 2015, p. 243). Sartre's own existentialist writings seem to exclude this possibility. Bad faith, inauthenticity is presaged upon the denial of such unrealisability – or the feeling from the fact that this is so. Does this mean that one can live an authentic life in later life, but that one cannot age authentically?

Ageing Authentically: A Chimerical Undertaking?

Where does this debate take us? Faced with the prospect of our ageing being only ever internalised as an object position, of age being always an inescapable externality, does an existential phenomenology offer any way of ageing authentically, of becoming old "for myself," not for, with and through others? For this to be possible, it is necessary first to refute both De Beauvoir and Sartre's individualistic positions and, second, to reinterpret Heidegger – or otherwise abandon the phenomenological perspective altogether and seek instead another route – whether through "they-concepts" like active, healthy, normal or productive ageing.[8] Realised more by our being for others than through whatever plans and projects with which we direct our lives, can there be any authenticity to our own ageing that is more than acquiescing to becoming an external "they-self" and becoming subjectified as being-old-for-others?

Whilst De Beauvoir's position is to exclude the possibility of any "realisable" subject position in later life, both Sartre and Heidegger's writings suggest that one's life in later life can be owned as a subject position, can, in short, be an authentic way of being ourselves through the potential inter-subjectivity that constitutes our being, that lays the foundation for our being-in-the-world, as embodied persons, and of our becoming, in Sartre's terms, a self "for-itself." That people interiorise the externality of their aging is not in doubt, nor that such interiorisation can, to a greater

---

[8] In referring to these terms as "they" concepts, I mean that any collective exhortations or representations of how to age would, within the existentialist tradition, never be examples of resolute deliberate caring – that is of being authentic in one's ageing – but rather be inauthentic, in the sense of becoming other than one's own person – following *Das Man*, as Heidegger might put it.

or lesser degree, be both an acquiescence to and resistance to age's "othering." This somewhat reflects Foucault's position, albeit made in another context, on the coexistence of both hegemonic and counter-hegemonic struggles over subjectivity, over who we are (Foucault, 2002, p. 331). But whether such struggles can be defined as struggles for authenticity, tasks undertaken "in good faith" seems to Beauvoir, misconceived. So what in the writings of Heidegger or Sartre might suggest such a possibility?

Heidegger's use of the term "authenticity" is a vexed and still contested issue (Henschen, 2012). On the one side are those who view achieving authenticity through the confrontation with one's singular finitude and finally owning the trajectory of one's own life, in distinction from living always within the layers of "they-selves" from which and in which our being-in-the-world emerged (cf. Crowell, 2005). Adopting this position might see ageing as the subjective realisation of one's singularity, akin perhaps to Erikson's view of *integrity,* owning not just one's being but one's having-been, one's life story, both in its being with others, its being for others and, uniquely, its being-for-itself (Erikson, 1985).

Another perspective, however, stresses that "authenticity does not require any deviations from public standards" but rather reflects an exemplary, resolute "we-self" (akin perhaps to Erikson's concept of *generativity*), possessing "the understanding of a competent performer or cultural master" (Henschen, 2012, p. 96). This interpretation has been emphasised by Stroh in his account of Heidegger's conception of authenticity as "a return to community" (Stroh, 2015, p. 243). Stroh claims that the authentic *Dasein* (understood as "human reality") is intrinsically inter-subjective, and each individual life, rather than being apart from others in its interiority, becomes owned, authentic, in acknowledging his or her own humanity. In this case, ageing authentically is owning up to the commonality of human ageing and the inescapable bond between the interiority and exteriority both of our own and of others' being.

Whilst both interpretations acknowledge the inter-subjectivity with and from which *Dasein* constitutes itself, the former emphasises the need to move beyond, whilst the other need to fully realise *Dasein*'s "being-with-others." Realising age as part of one's subjectivity, and so ageing "authentically," would seem, *pace* De Beauvoir, at least potentially achievable within the framework of Heidegger's notion of self-ownership and authenticity. How that might be judged – or understood – however implies an uncertain set of criteria. To age as an authentic subject would seem to valorise the individual's uniqueness in living his or her later life – his or her "factical particularity" (Carman, 2000, p. 21) – or his or her expertise to live well acquired within the intersubjectivities that constitute our being in the world. Acknowledging a long life lived, of course, does not imply acknowledging one's agedness, which may be no more than a shared characteristic, capable of being acknowledged but without any implication for authenticity.

Compared with Heidegger, Sartre's writing offers rather less scope to construct a subject position of ageing-ness that can be achieved in good faith. The inter-subjectivity of human life is, for him, more often seen as limiting the possibilities of existence, of risking one's "for-itself" being submerged by being only for others. What matters to Sartre in his advocacy of avoiding bad faith is the realisation of one's fundamental freedom, no matter what the conditions of one's being-in-the-world, a freedom of being and doing that makes "an outside come […] to the Other … historicising itself in the world … [and] thus historicising the world itself" (Sartre, 2003, p. 542). This does not mean an untrammelled freedom to become anything imaginable; there are limits to freedom which arise as "my situation ceases for the Other to be a situation and becomes an objective form in which I exist as an objective structure …. just as the making an object of my being-for-itself in being-for-others is the limit of my being" (Sartre, 2003, p. 546). In the present context, if part of becoming old is becoming increasingly a "being-for-others," such becoming would seem to exclude the possibility of aging as "for-itself" subject, that is of ageing authentically, in good faith. Simply denying the objective situation of one's ageing is bad faith but avoiding or refusing to be characterised by age – to be objectified by one's oldness, might represent to Sartre, a kind of freedom, enabling against the odds for a person to live long in good faith. Being-old-for-others can, in this sense, be transformed, by giving it, in Sartre's words, "a meaning which my freedom confers" and thus "choosing myself such as I appear to the Other" (Sartre, 2003, p. 550). The inter-subjectivity of our lives is a given; we cannot not be both a body and a self "for others." But, we do not need to be subjectified by such externalities. For both Heidegger and Sartre, living amongst others poses an ever-present risk of acquiescing to becoming and remaining an other-for-others. In the present context, this means another old person, a subject of age, and of ageing/existing in bad faith. As Mitova has noted, the limitations of the "for-itself" ageing body and the limitations posed – by the kindness and cruelty of others toward it – make acting on one's ownership a task that can only grow more challenging with age (Mitova, 2012).

Conclusions: The Possibility of Owning Age

For De Beauvoir, the matter seemed quite simple. Ageing and agedness can only be realised as aspects of our being for others. Our ageing is enmeshed within the processes of our being and becoming even more, our exterior. Ageing happens, not as an internal process of the subject, but through the outside of our being. Ageing for her can only ever be the object pole framed, first by others and, increasingly, by the Other within us, within our own consciousness of being-for-others. We cannot own our age: it cannot be central to our subjectivity, our "for-itself" ness. In short, we do not "do" age and we cannot age authentically. The task, and for De Beauvoir, there was (and arguably still is) an important task to challenge the detrimental othering of society, to make the position of later life (the they-selves of ageing) less limited and less onerous. This can be achieved, not by acting and ageing authentically and deliberatively, as if that were some realisable project, but by challenging and resisting as far as possible the imposition upon our being (our we-selves) of a "they-self" of social agedness. Such strategies, however, do not thereby realise age as an authentic subjectivity; they do work on the "they-self" – our own and/or society's. For our "I self," however, there can be only an acceptance of age's fundamental unrealisability.

For Sartre and Heidegger, matters were a little less one-sided. For Heidegger, particularly, his writings on authenticity and human being – and certainly several interpretations of them – would seem to include the possibility of our owning our own ageing (or put otherwise, our long-livedness). Different interpretations can be given of how this might be, either as potential exemplary ways of ageing well and wisely or as demonstrating continuing personal resolve to overcome the "thrown-ness" of being aged in the world. The difficulty presented by ageing for Sartre, as for De Beauvoir, is the value placed on freedom, the recognition of choice and the sense of direction that was so important in both their lives and the extent to which the "externality" of ageing limits those opportunities.

Despite Sartre's acknowledgement of the social origins of the self, the otherness of society remains ever-present as a threat, a threat posed by the Look, of becoming an object of the Other. Age is not a part of one's becoming having and doing, of realising the subjectivity of one's "for-itself" ness of being, but remains "something that happens," the accumulation of unintended experiences that risk our becoming more a body "for others," and less able to realise the projects of our "for-itself" (Mitova, 2012).

Heidegger's greater focus upon temporality brings different considerations into play, particularly the experience of finitude and the "authentic being-toward-death" (Heidegger, 2010, p. 292). The conscious existence of death is not strictly speaking an "I experience" but rather a consciousness of its potential, or as Heidegger puts it "the possibility of the impossibility of existence … as the absolute nothingness of *Dasein*" (Heidegger, 2010, p. 293). Lost in the they-ness of the everyday, this understanding of "being-toward-death" "brings *Dasein* back to its ownmost potentiality-of-being-a-self … to one's ownmost potentiality" (Heidegger, 2010, p. 293). Heidegger wrote this when he was in his late thirties – well ahead of a life that would continue for another half-century – and it is a moot point whether he saw age or ageing play any role in furthering this awareness of the possibility of the impossibility of existence or whether such awareness is merely a part of being from the start "thrown and abandoned to the world" (Heidegger, 2010, p. 387). The awareness of time, of before and now and when, he refers to as "datability," which he sees forming a necessary part of being in the world, a datability that has as its reference our always existing in and through time.

This can be interpreted as a marker toward the authenticity of age, or perhaps more accurately, a marker of living authentically as much in later as in earlier adult life. The failure, as Heidegger puts it, to "own" time, to never have enough time, to externalise time as events and accidents, is characteristic of the irresolute, inauthentic person at any age. By contrast, having time, owning time and sharing the time that there is, characterise the authentic person, the person whose awareness of time is also awareness of his or her own time existing also and always within public time. Whether one can say that the failure to own time to locate one's being in the world with the public time of the world is reflected in denying one's agedness, denying one's finitude and failing to acknowledge one's having been – one's past – is itself a mark of inauthentic ageing is perhaps stretching Heidegger too far. Still, it is difficult to ignore its resonance with what Erikson would later confer on old age, the sense of wholeness or integrity – the sense of ownership of a life long lived, where “all human integrity stands or falls with the one style of integrity of which one partakes” (Erikson, 1985, p. 66).

Here lies the paradox between the externality of age, marked by the object-likeness of the ageing/aged self and its interiority, both its shared understanding of public time and the extent to which human potentiality, human possibility coexists with its impossibility, its nihilation not by and through the Other, but as part of a common, temporally bound way of being in the world. Whether one chooses the existentialism of Heidegger or Sartre may be as much as anything a function of temperament and the world into which our own *Dasein* has been thrown. Sartre may well have been right in arguing that, within the exterior constraints of the world in which we are formed, still we are free to make of that exterior an exterior of our own choosing. Exactly how free we are and how far age limits that freedom remain perhaps less a problem than part of the mystery that lies buried in the heart of our own singular ageing. How far one pursues a “De Beauvoir” strategy of mitigating the othering effects of society whilst accepting the unrealisability of an ageing subjectivity and how far one adopts a “Sartrean” approach of personal resolution not to be aged but to acknowledge one’s age may be a matter of personal choice, which cannot be decided by any empirical inquiry. Unlike the moral imperatives implicit in Erikson’s lifelong “developmentalist” or in Tornstam’s “gero-transcendence” approaches to ageing, that there are authentic (correct) ways of developing in and through later life (Tornstam, 2005), Sartre and De Beauvoir would see such models as offering only exterior approaches to age owned essentially by others and adopted at best through a “they-self” compliance. But they do, in their different ways, provide a means of engaging with the mystery of age, in ways that are reflected perhaps as much in their lives as in their writings. As Heidegger might put it, our finitude may tell us we always have choices but it does not – and cannot – tell us how to choose.

Corresponding Author

Chris Gilleard, Division of Psychiatry, Faculty of Brain Sciences, University College London. 6th Floor, Maple House, 149 Tottenham Court Road, London W1T 7NF, UK. Email: c.gilleard@ucl.ac.uk

References

Barnard, D. (2017). Aging as problem and mystery. *Perspectives in Biology and Medicine, 60*(4), 464–477. doi: 10.1353/pbm.2017.0036

Blattner, W. (2006). *Heidegger's being and time: A reader's guide.* Continuum Books.

Carman, T. (2000). Must we be inauthentic? In M. Wrathall & J. Malpas (eds.), *Heidegger, Authenticity and Modernity: Essays in honor of Hubert L. Dreyfus* (vol.1, pp.13–28). MIT Press.

Clayton, C. (2009). Beauvoir, Sartre, temporality, and the question of influence. *Simone de Beauvoir Studies, 25*, 50–62. doi: 10.1163/25897616-02501009

Crowell, S. G. (2005) Heidegger and Husserl: The matter and the method of philosophy. In H. L. Dreyfus & M. Wrathall (eds.), *A Companion to Heidegger* (pp. 49–64). Blackwell.

De Beauvoir, S. (1977). *Old age* (trans. P. O'Brian). Penguin Books.

De Beauvoir, S. (1979). *All said and done* (trans. P. O'Brian). Penguin Books.

De Beauvoir, S. (1984). *Adieux* (trans. P. O'Brian). Pantheon Books.

Descartes, R. (1998). *Discourse on method and meditations on first philosophy* (4th ed.) (trans. D. A. Cress). Hackett Publishing Co.

Deutscher, P. (2017). Afterlives: Beauvoir's old age and in the intersections of the second sex. In L. Hengehold & N. Bauer (eds.), *A companion to Simone de Beauvoir* (1st ed., pp. 286–304). John Wiley & Sons.

Dolezal, L. (2012). Reconsidering the look in Sartre's being and nothingness. *Sartre Studies International, 18*(1), 9–28. doi: 10.3167/ssi.2012.180102

Dreyfus, H. L. (2005). Can there be a better source of meaning than everyday practices? Reinterpreting Division I of *Being and Time* in the light of Division II. In R. Polt (ed.), *Heidegger's being and time: Critical essays* (pp. 141–154). Rowman & Littlefield.

Erikson, E. H. (1985). *The life cycle completed: A review*. W Norton & Co.

Foucault, M. (2002). The subject and power. In J. D. Faubion (ed.), *Power: Essential works of Foucault, 1954–1984* (vol. 3, pp. 326–348). Penguin Books.

Guignon, C. (2004). *On being authentic.* Routledge.

Guignon, C. (2005). Heidegger's anti-dualism: Beyond mind and matter. In R. Polt (ed.), *Heidegger's being and time: Critical essays* (pp. 75–87). Rowman and Littlefield.

Heidegger, M. (2010). *Being and time* (trans. J. Stambaugh). State University of New York University Press.

Henschen, T. (2012). Dreyfus and Haugeland on Heidegger and authenticity. *Human Studies, 35*, 95–113. doi: 10.1007/s10746-012-9212-6

Kastenbaum, R., Derbin, V., Sabatini, P. & Artt, S. (1972). "The ages of me": Toward personal and interpersonal definitions of functional aging. *Aging and Human Development, 3*, 197–211. doi: 10.2190/TUJR-WTXK-866Q-8QU7

Logan, J. R., Ward, R., & Spitze, G. (1992). As old as you feel: Age identity in middle and later life. *Social Forces, 71*(2), 451–467. doi: 10.2307/2580019

Mitova, V. (2012). Age and agency. *Philosophical Papers, 41*(3), 335–369. doi: 10.1080/05568641.2012.743214

Montepare, J. M. (2009). Subjective age: Toward a guiding lifespan framework. *International Journal of Behavioral Development, 33*(1), 42–46. doi: 10.1177/0165025408095551

Rancière, J. (1995). *On the shores of politics*. Verso.

Rubin, D. C., & Bernstein, D. (2006). People over forty feel 20% younger than their age: Subjective age across the lifespan. *Psychonomic Bulletin & Review, 13*(5), 776–780. doi: 10.3758/BF03193996

Sartre, J-P. (2003). *Being and Nothingness*. Routledge.

Simons, M. A. (1981). Beauvoir and Sartre: The question of influence. *Eros, 8*(1), 25–42.

Simons, M. A. (2000). Beauvoir's philosophical independence in a dialogue with Sartre. *The Journal of Speculative Philosophy, 14*(2), 87–103. doi: 10.1353/jsp.2000.0015

Small, H. (2007). *The long life*. Oxford University Press.

Stapleton, T. (2014). Dasein as being-in-the-world. In B. W. Davis (ed.), *Martin Heidegger: Key concepts* (pp. 44–56). Routledge.

Stoller, S. (2014). *Simone De Beauvoir's philosophy of age, gender, ethics, and time*. De Gruyter.

Stroh, K. M. (2015). Intersubjectivity of Dasein in Heidegger's *Being and Time*: How authenticity is a return to community. *Human Studies, 38*, 243–259. doi: 10.1007/s10746-015-9341-9

Tornstam, L. (2005). *Gerotranscendence: A developmental theory of positive aging*. Springer Publishing.

Van der Heiden, G.-J., Novotný, K., Römer, I. & Tengelyi, L. (2012). *Investigating subjectivity: Classical and new perspectives*. Brill.

Wehrle, M. (2020). Being a body and having a body. The twofold temporality of embodied intentionality. *Phenomenology and the Cognitive Sciences, 19*(3), 499–521. doi: 10.1007/s11097-019-09610-z

Woodward, K. (2016). Rereading Simone De Beauvoir's the coming of age. *Age, Culture, Humanities: An Interdisciplinary Journal, 3*. doi: 10.7146/ageculturehumanities.v3i.130161