# Narrating the Elusive: Stories of Wellbeing in Later Life

## by

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**Type of Award:**      Doctor of Philosophy

**School:**      School of Health

**This thesis is dedicated in loving memory of**

**Frank Dickox**

*My grandfather and my friend*

# ABSTRACT

In recent years, there has been significant interest in the concept of wellbeing in the academic literature. Likewise, Government strategies are increasingly being aligned with the promotion of positive mental health, as opposed to merely the treatment of illness. Experiencing wellbeing in later life has, however, been labelled by some as a 'paradox', as the conditions of older age are assumed to be negative and thus at odds with those which sustain wellbeing. On the whole, the notion of wellbeing as applied to older adults has been defined by 'experts', and the small number of studies that have examined this from the perspective of older adults have often reduced this to the life domains which support or undermine quality of life. Therefore, in order to gain a richer understanding of this topic, the aim of this study was to further explore older adults' perceptions and experience of wellbeing.

In this qualitative study, a combination of narrative inquiry and photographic methods were used to elicit wellbeing stories from older adults. Thirteen participants aged 56 – 82 years took photographs of the factors they associated with their wellbeing, which they discussed in narrative interviews. Analysis of these data revealed that there were six 'narrative types' present in the stories told by participants; namely Continuity, Proactivity, Opportunity, Recovery, Acceptance and Disruption.

These findings were considered in relation to the narrative elements of tone, plot, agency, temporality and pace. Comparisons were made between the six 'narrative types' and the 'narrative of decline' which is assumed to shape the stories told by older adults. It emerged that, on the whole, the narratives which were present in my study were positive in tone, had plots of stability or progression, displayed high levels of agency in the storytellers, were placed in the present and within a coherent life story, and revealed a busy pace of life. The 'narrative of decline' was found to have little influence over the stories which were told. In addition, it seemed that there may be a new 'wellbeing' narrative which is more pertinent to those in younger-old age. Thus my findings suggest that wellbeing can be experienced in later life and that the 'narrative of decline' should no longer be automatically cited as the one which shapes the stories older adults can tell about their lives.

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# CHAPTER ONE: INTRODUCTION

## How the story began…

In keeping with the narrative nature of my thesis I would like to begin at the start of my research tale. As such I will provide context and elucidate the reasons why I chose to explore wellbeing from the perspective of older adults. I originally became interested in the concept of wellbeing in later life through work I was doing with a local council's older people's service. This service had been funded as part of the Partnership for Older People Project, a countrywide, government funded initiative (Personal Social Services Research Unit for the Department of Health, 2010). The initiative provided funding to statutory health and social care services, encouraging them to work in partnership to promote the health, wellbeing and independence of older people. As part of this initiative, the council worked with the older adults in their community to connect them with local services and enable them to become more physically, mentally and socially active.

And although staff at the service were able to speak about the positive impact they believed they were having on their older clients, in order to secure additional funding it was necessary to provide some quantitative evidence in relation to wellbeing outcomes. Therefore I was asked to advise them on the ways in which this could be done. I began searching for an appropriate survey which could be completed by their clients, both at baseline and at follow-up. Yet when giving consideration to the available scales, I became aware of two things. Firstly, it became apparent that there was no one way in which wellbeing could be measured, and that a wide range of potential scales were available. Secondly, many of the scales used to evaluate the wellbeing of older adults appeared to use measures of health as a proxy for wellbeing. In addition, the council requested that the evaluation measured specific service outcomes pertaining to the client's use of primary and social care services. However, many of these outcomes did not appear to relate to the factors on any of the wellbeing scales I had identified.

Within these guidelines I was able to work with the council, devise a new questionnaire, and gain some data to support their specific wellbeing priorities. However, although I was aware that in this instance the service needed to measure wellbeing in ways aligned with their service

outcomes, I also felt that older people themselves had been overlooked in this process. This led me to explore the wider literature on wellbeing in later life, and found that there too the factors which were assumed to constitute wellbeing were often defined by 'experts'. Only a handful of studies had sought to ask older adults themselves about their definitions and experiences of wellbeing, and many of these were still constrained to an extent by researchers. This left me aware of a need for older adults to be given a greater voice and for a lay informed notion of wellbeing to be available.

## The elusive nature of wellbeing

As the title of my thesis suggests, in my attempts to look at the notion of wellbeing I became aware that this was something which appeared to be rather elusive in nature. As outlined above, what seemed apparent in my search for a questionnaire to measure wellbeing outcomes was that there was no one way in which this concept was defined. In fact the more I examined the use of wellbeing, especially within the context of health and social care policy and practice, the more I felt that it was partly its elusive nature which made it so appealing.  It reminded me of a phrase which I heard in my undergraduate theological hermeneutics class, where my professor noted that the bible 'was like a nose of wax, which could be twisted and turned in any direction'. By this statement he suggested that the meaning behind the words written in scripture could be adapted to suit a particular purpose.  For me it felt like wellbeing was the same. It was its elusive nature, the inability to gain a firm definition, which allowed it to be used - and potentially abused - across a number of different situations.

I was further made aware of the elusive nature of the term wellbeing when the Coalition Government announced new plans to measure wellbeing and happiness at a population level. This approach was in line with other countries such as France and Italy where there was already a move away from measuring population progress by GDP and towards wellbeing. Yet within the UK this plan was not generally well received, as it was branded as 'woolly' by some, and even as 'voodoo sociology'. The main reason for this degree of outcry was because the notion of wellbeing seemed so vague whereas Gross Domestic Product was easier to grasp.

And finally, the term 'elusive' relates to other aspects of my thesis, as definitions of ageing, the notion of experiencing wellbeing in later life, and the use of narrative inquiry were also factors which appeared to be hard to capture at times. The age at which later life begins and the ways in which it is perceived vary considerably. In addition, the finding that wellbeing was high during this period despite negative assumptions of later life has been labelled a 'paradox', and much of the work which has explored older adults' own perceptions has offered little in the way of further insight. And the methods by which narrative data could be collected and analysed also seemed to be hard to grasp, as despite multiple approaches being available, applying these to my data proved to be challenging. Hence, for me, this thesis is one which can be seen as exploring the elusive on many levels, however, I have worked to capture this and present this as best as I can.

## My role as the storyteller

Due to the fact that I utilised a qualitative method of inquiry in order to further explore older adult's perceptions and experience of wellbeing, I was subsequently working within an interpretivist research paradigm which acknowledges the influence of the researcher on the investigation. As a result, throughout this thesis I will show awareness of my own presence in exploring this aim two ways. Firstly I shall be writing in the first person throughout much of my thesis, not distancing myself into the third person as would be expected in work within a positivist paradigm. And secondly, where appropriate I shall be providing a reflexive account of the way in which I believe my own thoughts and action may have been having an effect. It will be made apparent that I am writing reflexively as I will introduce this as a reflexive entry and it will be written in *this handwriting font*. I have included my first reflexive entry at the end of this introductory chapter which includes my initial thoughts going into the research process.

## The story to follow.......

At the start of this chapter I provided an introduction to the story of my research, setting the scene in regards to the need to further explore older adult's experience of wellbeing. I will now give an overview of the story which is to follow, that is, the story that is my thesis. In *Chapter*

*Two: Literature Review* I have provided an overview of the current literature which is pertinent to this study and which informed the direction of my research. *Chapter Three: Methodology* considered the narrative approach which I used in order to explore wellbeing in later life, and the process by which I recruited participants, collected and analysed their stories. The next chapter, *Chapter Four: Introducing the Findings* acts as preparation for the analysis I undertook, explaining the structure of the findings chapter as well as introducing the storytellers whose tales will be presented, whilst *Chapter Five: Findings* presents the stories which were told in this study. In *Chapter Six: Discussion* I will consider the findings and the extent to which they are in harmony or counterpoint with the current literature. And finally in *Chapter Seven: Conclusion* I provide a conclusion, emphasising the methodological strengths and limitations, the implications of my findings, and the potential for future research.

## Reflexive entry

"At the start of my research, even though I had little academic knowledge about either ageing or wellbeing I was aware that I had a number of preconceived notions about how I expected wellbeing to be experienced in later life. From my own familiarity with older adults I held two seemingly opposing views. I was inevitably aware that some elderly adults could become frail and dependent, and had seen images of older adults in care homes on television. I also knew that older adults were often perceived in certain ways within Western society and that, on the whole, this perception was negative. This made me wonder if older adults would be able to tell stories about their wellbeing or if this was something which, having been in decline for a number of years was now relatively low.

Yet alongside these unfavourable representations, I knew from personal experience that later life could be a time in which wellbeing was high. Reflecting on my own grandfather, who had remained active, energetic and open-minded for all but the last few months of his life, I would have rated his wellbeing as consistently excellent. However, I believe that I generally saw him as an anomaly, and had not necessarily anticipated hearing this experience of later life from other older adults. Therefore at the start of my research I held seemingly binary opinions in regards the sort of data I may collect, as I was unsure whether I would gain a picture of later life where wellbeing was hard to achieve, or one where older adults could flourish.

*In addition to my thoughts on ageing, I also approached my research with an overall notion of what I believed wellbeing to be. Although at this stage I was only vaguely familiar with the wellbeing literature, from my own perspective wellbeing was associated with gaining a sense of purpose out of one's life and working towards meaningful goals. Alongside that I believed that in order to be able to gauge one's wellbeing, it would be necessary to have considerable amounts of introspection, continually checking in on oneself and shifting goals where necessary. I was not sure, however, whether other people would be so self-aware of their wellbeing or indeed if wellbeing held the same (or indeed any) meaning for other individuals.*

*And finally, I was conscious of the gap in age between myself and the population I would be studying. Being in my early thirties, it was likely that my age would be at least half of that of the majority of people who took part in my research. At this stage I was not sure if this would be problematic and had some concerns that older adults would feel uncomfortable or disinclined to speak to me about their wellbeing. However, I wondered if this was based on another stereotype about those in later life, i.e. that they saw younger adults as disrespectful and lazy. As such, although I was aware of the possible barrier this could cause, I did not wish to overemphasise this."*

# CHAPTER TWO: LITERATURE REVIEW

## Introduction

My review of the literature on wellbeing in later life identified a large number of papers. As such the review which follows is unable to include all of these. Both the topics of wellbeing and ageing are substantial within their own rights, and there is additionally a growing body of literature which looked more specifically at wellbeing in later life. My intention in writing this chapter, therefore, was to provide a narrative review of the wider literature, rather than a systematic account of all available studies. However, it is important to note that although a systematic review was not undertaken, the literature was searched systematically and thoroughly.

In order to search for literature, I used a number of databases including Abstracts in Social Gerontology, Academic Search Complete, AgeLine, Cochrane Library, ISI Web of Knowledge, Medline, PsycINFO, PsycARTCLES and Science Direct. I also undertook hand searching of references to follow up additional literature from reference lists, as well as using internet search engines Google and Google Scholar to access additional publications, policies and grey literature. A number of key words were used in my search, although it should be noted that the search terms I included evolved throughout my search. For example, whereas I initially began using the world wellbeing or well-being, it became apparent that alternate terms, especially 'quality of life' were used more frequently in those studies which explored the topic from the perspective of older adults. Additional search terms related to positive ageing were also included when aspects of this literature emerged from the initial search terms and appeared to be relevant for my study. In relation to wellbeing, the following terms were used: wellbeing, well-being, quality of life, happiness, life satisfaction, positive mental health and flourishing. For ageing the terms ageing, aging, elderly, later life, old age, older age, geriatric and gerontology were included. And in addition to using wellbeing and ageing terms in combination, the terms 'successful' ageing, ageing 'well', and 'positive' ageing were also used in this search. I also

utilised truncation on a number of terms to facilitate the task of searching, and these included age* (age and ageing), happ* (happy and happiness) flourish* (flourish and flourishing) and old* (old and older).

Due to the wide ranging reach of this topic, I established some broad inclusion and exclusion criteria particularly in regards to those studies which explored wellbeing in later life. From my search a large number of studies emerged. However, on the whole these were quantitative studies which used measurement scales to look at the relationship between wellbeing and a range of other factors including health status, religiosity, coping styles, leisure activity, depression, disability and socioeconomic status. And although I ensured that I had a level of familiarity with these studies, I was more interested in those studies which considered wellbeing from the perspective of older adults. As such a more systematic approach was undertaken with regards to this literature, and a table of these studies was produced (See Appendix A for list of studies). In respect to this aspect of my review, the inclusion criteria utilised was that the population being studied must either be defined as being in later life or be of an age which could be considered relevant to my study (i.e. over aged 60). The studies must also be looking at wellbeing or one of its related concepts (quality of life, happiness, etc), and must state that this concept is being explored from the perspective of older adults. When considering these studies, I did not formally utilise any Critical Appraisal Tools as I was neither seeking to establish a hypothesis, as in quantitative work, nor undertaking evidence based practice research. I was, however, aware that inevitably there will be a degree of variance in the quality of the literature which I uncovered. As a result, I did not include those reports which emerged from a search of the grey literature, especially as the content of these did not appear to add to that which emerged from peer reviewed articles.

In addition, in some instances and particularly in relation to ageing policy, the focus has been restricted to that of a UK context. This is not to deny the relevance of this topic outside the UK, but to keep the review more manageable in length and content. I also placed an emphasis on exploring wellbeing exclusively in those adults living in the community and in relatively good health, as opposed to clinical populations. As the participants in this study would all be recruited

from the community, literature pertaining to older adults receiving high dependency care in the home, in long-term hospital care, suffering from dementia, and in nursing homes was excluded from this review.

In the review which follows, I have arranged the literature under five main headings. Part one provides an overview of the topic of wellbeing, emphasising the multiple definitions available and its significance within contemporary society. A critique of achieving and sustaining this state has also been considered. Part two looks at traditional perceptions of ageing which are, on the whole, negative, and explores the relationship between the ageing body and these stereotypes. In part three, I have explored the literature which looks specifically at wellbeing in later life, highlighting that as this has been largely based on identifying associated life domains, a more holistic investigation has subsequently been neglected. Part four examines the notion of 'ageing well' in theory and policy, and suggests that the shift of responsibility onto older adults for their own ageing can be seen as an act of neoliberal governing in response to the assumed 'problem' of population ageing. Finally, in part five I have considered the notion of aged identities, and emphasised that although some older wish to reject an aged identity, instead aligning with the notion of being 'not old', the realities of growing older can make this problematic.

## Part One: Wellbeing

The concept 'wellbeing', and consideration in relation to what counts as the good life, has been debated at least since Aristotle. The notion is also being used with increased frequency in academic research and public health policy, as well as becoming part of the contemporary vernacular. Yet despite the increasing use of this term, it is important to note that there is no one clear definition, as the meaning attributed to wellbeing shifts across its various uses. The term is also used on many occasions without definition, and sometimes used interchangeably with terms such as "happiness", "quality of life", "positive mental health" and "life satisfaction" (McGillivray and Clarke, 2006). This section will provide an overview of some of the available definitions and conceptualisations of wellbeing, in order to provide a flavour of the multi-faceted nature of this notion and its significance as a research concept.

### Wellbeing as a theoretical concept

Debate surrounding what constitutes a "good life" can be traced back to the time of Aristotle, where two schools of thought dominated. The first approach, which was based on the hedonic tradition, equated wellbeing with pleasure or happiness. The Greek philosopher, Aristippus, taught that the goal of life should be to experience the maximum amount of pleasure, and as a result wellbeing was conceptualised as being the sum of one's hedonic moments (Ryan and Deci, 2001). This hedonic tradition has persisted throughout the centuries, most notably with the Utilitarians such as Mill and Bentham (Mill and Bentham, 1987). Their ethical theories guided people towards doing that which resulted in "the greatest happiness for the greatest number", where good was equated with happiness (Vernon, 2008). The hedonic tradition has been adapted by contemporary academics and labelled 'subjective wellbeing' (Ryan and Deci, 2001) and, within this framework, wellbeing is assumed to consist of both emotional responses (i.e. positive and negative affect) and a cognitive evaluation of one's satisfaction with life (Ryan and Deci, 2001).

The second approach, the eudaimonic tradition, differs in kind from that described above. One of the founding thinkers, Aristotle, claimed that wellbeing is present only when doing those things which are considered worth doing, i.e. have meaning and purpose, rather than from experiencing happiness regardless of the cause (Aristotle, 2009). In line with the eudaimonic perspective, Ryff (1989a) operationalised the concept as 'psychological wellbeing'. This notion taps six different aspects related to human flourishing, namely autonomy, personal growth, self-acceptance, life purpose, mastery and positive relatedness.

As these two concepts of wellbeing sit within different and potentially opposing frameworks, this has led to debate regarding which should be seen as the best standard by which to evaluate one's life. Ryff and Singer (1998) challenged subjective wellbeing models as being of limited scope in relation to positive functioning, and suggested that subjective wellbeing is often an unsound indicator of healthy living. In turn, Diener, Sapyta, and Suh (1998) retorted that the eudaimonic framework inevitably relies on experts' definitions, whereas the subjective approach allows people to evaluate their own wellbeing based on individual concepts of what makes a good life. Yet unsurprisingly, evidence has indicated that wellbeing is best conceived as a multidimensional phenomenon, which incorporates aspects from both the hedonic and eudaimonic traditions (Compton et al., 1996; King and Napa, 1998). In reality, however, much of the wellbeing research has not been firmly established within either of these conceptualisations. Instead either broader definitions have been used which have contained both elements of the eudaimonic or hedonic traditions, or wellbeing had been reduced to objective life domains.

**Wellbeing as an academic concept**

One reason why wellbeing has become so important in contemporary society can be traced back to a change in focus within academic psychology. As a reaction against the dominant focus within psychology and associated disciplines on mental ill health and the negative aspects of human thoughts and behaviour, a movement known as Positive Psychology shifted the gaze to the positive features "that make life worth living" (Seligamn and Csikszentmihalyi, 2000 p. 5).

Previously, based on the disease model of human functioning, emphasis was largely placed on healing those who were suffering. Yet as this approach neglected the potential to build up the positive aspects of life, and hence Positive Psychology aimed to improve the human outlook at a subjective, individual, and community level. A focus was increasingly being placed on encouraging satisfaction with life in the past, increasing happiness and flow in the present, and supporting hope for the future (Seligamn and Csikszentmihalyi, 2000).

The emphasis which is now being placed on wellbeing within academia is evident by the increasing number of university departments which include the term in its title. For example, the University of Cambridge has the famous Wellbeing Institute founded and directed by Felicia Huppert; Sheffield Hallam University has a Faculty of Health and Wellbeing; the University of Glasgow has developed an Institute of Health and Wellbeing; Durham University boasts the Wolfson Research Institute for Health and Wellbeing; and the University of Central Lancashire has in recent years established a Centre for Mental Health and Wellbeing.

Across these often multi-disciplinary departments wellbeing is being promoted and researched in relation to health behaviour, global economics, families and individuals, health inequalities, participation and social inclusion, philosophy and mental health and wellbeing across the lifespan. In addition, placing the term 'wellbeing' and its related concepts into most academic databases will bring up a large number of peer viewed studies which span a range of disciplines including psychology, health, sport and exercise science, geography, gerontology and child development. From this it is evident that wellbeing is no longer a matter debated by moral philosophy but is relevant at both a contemporary and multidisciplinary level.

**Wellbeing as a political concept**

Alongside the rise of wellbeing within academia and university departments, this concept has increasingly become central across health and social care policies in the UK. This is largely due to evidence which suggests that wellbeing is not only a factor worth gaining for its own sake, but one that can lead to a reduction in the occurrence of physical and mental ill health (Ostir et

al., 2000; Pressman and Cohen, 2005; Marsland et al., 2007; Garland et al., 2010). The implications of unhealthy lifestyles are known to be significant for individuals who risk experiencing serious health conditions such as heart attacks, strokes and diabetes (National Institute for Health and Clinical Excellence, 2007). In addition, the financial implications of poor health behaviours are considerable for society (Scarborough et al., 2011). Under the banner of wellbeing, a range of public health initiatives have been developed and promoted in order to educate people and thus to encourage the development of healthier behaviour.

One example of a health promotion message which has linked wellbeing and behaviour modification, is the 'Five Ways to Wellbeing' (Aked et al., 2008; Aked and Thompson, 2011). Developed by the new economics foundation, a set of evidence based actions were identified that individuals could incorporate into their everyday lives to improve their wellbeing (Aked et al., 2008). These actions are assumed to have a range of physical and psychological benefits for individuals who have been encouraged to 'connect with others', to 'keep learning', to 'be active', to 'take notice' and to 'give'. There also appears to be resonances between this and the World Health Organisation's previous message focusing on physical health, where people were urged to eat five portions of 'fruit and veg' a day (World Health Organisation, 1990).

Wellbeing has also been linked to mental health promotion campaigns to reduce or prevent psychopathology (Department of Health, 2009; HM Government, 2011), as mental illnesses, especially depression and anxiety at a mild to moderate level, are known to affect significant proportions of the population (Royal College of Psychiatrists, 2010). Hence at a population level the Government has put in place a number of strategies in order to prevent or reduce the occurrence of mental illness in a non-clinical population. In addition, those individuals who are already experiencing poor mental health are likewise supported to think and act in ways which will enhance their wellbeing in order to potentially reduce the severity and/or duration of their illness, as well as lowering the chance of reoccurrence (British Psychological Society, 2009).

Incorporating wellbeing into these public health messages may be of benefit for a number of reasons. People may be reluctant to give up a range of behaviours which they find enjoyable in the short term, such as smoking, drinking and eating unhealthy foods. So by offering the reward of increased wellbeing, people can focus on what they will gain from their behaviour modification as opposed to what they may lose. In addition, as wellbeing is seen as a holistic word which is free from medical jargon, being able to change one's own wellbeing may be seen not only as more achievable by individuals, but as something which individuals themselves are expected to have control over, rather than medical staff.

Yet the use of wellbeing in health promotion has received some criticism. Seedhouse (1995) suggests that health strategists often do not place a focus on wellbeing *per se* but instead work on the specific behaviour they wish to modify. They then optimistically assume that changing this behaviour will inevitably also promote wellbeing in individuals. In addition, Seedhouse suggests that some health promoters claim to have "privileged knowledge" of wellbeing and the necessarily conditions which bring this about (1995; p. 61). As a result their aims are to promote the assumed origins of wellbeing, rather than placing a focus on wellbeing itself. Seedhouse questions the worth of either of these stances and as a result advocates that the use of the term wellbeing should be discarded by health promoters.

It should also be noted another reason why there has been an increased focus on wellbeing as a political concept is due to the fact that in recent years there has been a shift away from measuring a nation's progress through the use of GDP and other monetary indexes. This move has in part been influenced by increasing evidence that improving financial conditions often has little impact on a nation's happiness (Easterlin, 2004). The current coalition government announced its intention to spend 2 million pounds on a measure of national wellbeing in the UK, based on a definition of wellbeing established via a public consultation (Self and Beaumont, 2012). This scale predominantly explores a range of objective factors, such as health, living conditions and the economy, although individual wellbeing is also being examined (Self and Beaumont, 2012). However, as noted in the introduction to my study, the

notion of wellbeing has been considered by some to lack the level of substance which was affarded to economic measures, and the relevance of individual wellbeing to the government was also questioned.

**Wellbeing as a measurable concept**

With an increasing focus on wellbeing came a need to shift this from a merely theoretical concept to one which could be measured. The many perceived benefits which could arise from measuring wellbeing, both at an individual and at a population level, has resulted in the development of a wide range of scales. These scales and the ways in which wellbeing has been defined can be seen to fall into four broad categories, namely objective, subjective, psychological and phenomenological. It should be noted that each of these approaches introduced above has a number of benefits and pitfalls, and inevitably none can provide a complete picture of either individual or population wellbeing.

Objective definitions equate wellbeing with the extent to which a person possesses certain external life conditions. This conceptualisation assumes a level of universality amongst humans, and that those that score higher on a range of life domains (e.g. health, income, social networks etc.) are automatically assumed to have higher levels of wellbeing. The objective approach is often used to measure wellbeing at a population level, and examples include The Happy Planet Index (Abdallah et al., 2012) and the Coalition Government's National Measure of Wellbeing (Self and Beaumont, 2012). However, using objective measures has come under some criticism, as they neglect the importance of internal evaluations of one's life which are informed by a range of factors often not captured in scales of this nature (Conceição and Bandura, 2008).

Scales based on subjective account of wellbeing place a focus on the measurement of both positive and negative affect (or mood states), as well as a cognitive appraisal of satisfaction with one's life overall (Eid and Larsen, 2008). Scales which measure subjective wellbeing do not explore the factors which may be having an influence on these feelings, but are often used in studies which explore relationships between subjective wellbeing and other factors such as

income (Diener, Sandvik and Diener, 1993), personality traits (DeNeve and Cooper, 1998) and health (Okun et al., 1984). Tools developed within this framework include The Oxford Happiness Questionnaire (Hills and Argyle, 2002), The Satisfaction with Life Scale (Diener et al., 1985) and The Positive and Negative Affect Scale (PANAS: Watson, Clark and Tellagen, 1988). However, as mentioned previously, there is debate regarding the extent to which wellbeing should be reduced to one's subjective evaluation (Ryff and Singer, 1998).

Psychological wellbeing has been measured using scales which draw heavily on formulations of human development and existential challenges of life (Ryff, 1989a). The Ryff Scale of Psychological Wellbeing (Ryff and Keyes, 1995) and The Flourishing Scale (Diener et al., 2010) are examples developed from within this conceptualisation. Yet this evaluation of wellbeing based on a standardised and externally created definitions has been subject to criticism (Diener, Sapyta and Suh, 1998), as inevitably concepts of what can be perceived as a life in which one is flourishing is restricted by researcher definitions of this notion. It is worth noting that an additional and widely used scale which claims to measure both subjective and psychological wellbeing is the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS: Tennant et al., 2007). The scale was designed to be especially suited for use in large scale representative surveys, and is relatively short, containing only 14 statements. In addition, it has been shown not to suffer from ceiling effects and as a result is considered particularly useful when seeking to explore any changes in wellbeing, for example following interventions or policies (Tennant et al., 2007).

A final framework within which wellbeing has been measured is as a 'phenomenological' construct. According to this account, wellbeing is an unstructured concept that is dependent upon the particular understanding and insight of each individual (Ziller, 1974) i.e. wellbeing is in the eye of the beholder (Campbell, 1972). Scales developed within this tradition reject predefined criteria by which to evaluate the wellbeing of an individual. Instead they allow participants to select those factors which they consider to be most pertinent to their wellbeing and to rate their level of satisfaction with each of these. The Schedule for the Evaluation of

Individual Quality of Life (SEIQoL: O'Boyle at al., 1993) is a frequently used phenomenological measure which asks individuals to highlight the top five domains they consider important to their wellbeing, rating each of these areas in relation to their own life. However, the authors of this schedule have highlighted that administering this require a trained person and can be a time consuming task (O'Boyle at al., 1993).

In summary, part one of this review has established that although the notion of wellbeing is one which appears to be as relevant to contemporary society as it was to ancient Greece, there are multiple definitions available. Conceptualisations equate wellbeing with notions of happiness, life satisfaction or flourishing, and as being dependent on external factors or internal perceptions. Yet when taken as a whole, wellbeing can be seen as a positive state and something which one should strive to achieve in one's life. The next section will explore the notion of ageing, and emphasise how traditionally later life has been portrayed in a negative light.

## Considering a critique of wellbeing

This section has presented a range of wellbeing definitions and perspectives and highlighted how this notion is one which is becoming increasingly prevalent in contemporary society. However, it should be noted that although the achievement of wellbeing and living what is considered to be 'the good life' is undoubtedly more appealing than human suffering, the concept of wellbeing has been subject to a degree of critique.

Much of this criticism has been levied against hedonic notions of wellbeing where an emphasis is placed on sustaining happiness and experiencing positive emotions (Seligman and Csikszentmihalyi, 2000; Ryan and Deci, 2001). It has been suggested that in contemporary Western society, individuals are engulfed by the "tyranny of the positive attitude" (Held, 2004 p. 11), and have become saturated with messages which state that we should remain happy and upbeat at all times. Becoming or remaining happy and achieving a sense of wellbeing is increasingly becoming a 'normative obligation' (Sointu, 2005), whereas negative emotions and dwelling on the challenges of life are things which individuals are expected to control and

obliterate (Held, 2004; Carlisle & Hanlon, 2008). However, a number of authors have noted that not only is sustaining a constant positive state unrealistic, but that in fact it could also be potentially damaging.

Held (2004) and Carlisle and Hanlon (2008) for example, emphasised that the circumstances of life mean that alongside those more positive experiences which may naturally result in feelings of happiness, people have to face hardships, challenges, disillusionment and loss. The natural response to this is to feel a degree of sadness, despair and frustration, as opposed to the positive emotions associated with hedonic wellbeing. In a similar vein, Williams, (2000), suggested that being expected to maintain a positive attitude at all times may not only be especially draining for those who are facing hardships, but may also lead individuals to feel a degree of personal failure when they are not able to live up to the positive ideal. This in turn could result in even more negative feelings and thus striving for wellbeing in these circumstances could be counterproductive (Williams, 2000). In addition to the strain of remaining positive, it has been proposed that society is in danger of pathologising negative emotions (Carlisle, Henderson and Hanlon, 2009), even though such emotions are within the range of what a mentally healthy human being can expect to experience (King, 2001). According to Williams (2000), negative emotional states are being constructed as illnesses which require treatment and cure, and subsequently people are increasingly turning to therapies as they struggle to achieve expectations of perpetual happiness. Yet negative emotions, it is argued, play an important role in human development and personal growth (Carver & Scheier, 2003) and hence they should not be automatically seen as problematic.

As noted earlier in this section, much of the emphasis in relation to wellbeing is not only on encouraging people to take individual responsibility for their own wellbeing, but on providing guidance in relation to how this can and should be achieved. However, Carlisle and Hanlon (2008) suggest that people are being encouraged to invest in sources of happiness which are "intrinsically relative to what others have" (p. 264), resulting in competition, aggression, materialism and individualism. The authors caution that this results in people neglecting those things which could actually be key to human wellbeing, such as personal relationships,

contemplation and spirituality, and acting with kindness and compassion to others. Wellbeing has also been presented as a commodity which is available for some to purchase (Carlisle and Hanlon, 2008), for example through the use of therapies, spas and retreats, and a range of aromatherapy products which claim to 'uplift' and achieve a state of 'calm'. Yet, as noted by Sointu (2005), these come at a price and are often beyond the reach of those who are disadvantaged or living in poverty. As a result, wellbeing could potentially become something which is exclusive to those who are financially secure, leaving those unable to purchase happiness experiencing even greater levels of exclusion and despair.

A final point worth noting is that even though wellbeing has been marketed as a 'product' which one should strive to achieve and or is available to those who are willing to pay, evidence suggests that we may actually have little influence over the degree to which we are able to experience life in a positive manner. It has been estimated that between 50-80% of our disposition towards subjective wellbeing is genetic (Braungart et al., 1992; Lykken & Tellegen, 1996; Bartels & Boomsma, 2009), and that individuals have a hedonic set-point or baseline to which they return after different life experiences. An early study into this phenomenon charted the happiness of those who either won the lottery or who became paraplegic after a life changing accident. The authors reported that even after such extreme positive or negative events, levels of wellbeing typically went back to those which were considered normal for that individual (Brickman, Coates & Janoff-Bulman, 1978). More recent findings suggest that people may have a happiness range within which they fluctuate (Diener, Lucas and Scollon, 2006) and that whilst significant changes in this baseline is possible for a minority (Fujita & Diener, 2005), in general the effects of personality traits, genetic inheritance and upbringing may counter-balance any attempts to improve one's wellbeing in adulthood.

Hence, although the notion of wellbeing is one which is prevalent in contemporary society, policies and academic literature, it should not be assumed that achieving a state of perpetual happiness is either possible or even desirable. Whilst there is undoubtedly value in exploring those aspects which enable one to gain a sense of meaning, value and purpose in life, it is important to acknowledge that this can be achieved alongside the full spectrum of human

emotions and that the route to wellbeing will vary between individuals. However, when giving consideration to this critique it must be born in mind that the hedonic approach is only one interpretation of wellbeing (Seligamn and Csikszentmihalyi, 2000; Ryan and Deci, 2001), and in fact the eudaimonic perspective rejects the emphasis on positive emotions, instead equating wellbeing with flourishing (Aristotle, 2009; Ryff, 1989a). In addition, more recent works in Positive Psychology have moved away from simply equating positive emotions as being good, and negative as bad, stating the need to achieve balance between the two (Aspinwall & Staudinger, 2003). Therefore, although these criticisms must be acknowledged and the benefits of the pursuit of happiness should not be unquestioningly accepted, it is important that a broad view of the notion of wellbeing is retained which allows one to strive for a lifestyle which is positive yet also achievable.

## Part Two: Ageing

In part one I explored the notion of wellbeing at a general level, and noted that despite the multiple definitions available, on the whole, wellbeing can be seen as a positive state associated with happiness, meaning and life satisfaction. This part will briefly explore the notion of ageing, and emphasise that in contrast to conceptions of wellbeing, growing old and living in later life are factors which are traditionally perceived negatively in contemporary Western society.

### The 'problem' of an ageing population

The population in the UK, as in many other Western countries, has aged substantially over the past century. Population ageing refers to both an increase in the number and proportion of older people and an increase in the average age of the population. The proportion of the UK population aged over 65 in 1985 was 15%, whereas this had risen to 17% by 2010 (Office of National Statistics, 2012). Projections suggest that by 2035, 23% of the population will be aged 65 and over (Office of National Statistics, 2012). In addition, the greatest increases are predicted to be amongst the "oldest-old" (which the ONS places at 85 and above). These demographics have resulted from a combination of decreased levels of mortality which have led to increased longevity, declining fertility, and the ageing of the post war 'baby boomers' (Robine and Michel, 2004).

Adapting to this population trend is believed to pose a number of economic, social and political challenges. The main two concerns of population ageing are the increased utilisation of costly health and social care services, as well as an increase in the dependency ratio (Department for Work and Pensions, 2005). These concerns are especially acute in the current economic climate. In a report published by the House of Lords Select Committee entitled *Ready for Ageing?* (The Stationary Office, 2013) it was suggested that both the Government and society were "woefully underprepared" to address the needs of an ageing society, and that, if action were not taken, the result could be "a series of miserable crises" (p. 7). In response to these concerns, the Government described a programme of reforms it has established in order to address these challenges (Department of Health, 2013). This emphasised the importance of empowering older

individuals to support themselves, as well as giving local communities greater autonomy and accountability for addressing the needs of their own ageing communities. Additional policy suggestions have included the need for pension reforms as well as increasing or abolishing retirement age (Department for Work and Pensions, 2014; HM Treasury, 2012).

It should be noted, however, that although the Government acknowledged the potential difficulties of an ageing population, some authors have questioned the extent to which population ageing will have a significant and negative effect on the economy. These authors have looked specifically at the anticipated additional expenditure in health care due to age associated ill health and have noted that this is unlikely to be much greater (Mullan, 2002; Zweifel, Felder and Werblow, 2004). On the whole, they have proposed that for the majority of older adults their extra life years will be relatively healthy, as it is the final years of life which are the most costly. As a result, it could be that population ageing is not necessarily a problematic issue in itself, and it is important to recognise that many older adults are living the majority of their post retirement years in good health.

**Defining old age**

Despite the evidence for an increasingly aged population, it is important to note that the term "ageing" is a complex one. Individuals have been identified as ageing biologically, functionally and socially, although age is often defined in relation to the number of years lived. Yet the chronological age at which one becomes old is far from clear (Tinker, 1993) although retirement ages of 60 or 65 sometimes act as an indicator for moving into later life. However, chronological age does not correlate perfectly with functional age, and physical and cognitive capacities can vary greatly between two individuals of the same age (Wahlin et al., 2006). Differences in functional ageing can result from a variety of factors including genetics, previous and current health behaviour and lifestyle choices, financial resources and living conditions. But it should be noted that the demographic profile of an ageing population is changing, as improvements in health care and increasing awareness of the danger of certain lifestyle factors have meant that the period which can now be recognised as later life is considerably extended.

This has created a significant gap between those at the youngest and oldest end of the age spectrum.

**Traditional perception of ageing and later life**

Notwithstanding the variance in needs and abilities, traditional representations of ageing in contemporary Western society are, on the whole, negative (Cuddy, Norton and Fiske, 2005; Kite et al., 2005; Barrett and Cantwell, 2007; Arnold-Cathalifaud et al., 2008; Allan and Johnson, 2009; Musaiger and D'Souza, 2009). This negative portrayal has led to prejudice against older adults, and the term "ageism" was coined by Butler (1969). Ageism - a concept similar to racism or sexism – occurs where age related stereotypes in regards to negative attitudes, beliefs, and norms of older adults are generalised. This leads to discrimination against older people at both an individual and population level (Butler, 1969).

A number of authors have reported that people view older people and ageing in negative and stereotyped ways (Cuddy, Norton and Fiske, 2005; Kite et al., 2005; Allan and Johnson, 2009). Ageing has traditionally been associated with declining physical health, and studies found that older adults are often perceived as being weak and sickly (Hall and Batey, 2008), dependent (Arnold-Cathalifaud et al., 2008), with multiple diseases (Westmoreland et al., 2009), and living in fear of death (Musaiger and D'Souza, 2009). As a result, older people were frequently characterised as having a range of physical deficiencies, requiring support from physical aids and having poor sensory perceptions (Barrett and Cantwell, 2007; Barrett and Pai, 2008). A decline in cognitive or mental abilities is also commonly linked with later life, including a loss of intelligence (Cuddy, Norton and Fiske, 2005), a reduction in memory (Erber and Prager, 1999) and lower levels of competence (Musaiger and D'Souza, 2009). In addition, as a result of attributing lower levels of mental capabilities to older adults, they were often portrayed as being inefficient and unproductive (Arnold-Cathalifaud et al., 2008).

Physically, a range of attributes such as balding, thinning and grey hair (Musaiger and D'Souza, 2009) and wrinkles on the skin (Lichtenstein et al., 2005; Hall and Batey, 2008) have been

linked with older adults. This association has been found to create perceptions of older adults as unattractive (Kite et al., 2005). In addition, older adults are frequently perceived as being asexual and sexless (Barrett and Cantwell, 2007; Arnold-Cathalifaud et al., 2008), with any sexual behaviour in this age group being frowned upon and seen as unacceptable (Kane, 2006). Older adults are also often attributed with having negative personality traits, including being difficult, irritable and pessimistic (Gellis, Sherman and Lawrance, 2003; Sauer, 2006). They are additionally perceived as being conservative, stuck in their ways and not willing to listen to the views of those younger than themselves (O'Connor and Dowds, 2005).

Finally, later life is frequently seen as a time of isolation and loneliness (Tan, Zhang and Fan, 2004), and sad emotions and facial expression are often associated with older adults (Lichtenstein et al., 2005; Barrett and Cantwell, 2007). Older people were seen to be marginalised and having reduced levels of contact with the outside world (Denmark, 2002; Arnold-Cathalifaud et al., 2008). They were also seen as having reduced status in relation to younger population groups (Cuddy, Norton and Fiske, 2005), and as passive as opposed to active citizens (Arnold-Cathalifaud et al., 2008).

Regarding the strength of these perceptions, a study of the opinions of over 600,000 people via an internet survey found that ageist implicit attitudes were stronger than other stereotyped beliefs including those against gender or race (Nosek, Banaji and Greenwald, 2002). A number of factors have also been identified as influencing people's perceptions of later life, including individual attributes of the perceiver such as age and gender, the amount of contact a person has with older people, the level of understanding and knowledge about older populations, a range of cultural influences, and media perceptions (Lyons, 2009).

However, it should be noted that a small number of studies have reported overall positive or at least neutral attitudes towards ageing (e.g. Tan, Zhang and Fan, 2004; Femia et al., 2008; Yen et al., 2009), where older adults were perceived as being kind, sincere and warm (Barrett and Cantwell, 2007). Although traditional perceptions may still be implicit in society, in recent

years the rise in research under the banner of critical gerontology has questioned these perceptions of later life. This discipline has highlighted how these negative stereotypes are not based in reality but have been socially constituted and, that as a result, these can and should be changed (e.g. Baars, 1991; Gubrium, 1993; Moody, 1996).

Part two of this chapter has presented ageing and growing older in a rather negative light, as older adults are associated with use of high cost health and social care services and dependency on state pensions. In addition, older adults themselves have frequently been ascribed with a range of negative attributes. The next part will explore the ways in which the notion of wellbeing has been conceptualised for those in older age, both from the perspective of 'experts' as well as older adults themselves.

**Ageing and decline: The role of the body**

In the section above, many of the negative portrayals of older adults related to a decrement or loss of some sort, and a picture was painted of later life as a time of decline. This section will explore how this association came about in Western society, by illustrating that ageing and growing older is something which has often been associated with the ageing *body* (Katz, 1996; 1999; Tulle-Winton, 1999; Katz, 2000). In fact, Hepworth (2000) has suggested that the very reason why older adults have been the subject of a separate and generally negative gaze from the rest of the population is because of the physical changes which occur in the later years, stating "if the body did not age there would literally be no gerontological story to write or read" (p. 9).

Although the physical change of ageing must have long been apparent, the association between ageing and the body became especially prevalent in the nineteenth century. Before this time, growing older was associated with a decrement in 'vital spirit', and scientists sought ways in which this vitality could be maintained (Haber, 2001/2). The focus then shifted as Charcot undertook observations on a number of old but healthy women residing at the Salpêtrière Hospital in Paris (Katz, 1999; Charcot & Loomis, 2014). As a result of this study, ageing

bodies, even those without disease, were now classified as pathological, and consequently, growing older had become 'a disease to be hated and feared' (Haber 2001/2).

Reflecting on Charcot's work, Katz (1996) proposed three ways in which the ageing body was interpreted when it became an object of medicalization. Firstly, the external appearance of the body, such as grey hair and wrinkled skin, was seen to represent "a general atrophy of the individual" (Charcot & Loomis, 2014 pp. 20-21). Subsequently, the internal state of older adults was assumed to be likewise suffering from disease and a loss in vitality. Secondly, the 'distinctiveness' of the ageing body was highlighted, for whereas previously diseases had been treated in the same way, regardless of age, now the same conditions were seen to manifest themselves differently within the old body. Thirdly, Katz emphasised that the physical losses and degeneration of the ageing body lead to an association between old age and death, whereas previously dying had been located in the environment as opposed to the body.

As is evident from the previous section which explored traditional representations of older adults, the link between an ageing individual and a diseased, malfunctioning and declining body has resulted in widespread, negative perceptions of older adults (Nosek, Banaji and Greenwald, 2002). In fact the association of the ageing body with what is considered to be inevitable degeneration has led to a 'narrative of decline' (Gullette, 1997) in Western society. This, in turn, has resulted in older adults' marginalisation from wider society, especially as their ageing bodies and minds have been deemed unsuited to the demands of industrialised society (Tulle-Winton, 1999). The ageing body has also become subject to 'surveillance' (Tulle-Winton, 1999), as many of those experiencing a decline in health and function are monitored and controlled in institutions devised specifically for this age group. Cole (1997) suggested that by placing significant focus on loss of function in old age and the need to manage this accordingly, very little emphasis has been located on the more spiritual and existential dimension which may be of equal or even greater importance to the ageing individual. In fact, by reducing ageing to bodily decline, the positive aspects of ageing, such as gained wisdom and perspective, have been typically overlooked and remain largely unappreciated.

Despite the influence which a focus on the ageing body had on establishing the notion of decline in later life, some authors have suggested that negative portrayals of older adults also have a basis in social structures and thus could be open to change. Gullette (1988) proposed that "the decline theory of later life is not grounded in a predetermined biological reality but it is a master narrative with a demonstrable cultural history" (p. xviii). She stated that a distinction can be made between the biomedical body which does indeed grow old and experience a degree of disease and disability, and the negative, personal and social connotations which are linked to older adults. Gilleard and Higgs (1998) also claimed that the biological basis of ageing should be challenged due to the fact that there is no linear relationship between chronological and physiological health. Drawing on Structured Dependency Theory (Townsend, 1981), these authors highlighted that ageist attitudes are created by the conditions in society which make older adults dependent and marginalised through their withdrawal from the labour market.

Subsequently, it was proposed that the negative portrayal of older adults could be challenged and revised, and that a more positive view of ageing could be achieved. Gilleard and Higgs (1998) suggested that in order for more positive and realistic notions of later life to be established, there is a need to normalise, not pathologize, the decline of the physical body, and to re-emphasise the dignity of dying. Furthermore, Gullette (1997) proposed that emphasis should be shifted away from the body and towards the 'portmanteau' or postmodern self, describing this as "an active concept of 'aging as self-narrated experience'; the conscious, on-going story of one's age identity" (p. 220). Therefore, although the ageing body plays a crucial role in the development and continuation of a 'narrative of decline', the physical realities of ageing can only go part way to explaining negative perceptions of later life.

In summary, this section has explored how later life has traditionally been perceived negatively in Western society, and emphasised that the common association of older age with decline and dependency has led to the ageing population in the UK being described by some as a 'problem'. It has also highlighted stereotyped views of ageing and being old, as older adults have frequently been linked with a range of undesirable traits, attributes and characteristics, and Katz (1996) suggested that earlier observations which pathologised the ageing body play a significant

role in the development and perpetuation of these negative portrayals. However, some authors claim that social structures and norms also have an influential role, and that as such the ways in which an older population and ageing individuals are perceived may be subject to change (Gullette, 1997; Gilleard and Higgs, 1998).

# Part Three: Wellbeing in Later Life

Part one of this review presented wellbeing as a concept with positive associations, whilst in part two, ageing was typically portrayed in negative terms. Part three will look at the notion of wellbeing in later life and explore the ways in which it has been discussed and represented in the literature. It will begin by noting that despite the negative assumptions of later life, evidence has suggested that in fact wellbeing is often relatively high in this period. A number of ways have been suggested by which this assumed 'paradox' could be explained. It will then go on to look at the ways in which wellbeing has been conceptualised in later life, both by experts as well as older adults themselves.

## Exploring the "paradox" of wellbeing

Based on traditional perceptions of ageing such as those represented above, it could be assumed that wellbeing during later life would be low. Indeed it is important not to neglect the potential difficulties associated with growing older which could have an undermining effect on wellbeing. Nevertheless, in recent years evidence has suggested that in fact wellbeing can remain high in later years or in fact increase after a decline during middle adulthood (Horley and Lavery, 1995; Blanchflower and Oswald, 2008). However, as later life is often associated with an increase in risks and losses, these findings which indicate that wellbeing in later life can be relatively high have been labelled by some as a 'paradox' of wellbeing (Brandstadter and Greve, 1994; Kunzmann et al., 2000).

Yet this may be less of a paradox than it first seems, as evidence now suggests that the influence of socio-demographic factors, including age, is modest and explains only a small portion of the individual differences in wellbeing (Myers and Diener, 1995). In addition, it is important to note that alongside some of the challenges associated with ageing, there are a range of factors which could act as buffers against these difficulties. These have been identified across the literature on wellbeing in later life, and are presented below.

### Risk and protective factors

The first way in which the 'paradox' of wellbeing has been considered is in relation to the varied life conditions of older adults. When considering these conditions in later life, the tendency has been to focus on the negative aspects of risk factors in life. Yet evidence suggests that there can be a number of protective factors which can play a role both in enhancing wellbeing as well as acting as a buffer against negative life experiences.

In relation to risk factors, the literature has identified a wide range of circumstances which could have an undermining effect on wellbeing. Evidence has found that inequalities in terms of life conditions and experiences are significant with the population. For example, when compared to younger adults, older people are more likely to be living in poverty and at risk of fuel poverty; to experience a disproportionate lack of access to transport; to fear becoming victims of crime; to be living alone; and to be living in poor housing conditions (Acheson, 1998). Loss is another significant risk factor for undermining wellbeing, including not only bereavement, but also a loss of physical and mental abilities, a loss of role and status due to retirement, and a potential loss of hopes for the future (Seymour and Gale, 2004). Additional risk factors which have been identified include poor health (Evans et al, 2003), damaging health behaviours, such as smoking and drinking (Zhou et al., 2003), social isolation and loneliness (Alpass and Neville, 2003), and age discrimination (Lee, 2006).

However, despite this apparent plethora of risk factors that may undermine wellbeing in older adults, there are equally a significant number of protective factors which can buffer against these risks and facilitate positive mental health. Community has been seen as a significant factor which can protect against social isolation and inequalities, and increasing evidence is emerging regarding links between social capital and wellbeing in later life (Wenger, 1997; Gray, 2009). Having a purpose in life and participating in meaningful activity has also been seen as a defining feature of mental health in this age group (Seymour and Gale, 2004), as well as close relationships with friends, family, pets and spiritual beliefs (Lee, 2006). Further important

protective factors include good levels of physical and mental health, financial solvency, good living conditions and feeling safe and secure (Lee, 2006).

When attributing factors which are assumed to support or undermine wellbeing in later life, it is important to consider the following points. Firstly, the heterogeneous nature of the older population means that these identified factors are simply generalisations, and that the reasons for high or low levels of wellbeing are unique to each individual. Secondly, many of these negative factors also affect a younger, working age population, although these are often more prevalent in later life. And thirdly, people have a range of coping abilities, skills and personal resources which are the result of accumulated experiences throughout the life course. As a result each individual will respond differently to the challenges faced in later life (Brown, Bowling and Flynn, 2004).

### *Coping and resilience*

As noted above, coping or resilience is another factor which could play a role in explaining the assumed 'paradox' of wellbeing in later life. Coping is a concept which emerged from health psychology, and in general it can be understood as the ways in which an individual uses behavioural or cognitive efforts to manage taxing internal or external demands (Lazarus and Folkman, 1984). As later life is often associated with the risk factors noted above, the ways in which older adults are able to deal with these challenges have been examined in the literature. In general coping is reported in relation to different strategies which can be used to address a stressor, and evidence suggests that the ones used vary by circumstances and age.

Problem-based coping approaches are those which are typically used when the difficult situation is perceived to be alterable, and include strategies such as problem-solving, confronting, managing or changing the stressor (Lazarus and Folkman, 1984). Emotion-based coping, such as avoidance, wishful thinking, and seeking social support, are ways in which one can manage the emotions which accompany the perception of stress. These are most likely to be used when a person feels unable to directly alter the factor which is presenting a challenge (Lazarus and Folkman, 1984). Appraisal-focused strategies are those where one is able to challenge the

assumptions one has in life and as such the impact of the stressor may be reduced. These include shifting goals, denial, and seeing humour in a situation (Weiten and Lloyd, 2008). Finally, meaning-based coping is a model which proposes that one can still experience positive psychological functioning, even in the fact of a life stressor, if one is able to gain a sense of purpose from this experience (Brannon and Feist, 2009).

In relation to ageing, there is evidence to suggest that older adults use these strategies to address some of the challenges they are experiencing, but that a range of factors influence the approach which an individual finds most appropriate. In a study of older caregivers, Almberg, Srafstrom and Winblad (1997) found that whereas emotion-based coping was used by those who appeared to be at risk of burnout, for those who were not at risk, problem-based coping was more prevalent. Differences have also been found in the strategies employed by older as opposed to younger adults. In their study Blanchard-Field, Jahnke and Camp (1995) reported that older adults were more likely than their younger counterparts to use problem-focused solutions in solving everyday instrumental problems, but that they used avoidant/emotion based approaches more frequently for interpersonal problems. The study did conclude that in general older adults were more effective problem solvers than younger adults, and suggested that with ageing had come a greater degree of experience in finding the best solutions to life challenges.

Religion and spirituality has also been frequently cited as a factor which can play a supportive role in later life (Koeing, George and Siegler, 1988; Crowther et al., 2002), and authors have reported a link between higher level of religiosity and wellbeing in an older population (Koenig, Kvale and Ferrel, 1988; Krause, 2003). In fact, Fry (2000) reported that measures of religiosity, spirituality and associated personal meaning contributed more significantly to the variance in wellbeing than other traditional measures such as physical health, social resources, or negative life event or demographic variables. Studies have also found that this aspect is a more significant source of comfort for older adults than any other age group (McFadden, 1995), although there is disagreement as to whether people become more religious with age or if the findings are the result of a cohort effect (Davie and Vincent, 1998; Wink and Dillon, 2002).

It has been reported that religion can act as a buffer against the stresses of ageing, even in the face of chronic illness or disability (Koenig, Larson and Larson, 2001). Having these beliefs can allow older adults to gain comfort from prayer (Fry, 2000), to give an enriched meaning to their lives (Ellison, 1991), and to reduce fears of death and dying (Ardelt, 2003). In addition, being a member of a church community can provide opportunities to socialise, and often these organisations are more active in providing activities which are aimed at older adults (McFadden, 1995). There is, however, some evidence to suggest that religion could have an undermining impact, especially if mobility issues prevent church attendance (Levin and Vanderpool, 1987) or if religious faith makes older adults more reluctant to try other forms of coping which may be more beneficial (Koenig, George and Siegler, 1988).

### *Emotional regulation*

A final way in which the paradox has been considered in the literature is in relation to changes in affect or emotion which are caused by ageing, and some theorists have suggested that wellbeing may improve with age due to changes in the cognitive processes connected with emotional regulation. Socioemotional Selectivity Theory (Carstensen, Isaacowitz and Charles, 1999) could potentially explain good levels of wellbeing in later life as this theory suggests that with ageing there are changes in emotional regulation which result in higher positive and lower negative affect. Carstensen, Isaacowitz and Charles (1999) attributed this regulation of emotions to the fact that in older age, people shift their orientation towards the future. For whereas younger people perceived this as being largely open, older people see the future as being more bounded. This is thought to cause a shift in life focus towards maximising positive and minimising negative affect.

Similarly, Labouvie-Vief and Blanchard Fields (1982) claimed that the roles of affect and cognition become restricted with age, permitting greater cohesion between the two. Accordingly, it is thought that this can bring about greater regulation of emotion in older age and with it the kind of maturity necessary for effective maximisation of positive affect and minimisation of negative affect. Additionally, Lawton (1996) advocated the idea that older

adults learn to manage their mood states more efficiently as they age, a gain which results from personality factors, adaptations to changes in social contexts and life events.

Therefore although the notion of wellbeing in later life may at first appear to be a 'paradox', the role of protective factors, coping and resilience and emotional regulation have been suggested as having an input. An alternative way in which to look at the notion of wellbeing in later life is to explore the ways in which this has been conceptualised, both by 'experts' in a range of wellbeing measured aimed at an older population, as well as the views of older adults themselves. These conceptualisations offer further models in relation to how the notion of wellbeing in later life has been defined and perceived, and thus suggest the conditions under which wellbeing can be experienced.

**Conceptualising and measuring wellbeing in later life**

In part one of this review, it was noted that wellbeing has been defined in a number of different ways. Similarly there is no single way in which wellbeing in later life has been conceptualised. A number of reports have explored conceptualisations of wellbeing in older age and the closely related concept of 'quality of life', through measurement scales which have been developed specifically for this population (Smith, 2000; Brown, Bowling and Flynn, 2004; Haywood et al., 2004). The existence of these age specific scales implies that there is an expectation that the experience of wellbeing will be different in older adults than in the general population. Hence the ways in which wellbeing have been defined in these scales will be considered below.

*Health as a proxy measure*

The first way in which wellbeing has been conceptualised in an older population is in relation to health. Halvorsrud and Kalfoss (2007) published a review of the conceptualisation and measurement of quality of life in older adults across a range of empirical studies published between 1994 and 2006. The authors noted that, due to an increased emphasis on quality of life in health and social sciences, demand has increased for indicators which can measure wellbeing in this population. However, they were also concerned that there were few instruments which had been developed specifically to measure quality of life in an older population, and that often

more generic scales, and especially those which measure ill health and functioning, have been used. Their review confirmed these concerns as they reported that out of the forty different measures identified to measure quality of life in older adults, the majority of these assessed this in relation to functional status and symptoms. The most frequently used scale was the SF-36 (Ware, 2000) which measures both functional health and wellbeing and was identified in over a third of the reviewed studies. In addition, they noted that many of the identified studies lacked a conceptual framework in relation to how quality of life was being defined. From these findings, the authors suggested the need for quality of life in an older population to be measured in more theoretically grounded and holistic ways, moving beyond the use of health related measures.

In addition to the generic SF-36 identified above, two further scales which are often used to measure quality of life in an older population are those which consider older adult's abilities to independently undertake a range of daily tasks. Katz (1983) devised an Activities of Daily Living Scale to be utilised by clinicians in assessing an older adult's current life quality, and sought to evaluate older adult's functions in relation to bathing, dressing, toileting, transferring, continence and feeding. A similar scale was developed by Lawton and Brody (1969) in order to measure Instrumental Activities in Daily living. Yet, in this scale, the emphasis shifted towards activities such as being able to undertake household chores, to manage daily living (such as shopping and using the telephone) and taking responsibility for one's medication and finances. Although these scales are less frequently used as proxies for wellbeing than more generic health measures, they are often utilised alongside wellbeing scales when considering health related quality of life in an older clinical population (Amemiya et al., 2007; Bowling, et al., 2007). Similarly measures of activities of daily living were integrated into a Geriatric Quality of Life Scale designed to assess health and life quality in frail older adults (Guyatt, Feeny and Patrick, 1993).

### *Theoretical models of wellbeing*

The second way in which wellbeing or quality of later life has been measured is through scales based on theoretical concepts. An early model devised to measure wellbeing in older adults was Neugarten, Havighurst and Tobin's (1961) Life Satisfaction Index. Life satisfaction was

conceptualised from Havighurst's (1961) notion of 'successful' ageing and the scale measured life satisfaction in regards to five separate components, namely zest vs. apathy, resolution and fortitude, goodness of fit between desired and achieved goals, positive self-concept, and mood tone. The scale was originally devised for use in the Kansas City study which sought to explore how people adjusted to the ageing process, but the authors intended for this scale to be validated for future use. However, although this scale appears to offer a positive and fairly holistic notion of wellbeing based on established theoretical accounts, as it was originally administered in a structured interview the authors themselves noted this was time consuming (Neugarten, Havighurst and Tobin's, 1961). In addition, despite developing a shortened version this was found to only be moderately correlated with the longer version, and has been criticised as not supporting the original conceptual framework of life satisfaction (Hoyt and Creech, 1983). Hoyt and Creech (1983) did, however, devise an alternative scale from this concept, one which has been accepted as having a more stable factor structure than the original shorted version (Wilson, Elias and Brownlee, 1985).

In more recent years, an additional scale has been devised which conceptualises later life wellbeing in a different way. Having identified the need to shift the measure of quality of life in older adults away from a focus on health and illness (Higgs et al., 2003), CASP-19 was an attempt by the authors to develop a scale that had a strong theoretical basis (Hyde et al., 2003). The underpinning concept behind this scale was on the notion of needs satisfaction, based on Maslow's Hierarchy of Needs (Maslow, 1968), and this tool explored the domains of control, autonomy, pleasure and self-realisation. The latter two of these were considered to be especially pertinent for a more positive conceptualisation of wellbeing in later life, as the authors stated that much work previously undertaken in gerontology research was based on the notion of dependency in later life. By including measures of pleasure and self-realisation, Hyde et al. (2003) believed that this would allow the more active and reflexive processes of ageing to be captured, in line with growing evidence which suggests that many older adults are enjoying active and relatively healthy post-retirement lifestyles.

### *Domains based models*

A third way in which wellbeing has been conceptualised in older age is in relation to life domains. These definitions are akin to the objective measures of wellbeing evident at a population level, as identified in part one of this review. In each instance, the authors identified the factors assumed to be important for quality in later life, based on the assumption that greater satisfaction in these areas will lead to higher levels of wellbeing.

The World Health Organisation devised an 'add-on' measure for older adults (WHOQOL-OLD: Powers et al., 2005), which was intended to be used in conjunction with their existing WHOQOL measure for a general population (World Health Organisation Quality of Life Group, 1998). The original WHOQOL contained items across four broad life domains, namely physical health, psychological health, social relationships and environment, which were assumed to be essential for giving quality to life. However, the authors wished to develop an additional set of questions which could be used specifically with older adults, identifying that they had further needs to those of the general population. Hence the following six factors were considered to be especially pertinent with an older population and were measured by the WHOQOL-OLD scale; sensory abilities, autonomy, past, present and future, social participation, death and dying and intimacy.

A second domain based scale which has been developed is recent years in the Older People's Quality of Life Questionnaire (OPQOL: Bowling, 2009), and in this scale older adults played a significant role in establishing the ways in which wellbeing was conceptualised and measured. Bowling wished to establish a 'bottom-up' measure of quality of life in an older population, and hence the questionnaire was formulated from the open-ended responses of a household survey as well as focus groups with older adults. The resulting scale encapsulated eight life domains identified by older adults as being most pertinent to their life quality, specifically health; social relationships; independence, control over life and freedom; home and neighbourhood; psychological and emotional wellbeing; financial circumstances; leisure and activities; and life overall.

When tested against measures devised from 'expert' conceptualisations of wellbeing, the OPQOL was found to perform equally well (Peel, Bartlett and McClure, 2007; Bowling and Stenner, 2010), suggesting that there is value in both those scales devised from researcher and lay perspectives. However, what should be noted is that many of the life domains identified by older adults and captured in the OPQOL vary little from those considered pertinent to general notions of wellbeing. This provides some indication that in some respects the factors which give quality to later life are similar to those of a general population.

Overall, these domain based conceptualisations appear to add little towards explaining the apparent 'paradox' of wellbeing in later life, as on the whole, they only suggest the life conditions under which wellbeing may be achieved. They rarely elaborate on the experience of living in later life and the ways in which one could achieve wellbeing even in the face of challenging life events. In addition, all except one of these scales have been based on theoretical conceptualisations of 'the good life' and have rarely sought to consult with older adults themselves. A small body of literature is available, however, which looks at wellbeing and the related concept of 'quality of life' from the perspective of older adults, and these are now considered.

### "Lay" perceptions of wellbeing in later life

From the review of academic conceptualisations of wellbeing in later life two things were evident. Firstly there is no consensus on how wellbeing in the latter years is defined, and secondly the development of the Older People's Quality of Life Scale (Bowling, 2009) indicated a shift towards the involvement of older adults themselves in shaping this conceptualisation. In addition to this scale there is a small body of literature which has also sought to explore how wellbeing is experienced by older adults. However, as will be seen below, on the whole this literature adds little to that offered by experts and only offers a small insight into how the assumed 'paradox' of wellbeing in later life may be explained.

*Overview of studies*

From a review of the current literature, fourteen studies were identified as being especially pertinent to this current study (See Appendix A: Table of Studies). In each case, the aim of the study was defined as being to explore older adult's definitions, experiences or perceptions of wellbeing or quality of life. Six of the studies took place in the UK (Farquhar, 1995; Bowling et al., 2003; Bowling and Gabriel, 2004; Gabriel and Bowling, 2004; Hendry and McVittie, 2004; Bowling and Gabriel, 2007), and out of the remainder three were located in Sweden (Hillerås et al., 2000; Borglin, Edberg and Hallberg, 2005; Wilhelmson et al., 2005), and one each in Finland (Sarvimaki and Stenbock-Hult, 2000), Ireland (Browne et al, 1994), Amsterdam (Puts et al., 2007), USA (Ryff, 1989b), and Brazil (Xavier et al., 2003). All but one of the studies used a population aged 65 and over, the exception being Puts et al. (2007) whose lower age was 55 years.

It should be noted that those studies that asked older adults to rate their own wellbeing found that, on the whole, wellbeing was reported to be good during the later period of life. For although results varied due to size, range and location of the population being studies, there was a reasonable degree of consistency in these findings. Bowling and Gabriel (2004) reported that out of a sample of 999 older adults living in the UK, 79% rated their wellbeing in favourable terms; a study of octogenarians living in semi-rural Italy found that 57% defined their quality of life with positive assessment, 25% with a neutral assessment and only 18% rated their life negatively (Xavier et al., 2003); and a British study of adults aged 65 and above found that on average 64% reported their life quality as positive or very positive, 23% rates it as neutral, and only 6% rated it negatively (Farquhar, 1995). Therefore the findings below should be viewed in light of these positive appraisals.

*Wellbeing reduced to life domains*

The majority of the literature that has explored lay perceptions has, either through the use of surveys or semi-structured interviews, focused on the domains which older adults associate with wellbeing in later life. On the whole the results yielded from across this literature have been fairly consistent (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003;

Bowling and Gabriel, 2004, Gabriel and Bowling, 2004; Wilhelmson et al., 2005; Bowling and Gabriel 2007). For all of these studies, health, relationships with friends and family, and social contact in general, were identified as contributing towards wellbeing. In addition, in all but one study (Xavier et al., 2003) remaining active and engaged in meaningful activity was identified. In addition to these frequently found themes, the national survey studies (Bowling et al., 2003; Bowling and Gabriel, 2004; Gabriel and Bowling, 2004) identified activities being enjoyed alone in the home, psychological outlook, independence, and home and neighbourhood as contributing to wellbeing, and Browne et al. (1994) reported living conditions and religion as being influential.

It is worth noting that in these studies, although health was consistently mentioned as a contributing factor, many of the authors highlighted how other factors were deemed of equal or more importance than health in contributing towards their wellbeing. Social relations including family (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Bowling and Gabriel, 2004; Gabriel and Bowling, 2004; Bowling and Gabriel, 2007;); home and neighbourhood (Bowling and Gabriel, 2004; Gabriel and Bowling, 2004); functional ability (Wilhelmson et al., 2005); activities including those done alone (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003; Bowling and Gabriel, 2004; Wilhelmson et al., 2005; Bowling and Gabriel 2007); and psychological wellbeing (Bowling and Gabriel, 2004; Gabriel and Bowling, 2004) were all mentioned in these studies. This evidence suggests that those scales which use health as a proxy indicator for wellbeing are failing to capture other potentially more pertinent aspects.

However, although having good health was not identified as the most important factor, a number of studies reported that having ill health was mentioned as the most significant aspect which took quality away from life (Bowling et al., 2003; Bowling and Gabriel, 2004; Gabriel and Bowling, 2004; Xavier et al., 2003). Hence it may be that although good health is not the most important indicator of wellbeing, once health is in decline wellbeing may also be reduced. Other factors which ranked highly as taking away from wellbeing in older age included poverty and poor finances (Farquhar, 1995; Bowling et al., 2003), poor or lack of social relations

(Farquhar, 1995; Bowling et al., 2003), and problems with the home and neighbourhood (Bowling et al., 2003).

Hence although there is some variance in the ranking of those factors or domains assumed to give quality to life, across these studies there is a reasonable degree of concordance. In addition, they indicate that the concept of wellbeing or quality of life is one with which older adults are familiar and able to talk about. As such, this body of evidence has made valuable contributions in a number of ways. Firstly, as the notion of wellbeing has a wide range of definitions and measures, which are largely based on 'expert' opinion, the input of older adults can act as an important benchmark by which other definitions can be considered. Secondly, lay theories can assist in providing a broader picture of wellbeing which is frequently reduced to health and functional abilities, particularly when used in policy and as outcome indicators. And thirdly, by encouraging older adults to speak about their own wellbeing and the factors which are important to them, it can potentially go a small way to reducing stereotyped images and allow the often neglected voices of the elderly to be heard. Yet despite these benefits it is also important to note the limitations of these studies as considered below.

### *Limitations of domains focused approach*

Although these studies are valuable as they have sought to explore wellbeing from the perspective of older adults, they also appear to have a number of methodological limitations that reduce the significance of their contribution. Many authors used questionnaires or structured interviews to elicit the factors associated with wellbeing, and which have been developed from the existing literature and relate to existing theories of wellbeing. By using this approach, the authors are already limiting older adults to thinking about wellbeing in ways which align with the literature, and not allowing them to talk about those aspects which do not fit into distinct categories. In fact, one study provided participants with a limited choice of potential domains on 'show cards' from which to define their wellbeing (Wilhelmson et al., 2005), and over half of these domains related to health or functional abilities. And Sarvimaki and Stenbock-Holt

(2000) predefined quality of life as 'a sense of wellbeing, meaning and value', and thus used a top-down approach in order to test this model with older adults.

In addition, although in some studies older adults were able to provide a richer level of information, either through semi-structured interviews or through open survey responses, the resultant content and statistical analysis removed much of the depth from this data (Ryff, 1989b; Browne et al., 1994; Xavier et al., 2003; Bowling and Gabriel, 2004; Wilhelmson et al., 2005). Where quotes from participants were presented in the paper, these were often minimal (Bowling and Gabriel, 2007; Farquhar, 1995), and in this way the individual experiences which older adults reported were generally disregarded, with the researcher's agenda of reducing these to life domains taking precedence.

Another factor which needs to be taken into consideration when wellbeing is reduced to life domains is that these studies often overlook the possible differences in the experience of wellbeing in older age compared to other periods in one's life. The main domains which emerged from these findings, namely social relationships, health, and activities, are closely akin to the wider population focused 'Five Ways to Wellbeing' devised by the new economics foundation (Aked and Thompson, 2011). It could be argued that these factors are likely to have an impact on wellbeing across all age groups, and are not unique to those in later life. In fact two studies (Browne et al., 1994; Ryff, 1989b) made comparisons between older adults and middle aged groups, and indeed found that there were differences in relation to the life domains associated with wellbeing. Browne et al. (1994) highlighted the fact that the domains nominated by age group as relevant to their quality of life differed notably. Family, social and leisure activities, living conditions and religion were all found to be significantly more important for older than middle aged adults, whilst middle aged participants nominated finances, relationships, work and happiness more frequently as relevant to their quality of life. There were, however, no differences in the emphasis both age groups placed on health and independence. Similarly Ryff (1989b) reported that whilst both middle aged and older adults emphasised an 'other orientation' (p. 199) in defining wellbeing, i.e. having positive and caring

relationships with others, differences were also evident between these populations. For whereas middle aged participants stressed self-acceptance, self-confidence and self-knowledge, older persons noted accepting changes as important for positive functioning. And although no differences were reported in the study by Browne et al. (1994) in relation to the importance of health, Ryff (1989b) reported that among older participants there was a greater emphasis on health concerns.

The studies which reduced wellbeing to life domains also appear to represent older adults as a homogeneous group, not taking into account that the life experience and thus the factors associated with wellbeing may vary considerably between people classed as being in later life. One study made a comparison between adults aged 65-85 and those aged 85 and over, and found that quality of life does indeed vary for different age groups (Farquhar, 1995). The author reported that the very elderly were more likely to describe their quality of life in negative terms, yet also cautions that the difference in geographical location of younger and older old adults in the study may account for this variance. Puts et al. (2007) sought to explore the meaning of quality of life in older frail and non-frail community dwelling adults, and found that indeed there was variance between these two groups. For non-frail respondents, enjoying activities out of the house and maintaining good health were emphasised, whilst frail participants noted the importance of social relationships and undertaking activities within their home. These studies indicate another way in which simply identifying domains which give quality to life may be of limited value when representing the experiences of older adults.

Finally, a continued focus on identifying life domains associated with wellbeing goes little way towards explaining the apparent 'paradox' of wellbeing. By merely naming the factors which they believe gave quality to later life, little insight is gained into how older adults respond to the particular challenges associated with ageing. A small number of studies have, however, gone beneath the surface of this domains approach and the findings of these will be summaried below.

*Providing richer accounts of wellbeing*

Having noted the limitations of the domains only approach, this section will examine the small sample of the literature which has explored conceptualisations of wellbeing in a broader sense than those cited above (Hillerås et al., 2000; Bowling et al., 2003; Hendry and McVittie, 2004; Borglin, Edberg and Hallberg, 2005; Puts et al., 2007). From these papers, it is suggested that wellbeing in later life is a much more individual experience than that which can be reduced to life domains. These findings propose that there is value in giving older adults the opportunity to speak about their own experiences of wellbeing, undertaking qualitative analysis on these data, and in reporting and considering these in greater depth in academic papers.

This was eloquently reported in a study by Hendry and McVittie (2004). The authors undertook semi-structured interview with 20 older adults where questions focused on four themes identified as relevant to quality of life by the World Health Organisation (WHOQOL Group, 1999), namely physical health, psychological wellbeing, social relationships and the environment. In addition they added a fifth factor, choice and control, which they noted as being pertinent from the literature. Findings indicated that although participants responded to questions relating to these aspects, suggesting that these domains are indeed relevant to the life quality of older adults, responses indicated a greater complexity in individual experience than that which can be reduced to these factors. As a result of interpretative phenomenological analysis of the interview data, the authors noted that four particular aspects of wellbeing were considered to be more pertinent than the life domains which were the initial focus on the interview.

The first theme which emerged for Hendry and McVittie (2004) centred on the holistic nature of wellbeing, as their findings revealed that participants did not view wellbeing as falling into discrete domains. One area, for example health, was often tied to another, such as social relationships (e.g. health limitations may only be considered to impinge on wellbeing if they had an effect of social aspects of one's life). However, this interconnection of factors could not be represented in a study which considered these factors separately. The second theme showed

that for participants their wellbeing was often perceived as being relative to the wellbeing of others. So although participants may consider their health to be poor objectively, when viewed relative to others of a similar age, or to their own expectations of health at that age, they may revaluate this and perceive it as being more positive. Again these comparisons would not be apparent from studies which identified wellbeing domains.

The third theme to emerge showed that even within individual domains, older participants could have ambivalent views. For example, one participant described how although she was grateful to her sister for doing her shopping, differences in personal tastes meant that often she did not get what she wanted. Hence she could say that this relationship supported her wellbeing (as her sister played a helpful role) but that it undermined it (as it took away some of her own personal choice and control). The fourth theme suggested that older adults to some extent manage their own wellbeing, as participants indicated that they were able to control their wellbeing by perceiving the conditions of their life in either a positive or negative vein. Hence psychological outlook (either positive or negative) could be more influential than external conditions. Hence by applying a greater depth of analysis and being prepared to consider wellbeing outside the boundaries of life domains, a slightly clearer picture emerges as to the ways in which older adults are able to experience wellbeing despite facing challenges in their lives.

An additional overarching theme which emerged from the Hendry and McVittie study (2004) was that which emphasised psychological outlook and coping, and this notion was also evident in a handful of the other studies. Borglin, Edberg and Hallberg (2005) undertook interpretative hermeneutic phenomenological analysis on the in-depth interviews of eleven adults aged eighty years and above. One of the significant aspects which arose from analysing the data was a concept labelled 'anchorage to life', a term which the authors described as pertaining to having a positive outlook on life and an active strategy to handing the changes caused by ageing. For these older adults, living in the present, living at the end of life, accepting and adjusting, and reminiscing were all ways in which they were able to sustain a reasonable quality of life

alongside decline. The main goal of these strategies was to maintain an element of continuity between past and present in order in order to retain a preserved self and meaning in existence.

In a Grounded Theory study explaining the meaning of quality of life for both frail and non-frail older adults in the Netherlands, psychological wellbeing emerged as one of five main categories (Puts et al., 2007). For these older adults, this aspect of life related to making comparisons with others, having the ability to cope with or accept current life circumstances, retaining happy memories from the past, and using religion to provide strength all facilitated wellbeing in the later years. Yet concern was also expressed that one may experience a decline in psychological wellbeing in the future, as the topic of dementia and nursing homes arose within this theme. In a study by Bowling et al. (2003) both psychological wellbeing and coping were noted as important factors, with similar sub themes emerging as it in the previous three cited studies (Hendry and McVittie, 2004; Borglin, Edberg and Hallberg, 2005; Puts et al., 2007).

Hence from this review it seems that although there is a move towards greater consideration of lay conceptualisations of wellbeing, on the whole these studies and added little insight to the expert opinions noted above. The consistency of themes across the domain focused studies suggests that there is now a clear picture of the factors which give quality to later life, yet on the whole these mirror those which would support wellbeing at any age. Only a small number of these have undertaken deeper levels of analysis and presented a picture which is more complex than that which can, or should, be reduced to life domains. These studies suggest the benefit of undertaking additional research which gains a deeper insight into wellbeing in later life.

# Part Four: Ageing Well

When reviewing the literature on wellbeing in later life, a closely aligned topic emerged, namely that which identified ways in which one could age well. Hence this section will look at the growing evidence in gerontology research which considers the ways in which one can experience 'the good life' in the later years. It will then conclude by examining the extent which these notions of ageing well have been integrated into the literature on wellbeing in later life, highlighting that often these two closely aligned topics have not been amalgamated.

## The emergence of the 'third age'

In recent years, the period which can be considered as later life has been considerably extended due to an increase in longevity amongst the older population. For whereas previously it was anticipated that one would only live for a limited number of post-retirement years, and that these years may be spent in poor health, advances in medical science have resulted in older adults living longer and healthier later lives. As a result, there has been some suggestion that later life can no longer be seen as a single period but that two distinct phases of ageing have emerged. In recognition of this, a distinction is sometimes made between different stages of the ageing process, identifying younger-old and older-old adults (e.g. Suzman, Manton and Willis, 1992; Baltes and Smith, 2003). Younger-old adults, approximately aged 65-85, are generally referred to as the 'third age'. This 'third age' is typically characterised as covering the transition into retirement, and is generally associated with reasonably good physical, mental and cognitive health (Laslett, 1989). Older-old adults, aged 85 and above, are sometimes cited as the 'fourth age'. This period is typically linked with a decline in health and resources (Suzman, Willis and Manton, 1992), and is more closely aligned with the tradition negative perception of ageing.

The emergence of this 'third age' was the sub title to Laslett's 1989 book *A Fresh Map of Later Life*. The author suggested that there was a need to create this 'fresh map' as traditional expectations of later life were no longer congruent with the reality of being older. Noting the extended duration of human life, Laslett suggested that far from being a time of decline and despair, the earlier years of later life could be considered to be the 'crown of life' (1989). The

author emphasised that for those in this 'third age' of life, post retirement lifestyles should be seen as providing the opportunity to pursue hobbies and interests which, due to the responsibilities of work and family, were not possible in earlier years. As the focus of attention has shifted from the disadvantages, difficulties and danger of ageing towards the potential for personal fulfilment, in 1989 the preface to the book described this suggestion as being "highly original, so far unexplored, and likely to prove controversial".

Following Laslett's book the notion of a 'third age' as a positive period in life has become fairly widespread. The University of the Third Age was established by Laslett in the 1980's as a place where retired persons could meet, share and gain knowledge, and in the present day there are over 900 branches of this organisation within the UK. The term has received attention in academia, and has been cited across the gerontology literature (Bass, 2000; Gilleard and Higgs, 2002; Baltes and Smith, 2003; Carr and Komp, 2011). Across these books and articles the earlier years of later life are presented in positive terms and a time where one can lead an active and enjoyable life. And finally media representations of older adults have also seen a shift in line with the young-old and old-old distinction. For whilst the former of these is often portrayed as taking energetic holidays, supporting their health through vitamins and yoga, and maintaining a level of youthful attractiveness (Bradley and Longino, 2003; Hodgetts, Chamberlain and Bassett, 2003), the latter is still depicted as frail and highly dependent. These all suggest a shift in the ways in which later life is perceived, which moved away from the notion of decline and towards a lifestyle in which one can flourishes in older age.

Yet it should be noted that this distinction between a glorious 'third age' and the 'fourth age' as a time of decline has been received by some with caution (Andrews, 2009; Holstein and Minkler, 2003, 2007). For although these authors acknowledge that indeed there is a shift in the lifestyle experienced by some older adults in the early years of latter life, they note that as this is not something which could be achieved by all it may be that for some it could lead to further feelings of discrimination. What should also be noted is that as this lifestyle is contrary to that expected by ageing, it may be unclear as to how older adults could achieve this. However, a

number of psychosocial theories of ageing were developed – some before and some after Laslett – which offer various routes through which ageing well could be achieved.

**Psychosocial theories of ageing well**

With the rise of the discipline known as gerontology, an emphasis was shifted away from ageing at a biological level towards consideration to the social and psychological aspects of growing older. Subsequently, a number of psychosocial theories have been developed which have attempted to explain the ageing process in terms of individual changes in behaviours, cognitive functions, relationships, roles, coping abilities and social changes. These theories have suggested a number of different ways in which an individual can age 'well' or 'successfully', sometimes even in the face of challenging life circumstances or events.

*Erikson's Psychosocial theory*

For many years the emphasis within developmental psychology was placed firmly on childhood, yet one developmental theorist, Erikson, explored the whole life spectrum, (Erikson, 1966). Focusing on eight stages of development, the final stage in this theory covered the life span from aged 65 until death, identified as late adulthood. According the Erikson, old age is accompanied by a growing awareness of the inevitability of death, which becomes a catalyst for retrospection. As a result of reviewing the life already lived, Erikson suggested that either integrity or despair would follow. If an individual perceives their life as having been meaningful and well lived, integrity is achieved. However, despair will be experienced if an individual evaluates their life negatively, as unproductive, and failing to make important accomplishments. Although Erikson's theory is important for its consideration of later life as a significant developmental stage, his approach has also received some criticism. It has been suggested that it seems unlikely that people will evaluate their lives in purely positive or negative terms, and most will experience a mixture of pride and regrets (Whitbourne, 2002). It also makes death a focus of this period, which again reinforces a negative perception of ageing (Seligman and Rider, 2012).

*Disengagement Theory*

Disengagement theory suggested that in order to age well, elderly individuals should gradually withdraw themselves from social activities and interactions (Cumming and Henry, 1961). This withdrawal of the individual from society was perceived by the authors as "mutual" and "inevitable" (Cumming and Henry, 1961 p.145), and could be initiated by either the older adult themselves or society (e.g. society could facilitate withdrawal through processes such as retirement). It was suggested that this course of action would reduce the distress which an individual would feel about dying, as well as minimising the disruption to society when death take place (Bengston et al., 2008). However, this theory is now considered out-dated (Havinghurst, 1961; Hochschild, 1975), and does not appear to be applicable at least to those older adults in the 'third age'. In addition, the notion of disengagement can be seen to reinforce traditional representations of ageing and ageist attitudes, as this theory portrays elderly individual as having little to offer to society (Palmore, 1999).

*Activity Theory*

Activity Theory opposes many of the suggestions made by disengagement theory (Havighurst and Albrecht 1953; Havinghurst, 1961; Neugarten, 1964; Lemon, Bengtson and Paterson, 1972), and according to these authors people adjust most successfully to older age when they continue to participate in activities undertaken in their middle years. Furthermore, where this maintenance in lifestyle is disrupted, for example by retirement or the death of a spouse, Activity Theory suggests that adequate substitutions should be made. Implicit in this theory is the notion that the psychological and social needs of older adults are essentially the same as those of people in middle adulthood, and that the only differences are biological changes.

However, this theory has also been criticised for being too simplistic and for not taking into consideration changes which will inevitably impact on the continuation of previous activities, such as declining health and function, and a reduced social network (Stenner, McFarquhar and Bowling, 2011). In addition, although proponents of this theory note that inequalities which can prevent older adults taking part in a number of activities, it does not suggest ways in which

these barriers can be overcome (Wilcock, 2007). Finally, this theory overlooks the fact that many older adults are believed to be keenly anticipating retirement as a chance to reduce the levels of responsibility and activity which they felt obliged to do in their working life (Bengtson et al., 2009). As such, this sustained or increased level of activity in later life may not be appealing.

### *Continuity Theory*

Continuity theory maintains that satisfaction in later life is attained as a result of individuals making adaptations which enable them to achieve a sense of continuity between past and present (Maddox, 1968; Atchley, 1971, 1989). This theory proposes the need for both internal consistency - based on individual beliefs, personality and ideas - and external consistency - derived from continuing social roles, activities and relationships. It also suggests the need for continual development and adaptation throughout life, in response to life events and changes (Atchley, 1989). However, as with the other theories, this too has been criticised. In particular, concern has been raised in relation to the distinction which is made between normal and pathological ageing, as adults with chronic illness are neglected by this theory (Quadagno, 2007). The theory also overlooks the restrictions placed on older adults by society which may limit their ability to maintain external continuity (Bowling, 2005).

### *'Successful' Ageing*

More recently theories, which have considered the best ways in which one can age well, have shifted the focus away from activity and engagement, towards health and adaptation also evident in continuity theory (Maddox, 1968; Atchley, 1971, 1989). Two such theories suggest that old age can be achieved 'successfully' (Rowe and Kahn, 1987; Baltes and Baltes, 1990; Rowe and Kahn 1997) although success is defined differently in each case. The concept of 'successful' ageing is one which can be traced back to the mid twentieth century (Pressy and Simcoe, 1950; Baker, 1958; Butler, 1974); however, it only gathered momentum after Rowe and Kahn's (1987) article. According to these authors, no longer was later life assumed to be a period in which one inevitably suffered from a range of chronic illness, but in fact ageing could be achieved disease free. This suggestion was seen as attractive for many as it undermined the

traditional, negative perception of ageing (Masoro, 2001). A later article by Rowe and Kahn (1997) added to the requirement that to age 'successfully' one also needed to have sustained their levels of cognitive and physical functioning, and continue to be engaged in productive and social activities.

An alternative use of the term has been presented by Baltes and Baltes (1990), who developed a model called Selective Optimisation with Compensation. 'Successful' ageing was proposed to be achievable through the interaction of the three processes of selection, optimisation and compensation. Selection refers to adapting to the restrictions caused by ageing, by choosing high priority domains within which to place one's efforts; optimisation encourages participation in activities and behaviour which increase one's general reserves; and compensation refers to the seeking out of alternative techniques in order to perform tasks which can no longer be achieved using previous methods (Baltes and Cartensen, 1996).

However, these two concepts of 'successful' ageing have been criticised as not being meaningful to older adult themselves. For example, one study found that whereas half of respondents defined themselves as ageing successfully, less than 20% would be considered as such by Rowe and Kahn's (1997) classification (Strawbridge, Wallhagen and Cohen, 2002). In addition, many of the participants from this study who defined themselves as ageing successfully were displaying functional difficulties and chronic conditions (Strawbridge, Wallhagen and Cohen, 2002). The use of the term 'successful' has also been subject to criticism, as this inevitably implies that a number of people have aged 'unsuccessfully'. In recent years, alternative terms have been used, such as ageing well (Bowling, 2005), healthy ageing (Peel, 2004), productive ageing (Morrow-Howell, Hinterlong and Sherraden, 2001) and effective ageing (Curb et al., 1990), although these terms are still deemed to be far from neutral (Strawbridge, Wallhagen and Cohen, 2002).

**Institutional response to the 'problem' of an ageing population**

In response to what is seen as the 'problem' of an ageing population, a number of policies have been developed within the UK (Department for Work and Pensions, 2005; Office of the Deputy Prime Minister, 2006; HM Treasury, 2007; Audit Commission, 2008; Department for Work and Pensions, 2013) and internationally (World Health Organization, 2002) which promoted the idea that individuals should act in certain ways to 'age well'. In a bid to reduce the number of older adults who were reliant on the state for pensions and costly health and social care service, these policies redefined the ways in which ageing was to be experienced. Rather than being framed as in a state of ill health and dependency, older adults were now encouraged to take personal responsibility for their own welfare and to act in a range of ways which were expected to enable them to age 'successfully'.

Transferring the onus of responsibility for an ageing population away from the State and onto individuals could be seen as an act of neoliberal governing (Foucault, 1997a, 1997b, Katz, 2000), and a number of authors have suggested that both the current Coalition Government (2010-present) and the previous New Labour Government (1997-2010) have utilised neoliberal ideology across a number of their policies (Smith & Morton, 2006; Wiggan, 2012; Corbett & Walker, 2013). As opposed to operating a top-down style of rule, under neoliberal government, citizens are given apparent freedom in respect to their lifestyles. In reality, however, policies are developed and promoted in a way which indicates not only the goals which individuals should aim for, but the ways in which people should act in order to achieve these. The practices and techniques people use to achieve these goals have been labelled as 'technologies of the self' (Foucault, 1998), and in respect to an ageing population, older adults are now encouraged to take responsibility for their own health and welfare by acting in accordance with notions of 'active ageing' and 'prevention'.

In general, later life is now presented as a time where one is obliged to remain fit, active and busy and to make a contribution to society, as opposed to the traditional image of a more sedentary later life. In order to reduce the extent to which older adults utilise statutory services, the approaches of 'active ageing' and 'prevention' encourage those in later life to live in ways

which sustain their current health and prevent or delay future decline. Additionally, to avoid dependence on state pensions and the depletion of the work force, older adults are urged to continue in paid employment, to take on voluntary roles, or to undertake task such as grand parenting and caring for elderly or sick relatives.

Before exploring in more depth those policies which are proposed as being beneficial in addressing the assumed 'problem' of ageing, it is important to gain a deeper understanding of the potentially harmful impact which they could have on individuals. What should be noted is that they only represent a narrow view of how ageing should be experienced, one which is based on social agendas and the ideals of the economic market (Farmosa, 2013). Consequently, alternative ways of 'ageing well' are not only overlooked, but may also be considered to be inferior and irresponsible, and more personally enriching and less visible experiences may be considered to hold lesser value (Biggs, 2001; Formosa, 2013). In addition, the difference between the needs and abilities of older adults and those in younger years are often overlooked, which means that those who are unable to maintain expected levels of fitness and activity are further marginalised (Biggs, 2001).

Furthermore, by presenting a 'frenzy of activity' as a normative ideal (Katz, 2000; Holstein and Minkler, 2003), active ageing fails to take into account the wide variety of incomes, abilities, preferences and worldviews of older adults. As noted by Biggs (2001), "there is an astonishing absence of diversity in policies that assumes that everyone from a white male in his fifties to a black woman in her nineties has the same personal and social priorities" (p.313). The lifestyles which are associated with this approach may also be out of the reach of most people, who do not have the health, capabilities or finances to support such a way of living. Subsequently, these policies may only be actualised by white, middle class adults, and this can lead to further discrimination and despair amongst those who are not able to achieve these goals. Finally, by placing the responsibility for ageing well onto individuals, being unable to achieve these goals in the recommended manner can be viewed as a personal failure as one is deemed to be ageing 'unsuccessfully' (Rozanoa, 2010). As a result, those who, due to disability or other

circumstances still need to be reliant on state welfare and support can be seen as irresponsible or 'unethical' citizens.

### *'Active' Ageing*

Traditional representation of old age as a time of declining health and dependency encouraged a decrease in activity and engagement by older adults, as recommended in disengagement theory (Cumming and Henry, 1961). Yet as many older adults are now living considerably longer and healthier post-retirement lives, health promotion messages aimed at an older population have placed a focus on increased levels of activity and engagement. In contrast to the structured dependency model, where social structures and norms were seen to support an image of helplessness and dependency in old age (Townsend, 1981), 'active' ageing encourages older adults to engage in pro-active, health promoting behaviour and to remain useful members of society (Havighurst and Albrecht 1953; Neugarten, 1964; Lemon, Bengtson and Peterson, 1972). It is anticipated that by encouraging active rather than sedentary lifestyles, older adults will have less need to utilise costly health and social care service and be less dependent on the state.

This 'active' ageing approach is evident across both global and UK policy aimed at an older population. The World Health Organisation published a policy framework to promote active and healthy ageing in response to the assumed challenge of an ageing population (World Health Organization, 2002). In their approach an emphasis was placed on encouraging physical activity to retain health, ensuring older adults actively participate in life, and are able to remain living safely and securely in their homes and communities. The underutilised value of the older population has been realised in recent years, and the Government Office for Science report, *Mental Capital and Wellbeing*, suggested the need to unlock the potential contribution which older adults could make to society (Government Office for Science, 2008). A policy by the Department for Work and Pensions (2013) highlighted the importance of ensuring opportunities were available for older adults to make a positive contribution, either through paid employment or volunteering in their local communities, suggestions which were likewise present in a range

of earlier British policies (Department for Work and Pensions, 2005; Office of the Deputy Prime Minister, 2006; HM Treasury, 2007; Audit Commission, 2008).

What is apparent is that this 'active' ageing approach has many resonances with the literature exploring the emergence of the 'third age' (Laslett, 1989) as well as Activity Theory of ageing and some aspects of Rowe and Kahn's 'successful' ageing (Rowe and Kahn, 1987; 1997). In this respect it can be seen that notions of how one can live well in later life appear to have parallels across theory and practice. Yet as with theories of ageing, there are some concerns in relation to the effects of the 'active' ageing approach at a population level, for whilst it may be appealing to those older adults who were also active in earlier adulthood, it may be less attractive to those who previously lived more sedentary lives. Conversely, for those people who undertook more physical employment in their adulthood, retirement may be seen as a time where one is afforded the benefit of a slower pace of life. In either case, for these people wellbeing in older age may not be equated with living active lifestyles.

In addition, 'active' ageing may not be possible for those older adults who already have declining health and/or functioning, and thus being unable to undertake an approach which is being widely promoted may potentially undermine their wellbeing. 'Active' ageing may also discriminate against those who are unable to fund a more active lifestyle, including the cost of transportation, costs associated with the activity and any particular clothing or items needed for the activity. Again this feeling of being unable to participate may be detrimental to wellbeing. And finally, society may place physical or mental barriers on older adult's participation and involvement due to ageist attitudes (Van Norman, 2004) or the physical landscape may make access problematic (Strath, Isaacs and Greenwald, 2007).

### *Prevention*

The second policy approach to wellbeing in later life is that which focuses on the prevention of age associated risks (Department of Health, 2006; Department of Health 2007; HM Government, 2007; Audit Commission, 2008; Department of Health 2008; Local Government

Association, 2008; Department for Work and Pensions, 2013), such as injury incurred through a fall, poor health due to harmful lifestyle choices, fire or burglary in the home, and reduced mental health caused by social isolation. Prevention strategies seek to work alongside older adults in order to modify their homes and daily living in ways to minimise or delay incidences of poor health. As with the 'active' ageing strategy, it is anticipated that by preventing some age associated risks older adults will be less likely to use statutory services, and will be able to remain living independently in their homes for longer. In turn it is expected that this will promote wellbeing in later life, as it is widely assumed that many older adults consider institutionalisation into hospitals or nursing homes as undesirable.

The Labour Government (1997-2010) funded a range of initiatives within health and social care services, based on the prevention agenda, and evaluated these in relation to health, wellbeing and utilisation of statutory services. The Partnership for Older People's Project was launched by the Department of Health in 2005 order to develop and evaluate a range of services and approaches for older adults. The aim of these services was to promote the health, independence and wellbeing of an older population, as well as prevent or delay the need for higher intensity or institutional care. However, the findings from this study were mixed, for although some improvements were noted in 'Health Related Quality of Life', a slight deterioration in self-reported 'Life Satisfaction' was found after receiving an intervention (Personal Social Services Research Unit for Department of Health, 2010).

An additional Government funded intervention scheme was LinkAge Plus, an approach which aimed to improve wellbeing in older people though putting them in touch with services that could offer 'that little bit of help'. Again based on the assumptions that prevention is better than cure, services offered to older adults included befriending, exercise classes, help with small aids and adaptations and increased social networking. Initial findings from the pilot suggest that not only can these preventative approaches lead to cost savings, they could also reduce social isolation in older adults (Department for Work and Pensions, 2009; 2013).

There are a number of benefits and drawbacks in relation to the recommendation of preventive interventions in ageing policy. On the plus side, providing aids, giving advice, and restricting certain activities may prevent an accident, the consequences of which could undermine wellbeing. Yet evidence suggests that for some older adults, these recommended precautions are considered unappealing and hence could themselves have an adverse effect (Yardley and Todd, 2005; Help the Aged, 2006). Advice from a range of reports suggests that the best ways in which prevention can be used to facilitate wellbeing – without the risk of undermining this - is to focus on the pro-active steps which older adults can take to improve their health overall, such as undertaking strength training which is also known to reduce the risk of a fall (Ballinger and Payne, 2000; Simpson, Darwin and Marsh, 2003; Yardley and Todd, 2005; Whitehead, Wundke and Crotty, 2006).

What is important to note is that since the establishment of the Coalition Government in 2010 the emphasis has been placed on aiming to reduce the financial deficit of the country, at that as a result ageing policies have largely shifted their focus back towards the treatment of poor health, pensions and retirement age. In addition the recent 'crisis' in care which has highlighted issues of neglect and abuse in some of Britain's care homes and hospitals has meant that an increased emphasis has been placed on sustaining dignity for the oldest and frailest members of society (Care Quality Commission, 2013; HM Government, 2012).

# Part Five: Aged Identities

The final section of this review will explore the notion of aged identities, or the ways in which older adults perceive themselves in the later years of their lives. Due to the decline in body, mind and spirit which is assumed to accompany old age, the sense of self which has developed during the life course is thought to experience a degree of disruption in later life. Subsequently, a new 'aged identity' is expected to emerge which allows older adults to make sense their lived experiences alongside the realities of growing older and the social constructions of ageing. A body of literature has explored how those living in the later period of their lives perceive themselves (Featherstone and Hepworth, 1989; Andrews, 1999; Hurd, 1999; Kaufman & Elder, 2002; Andrews, 2009; Wilson, 2009; Roth et al., 2012), and it reveals the tensions and challenges which have emerged for older adults in a society where one is judged on how 'successfully' they are ageing.

## The aged identity of 'not old'

An important element to consider in respect to ageing and identity is that chronological age often bears little correlation to the age which one perceives oneself to be. In fact, findings reveal that many older adults do not consider themselves to be old at all (Logan, Ward and Spitze, 1992). A number of studies have reported that there is often a discrepancy between subjective and chronological age, and typically respondents report feeling much younger than their years (Kastenbaum, Mutran & Pennypacker, 1972; Furstenberg, 1989). This was illustrated by one seventy year old participant in Sherman's (1994) study who stated "I don't feel old, I don't realise I am old. I still think I'm younger. I don't think I am beyond 40" (p. 406).

Due to the fact that many older adults do not consider themselves to be old, there is a tendency for those in later life to reject identities which are traditionally associated with the negative, stereotyped views of being in later life (Katz, 2000). Applying labels such as 'not old' (Hurd, 1999; Wilson, 2009) or 'young-old' (Roth et al., 2012), individuals define themselves largely in respect to what they are not. According to Wilson, developing the identity of 'not old' is a

"normal reaction to a discourse that devalues old age" (p.73), and it has been suggested that some older adults are themselves ageist (Thompson, Itzin & Abendstern, 1990).

From the findings of an ethnographic study in a senior centre in Canada, Hurd (1999) proposed that the main way in which participants achieved membership of the 'not old' category was by acting in ways which appeared contrary to those expected of older adults. By associating old age with ill health and sedentary lifestyles, the women in Hurd's study perceived themselves to be 'not old' as they were leading active, fulfilled and busy lives. Maintaining a relatively youthful appearance was taken as an affirmative sign that one was 'not old' and the greater the disparity between one's chronological age and one's appearance, the more the individual seemed to be respected within the 'not old' group. Hence, the binary of negative versus positive ageing appears to be prevalent, as in order to avoid being labelled with the attributes associated with the former, the women in Hurd's study had to align one's lifestyle to the ideals of the latter.

Group affiliation was also noted as a way in which one could sustain membership of the 'not old' category, as the women in Hurd's study generally associated with those whom they also perceived as being 'not old'. The author claimed that other members could act as a 'looking glass' which can reflect the identity one is aiming to achieve (Hurd, 1999). Furthermore, the status of 'not old' can be achieved and maintained by distancing or differentiating oneself from those who are considered to be 'old' (Furstenberg, 1989), and a stark example of this was provided in an incident reported by Roth et al. (2012). The authors sought to explore the tensions between incoming younger-old adults, or 'baby boomers', and established older residents at an active adult retirement community. One incident illustrated the apparent strength of the wish of younger-old adults to remain separate from those who they consider to be old, as they rather harshly rejected the invitation by an older member to take part in established, joint activities. Asserting that they were "not really interested in joining the old people" (p. 190), the younger-old adults instead favoured activities which were undertaken with those whom they also considered to be 'not old'.

### The challenges of maintaining a 'not old' identity

The above section has suggested that the way in which one is able to achieve a positive aged identity is by rejecting the traditional image of later life. As such one is expected to grow older without showing any signs of ageing at all and older adults are tasked with the "impossible burden" of growing older without ageing (Katz & Marshall, 2003, p. 5). Due to the more positive connotations of the active ageing lifestyle, and the prevalence of ageist attitudes, it is easy to understand the 'seductiveness of agelessness' (Andrews, 1999). Yet in reality, as one grows older, a number of physical changes are likely to occur which could pose a threat to one's membership status of the 'not old' category.

Fustenberg (1989) suggested that people begin to perceive themselves as old when they start to embody the characteristics which are typically associated with older age. These may be fleeting, such as a brief illness or injury, or could be more permanent (Wilson, 2009). According to Holstein and Minkler (2003), "looking old and suffering from disabling conditions become personal failures…contributing to often self-defeating strategies to preserve 'youthfulness' and so appear 'not old'" (p. 793). As a result, an old age identity may be forced upon an individual, even if they are unwilling to accept this.

The main factor which was found to result in one feeling one's age or older was a decline in health and especially if this prevented an individual from taking part in activities. A number of studies have reported that poorer health has consistently been found to be a predictor of having an older age identity (Ward et al., 1977; Bultena and Powers, 1978; Logan, Ward and Spitze, 1992), as this can lead an individual to start to 'feel old' (Kaufman and Elder, 2002). However, due to the associations between poorer health and the category of 'old', it has been revealed that older adults will often either trivialise their poor health or strive to keep this hidden from others. In her observation study, Hurd (1999) reported how one of her participants "strictly forbade" (p. 431) her from informing friends that she was experiencing an angina attack in the bathroom. The author interpreted this incident as an expression of fear of her loss of a 'not old' status. Similarly, older adults in a residential home in Israel were found not only to hide any signs of deterioration from staff, but also strove to explicitly display 'functioning' behaviour (Hazan,

1992). This was due to the fact that only those considered to be able bodied were allowed to remain as residents, whilst those seen as 'non-functioning' were transferred to a different setting.

Another factor which could make membership of the 'not old' group problematic is changes to one's external appearance. For whilst one could continue to claim a persistent younger state on the inside, one's chronological age is likely to be betrayed by the signs of ageing on the body. In her study, Clarke (2001) explored the ways in which the bodies of older women related to aged identity, and presented the story of Florence, one of her participants. Florence revealed the complex relationship she had with her ageing appearance. Recalling how in her youth she had a lot of attention from men, she noted how as an older lady she felt as though she had become invisible and anonymous. And although she tried to regain some of her more youthful looks through cosmetics and personal grooming, she also revealed a frustration that she felt compelled to do this, berating society for the negative assumptions they made towards older women. Similarly, many of the women in Hurd's (1999) study gave negative self-evaluations in respect to their body image, and for these women it was a gain in weight which appeared to cause a degree of dissatisfaction with their physical appearance.

As it appears to be the ageing body which poses the greatest threat to identity, either through a decline in health and functioning or through a change in bodily appearance, some authors have placed an emphasis on an internal sense of continued identity over that of bodily change. In this way, through a focus on the inner, ageless self which can be seen as unchanging, one is able to eradicate bodily ageing from one's identity (Tulle-Winton, 1999). Featherstone and Hepworth (1989) theorised that the method by which older adults are able make sense of their identities alongside the physical changes to the body is to see the declining exterior as a mask that covers the real self which lies beneath. This Masks of Ageing approach suggests a Cartesian mind/body dualism (Andrews, 1999), where greater importance is placed on internal over external identity.

Within Western contemporary society, primacy is given to young and attractive bodies (Tulle-Winton, 1999), and the anti-ageing cosmetic movement has offered an alternative way in which

one can appear to be ageless. Woodward (1991) referred to this cosmetic enhancement as a 'masquerade' which can be as subtle as make-up and clothing or as extreme as surgical enhancement, and which is used in order to eradicate or at least reduce the physical signs of ageing. However, Biggs (2003) suggests that this should not be seen as an elderly individual's desire to simply conceal the fact that they are ageing, but rather a way of bridging the gap between an internal self, which still feels young, and the body which does not reflect this. Caution is needed, however, when attempting to display a younger exterior, as if presented inappropriately it could render the ageing person subject ridicule (Laz, 1998) or derogatory description such as being 'mutton dressed as lamb' (Fairhurst, 1998).

## An alternative to the 'not old' identity

So far this section has considered the desire which older people may have to reject the categorisation of 'old', and the ways in which they strive to retain the label of 'not old'. It has also suggested that one can maintain a positive aged identity by living in ways which are aligned with an active ageing. Yet it is important that the rise of the 'not old' category does not lead to a different homogenised picture of older adults, where one stereotype of later life, that of decline, is simply replaced with one of activity, even if this one is deemed to be more positive. As such three additional factors in respect to aged identities should be given consideration, factors which could allow an alternative to the 'not old' identity to emerge.

Firstly, it is important that the unique personalities, experiences and continuing identities of people are not lost beneath either a declining body or a 'frenzy of activity' (Moody, 1998). Many older adults have reported that their inner self appears to remain relatively unchanged throughout the years (Sherman, 1994; Thompson, Itzin & Abendstern, 1990), and it is likely that this relatively stable internal sense of self will have as significant an influence on their identity in later years as their ageing body. The value of qualities beyond one's age as pertinent for identity is also evident from the findings that peer relations were often formed in respect to similarities which went beyond age. This was illustrated in Roth et al.'s study (2012), where although the incoming baby-boomers were initially reluctant to mix with the existing older residents, over time developing friendships were largely based on shared interests rather than

age. And Ross' (1977) anthropological exploration of an old-age home in Paris uncovered that group identifications were most frequently based on political affiliations or gender, rather than age.

Secondly, it should also be noted that the notion of 'old' can have some positive connotations which are generally overlooked when a focus is placed on remaining 'not old'. Being old can be equated with a freedom from the responsibilities of middle adulthood, and 'old' ways of thinking can be seen as favourable to the less preferred manners and customs of the 'young' (Wilson, 2009). Wilson (2009) also emphasised that some older individuals may wish to claim the right to be old and to feel supported and cared for by the state after a lifetime of contributing to society through paid work or childrearing. Subsequently it is important that those who choose a more sedentary later life are not marginalised or perceived to be a burden. The emphasis on denying ageing has been critiqued by a number of authors, as the many strengths and insights which are likely to have come with the passage of time, such as wisdom, memory and tradition, are also potentially overlooked (Andrews, 1999; Katz & Marshall, 2003; Moody, 2005). It also gives less room to explore the ways in which individuals are able to accommodate the changes which occur with ageing (Holstein & Minkler, 2003 pp. 794-5).

And thirdly, for some older adults, alternative later life identities may be more applicable that those associated with active ageing. This was uncovered by Clarke and Warren (2007) as they sought to explore this concept with adults aged 60-96 years old. During a series of biographical interviews the authors found that the motivation necessary for 'active ageing' may be challenged by some older adults' continuation of a lifetime practice of being unwilling to looked forward or plan ahead.  Notions such as 'living for now' and 'taking a day at a time', as well as a focus on the accomplishment of everyday tasks rather than activity-driven goals, were the predominant ways in which these participants negotiated the realities of growing older. Some participants even spoke about 'looking forward' to death, either because they were suffering with poor health and no longer wished to live, or because they were hopeful of being reunited with a deceased spouse.

Hence this section has emphasised that growing old can pose a challenge to one's identity as the decline associated with ageing is assumed to disrupt the sense of self which has remained relatively stable throughout the adult life course. Due in large part to negative perceptions of older age, a number of studies have revealed that older adults wish to distance themselves from the label of being old, instead living active lifestyle which facilitate their association with the category of 'not old'. However, the realities of ageing mean that retaining membership of this 'not old' category can be challenging, as ill health and changes to bodily appearance can reveal one's true identity as old. Yet some authors have suggested that the positive aspects of growing older should be embraced, and that alternatives to an active lifestyle should be acknowledged as equally meaningful and legitimate ways to have a positive aged identity.

**Conclusion**

From this review it seems that a different picture of growing older is emerging. No longer should later life be purely associated with disengagement and decline (Cumming and Henry, 1961), but theories and policies suggest that later life can potentially be a time of activity and engagement (Havinghurst, 1961; Rowe and Kahn, 1987; Department for Work and Pensions, 2005; Office of the Deputy Prime Minister, 2006; HM Treasury, 2007; Audit Commission, 2008; Department for Work and Pensions 2013). In addition, differences have been suggested between what is known as the 'third age' and 'fourth age', for although traditional perceptions of later life are often applied to the latter, this more vibrant ageing is assumed to permeate that of the former (Laslett, 1989; Suzman, Willis and Manton, 1992; Baltes and Smith, 2003). What should be noted, however, is that in general these theories and policies which suggest ways in which one can age well are mostly absent from the literature which explore wellbeing in later life (Bowling et al., 2003; Bowling and Gabriel, 2004, 2007; Browne et al., 1994; Gabriel and Bowling, 2004; Farquhar, 1995, Wilhelmson et al., 2005; Xavier et al., 2003). The emphasis on domains has largely overlooked the lifestyles which older adults experience in their later years, and therefore it is not possible to know whether these are aligned with the notion of decline, are more akin to notions of 'active' or 'successful' ageing approaches or if neither of these is applicable.

Therefore, based on this review of the literature, the main aim of my study is to further explore older adult's perceptions and experience of wellbeing. It is hoped that this will create a greater knowledge base in regards to the lives led by older adults and the ways in which these facilitate or challenge wellbeing in later life. By this it may be that the assumed paradox of wellbeing in later life can be explained to a greater extent. It may also allow consideration to be given to the extent to which more positive representations of later life, and advice on how one can age 'successfully', have any resonance with the experiences of older adults themselves. Or finally, whether their lives are more akin to traditional, negative perceptions of ageing and thus wellbeing is lower during this period.

## Reflexive entry

"As noted in the reflexive entry in the introduction to my study, when first approaching my research I held opposing views on how wellbeing might be experienced in later life. From subsequently reading the literature I only felt a deeper sense of confusion over this. On the one hand, traditional perceptions of ageing emphasised the negative aspects of growing older. Yet on the other, many theories of ageing and government initiatives offered a contrary picture of later life and one which seemed to align with the positive and active ways in which my own grandfather used to live. But reviewing the literature had changed my perspective to some extent, for whereas I had always gained a sense of pride and happiness from seeing my grandfather living his life in such a vibrant manner, I now felt that this was being promoted as a 'one size fits all' lifestyle which could be enjoyed by the majority of older adults. This appeared to threaten the view that my grandfather had been fairly unique in this respect and I had a sense that I did not wish to hear similar accounts from those who took part in my study. In addition, I felt that it was unlikely that this would be the only way in which wellbeing could be experienced in older age, and hoped that different accounts would be heard which offered alternative lifestyles for a positive old age."

# CHAPTER THREE: METHODOLOGY

## Introduction

From a review of the literature in relation to wellbeing in later life, it was apparent that, on the whole, this has been defined and conceptualised by professionals as opposed to older adults themselves. A small number of studies did report lay perceptions of wellbeing but in the main these only identified life domains which support or undermine their wellbeing (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003; Bowling and Gabriel, 2004, Gabriel and Bowling, 2004; Wilhelmson et al., 2005; Bowling and Gabriel 2007). Only five articles were noted as providing more detailed accounts (Hillerås et al., 2000; Bowling et al., 2003; Hendry and McVittie, 2004; Borglin, Edberg and Hallberg, 2005; Puts et al., 2007), and they suggested that this was more complex than that which could be reduced to life domains. Hence I identified a need to further explain the concept of wellbeing from the perspective of older adults, using a qualitative method. This chapter will justify my choice of narrative inquiry, the steps I took to collect and analyse data, as well as issues of ethics and rigour.

# Part One: Methodological Considerations

This first part will look at the methodological factors which I took into consideration during my work. I will begin by briefly explaining the interpretivist paradigm within which this work was undertaken before moving on to justify my choice of narrative inquiry. I will then explore the ways in which stories can be elicited in a research interviews and the potential approaches available for analysing narrative data.

## Working within an interpretivist paradigm

From my review of the literature it was apparent that much of the work which has been carried out in relation to wellbeing in older age has been quantitative in nature. The majority of those studies which explored older adults' own perceptions of wellbeing either used a pre-defined list of aspects selected by the researcher, or reduced data given by participants to a small number of life domains (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003; Bowling and Gabriel, 2004, Gabriel and Bowling, 2004; Wilhelmson et al., 2005; Bowling and Gabriel 2007). Where older adults had been given a greater degree of freedom in selecting the life domains which they deemed to be important, these were still often reduced to quantitative data and subject to statistical analysis. These studies can be seen as deductive or using a top-down approach and are situated within a positivist framework (Bernard, 2013). The assumption behind this approach is that the notion of wellbeing can be accurately recorded in this way, and that through using quantitative methods the researcher is able to capture an external reality, i.e. they tell us some truth about wellbeing in later life.

Yet having reviewed the literature it was evident that undertaking an additional study using a positivist approach would be of limited value, as a great level of coherence in the findings across these studies already existed. The need which was identified, however, was to uncover the richness and depth which was apparent beneath the surface of these domain based studies. As a result I considered that a qualitative study would be most appropriate, as the paradigm within which this was situated was one which varied greatly from the positivist assumptions of quantitative inquiry. For in contrast to the viewpoint held in quantitative work, qualitative

research is undertaken using a bottom-up or inductive approach and is centred within an interpretivist paradigm (Crotty, 1998).

According to the interpretivist stance, there is no one single truth or unchanging reality which can be uncovered, and as such my study would not be seeking to provide a definitive explanation of wellbeing in later life. Rather the purpose of qualitative research is to look at the why and how of human behaviours and, as such, gain a more in-depth understanding of the topic under consideration. Subsequently, in my research I would only be able to present possible ways in which wellbeing could be experienced by a small number of older adults, and not aim to overly generalise these results to a wider population. Using this approach, it was important for me as the researcher to approach the data with few assumptions and expectations, and allow the findings to be led by the participants themselves (Crotty, 1998; Denzin and Lincoln, 2005). Yet in respect to this, it is acknowledged that the researcher will inevitably play a role in the collection, interpretation and presentation of the data provided by participants. As a result it is important to be as reflexive and transparent as possible about the ways in which I may be influencing the findings. One particular benefit of using an interpretivist stance is that it can allow the voices of people to be heard which are often suppressed or silenced (Ashby, 2011), and from the literature review it seems that expert opinions have often dominated over those of older adults.

**Choosing a narrative approach**

Having chosen to embark on research within an interpretivist paradigm, I was now faced with the decision as to which of the various qualitative methods to choose. Grounded Theory was the first method I considered, (Strauss and Corbin, 1990; Charmaz, 2006) as I had a low level of familiarity with this approach from my previous training. However, after further consideration Grounded Theory did not seem to be the best approach to take. Grounded Theorists generally approach their data with little prior knowledge of the research area (Strauss and Corbin, 1990; Charmaz, 2006) whereas I had already carried out an extensive review of the literature. I believed that at this stage in my research journey the knowledge I had gained would inevitably influence my theory development too strongly. Additionally I was unsure whether a 'theory of

elderly wellbeing' could be developed, why this would be useful, and indeed if this was even desirable. As a result I rejected the use of this method as being the most appropriate for the purpose of this study.

In seeking an alternative approach I became aware of narrative inquiry, and found this method appealing. On a personal level I had a great love of reading novels and was interested in the idea of working with stories in my research. In addition, from my exploration of qualitative methods I was vaguely aware that narrative inquiry had become progressively prominent in social science research over the past few decades (Andrews, Squire, and Tamboukou, 2013). This has in part emerged from the belief that we as humans are "storytelling animals" (Gottschall, 2012) and that we often make sense of and recall our lived experienced through stories. I felt that this may make narrative inquiry a suitable method for tapping into a concept which could otherwise appear vague or overly theoretical. However, I was not sure that this stage whether the notion of wellbeing was something which could be recalled in storied form or indeed if older adults would have wellbeing stories available to tell.

Although I had gained a better understanding of the use of stories in everyday conversation, at this stage of my inquiries I was still confused as to how stories could be identified and utilised as research data. From the literature I became aware that there was no one way in which stories could be considered and that different authors emphasised and analysed different aspects of these. Labov and Waletsky (1967) were concerned with the structure of narratives and believed that in order to be classified as narratives these needed to be composed on six elements. Stories were assumed to start with an abstract or a brief summary of the story content, and then move on to orient the tale within a setting. Details of what actually happened were anticipated to occur next, known as the complicating action, and then the teller is assumed to provide an evaluation of this action. At the end it was anticipated that there would be a degree of resolution to the tale, and that the narrator would signal that their storytelling had come to an end by providing a coda. Reflecting on this I was able to identify that these elements were indeed ones which were recognisable in the stories I told and heard in everyday life, although I felt that not every story

would contain all these elements and in this order. In addition, even though I was at this stage unsure if my participants would be able to tell wellbeing stories, I was less confident that any they did tell would follow this precise formula.

Yet as I moved away from Labov and Waletsky's (1967) strict structural approach to narratives, I became aware of wider definitions as to the necessary qualities of stories. Some authors emphasised factors such as human agency, temporality and order, meaning or moral messages, and pacing and rhythm (Polkinghorne, 1995; Bal, 1997; Patterson, 2008; Andrews, Squire and Tamboukou, 2013). Others noted the plotlines evident in stories, such as regressive, progressive and stable (Gergen and Gergen, 1983) whilst others still viewed stories in respect to genre (Lieblich, Tuval-Mashiach, and Zilber, 1998). Taking on board all these varied definitions I still experienced a level of confusion. For in the same way that the notion of wellbeing was one which appeared to be elusive, this also appeared to be true in respect to what could be considered a story. Yet as I had immersed myself deeper in narrative ways of thinking and gained a deeper awareness of the extent to which stories are used in my own everyday conversations, to a degree I felt able to trust in my own status as a 'storytelling animal' (Gottschall, 2012) to be able to know instinctively when a story was being told. In this way, I felt that although my I did not have a list of criteria which needed to be present for a piece of speech to be classified as a story, my instinct as a storyteller would inevitably be informed by the narrative research literature I had read.

Additionally, the use of narrative inquiry also appeared to be relevant for exploring the lives and experiences of older adults. Within narrative inquiry there is a field which spotlights the stories told by older adults, namely narrative gerontology (Kenyon, Clark and De Vries, 2001; Kenyon, Bohlmeijer and Randall, 2011; De Medeiros, 2014). Narrative gerontology places a focus on the subjective dimension of personal development in later life and asserts that the notion of growing older (as opposed to simply getting old) may be dependent to some extent on the creation of a good or coherent life story (Cohler, 1993; Coleman, 1999). But I also became aware that in telling stories people are assumed to be influenced by a range of factors beyond their own life

experience. Within a particular culture and dependent on the demographic of an individual, certain dominant narratives were assumed to shape, encourage or restrict both the tales which one chose to tell as well as those which could be easily heard (Bamberg and Andrews, 2004). Due to the fact that all my participants would be in older age, it has been suggested that their tales may be influenced by the narrative of decline which is prominent in Western cultures (Gullette, 1997; Phoenix, Smith and Sparkes, 2010). Based on ageist stereotypes, the assumption is that older adults will tell stories which are negative in tone and emphasise losses over which the protagonist has little control. I was interested to see how or even whether older adults would be able to tell wellbeing stories when this narrative of decline was assumed to dominate.

Having decided that a narrative approach could be appropriate for research with older adults, I then went back to search for any previous studies which had used this approach for exploring wellbeing in later life. From my search, I identified three peer reviewed articles (Sherman, 1994; Svensson, Mårtensson and Hellström Muhil, 2012; Bauer and Park, 2013) and one thesis dissertation (Wilson, 1996) which had considered wellbeing in later life using a narrative approach. Bauer and Park's (2013) study focused on the notion of eudaimonic resilience, and highlighted that a 'growth' narrative existed not only for young adults but also for those in later life. Both the articles by Sherman (1994) and the quantitative thesis by Wilson (1996) considered the plotlines associated with wellbeing in later life, and whilst the former of these reduced their data to six different plotlines, the latter explored correlations between four plotlines and measure of subjective wellbeing. And in a final paper undertaken with a Swedish population (Svensson, Mårtensson and Hellström Muhil, 2012), an emphasis was placed on elderly women's experiences of wellbeing in relation to living in accommodation similar to that of residential care in the UK. Yet from reviewing these articles I felt that there was still scope for my research as the studies identified above reduced wellbeing stories to basic plotlines or correlation statistics (Sherman, 1994; Wilson, 1996), emphasised only one narrative type (Bauer and Park, 2013), or recalled stories specifically relating to the experience of living in special housing accommodation (Svensson, Mårtensson and Hellström Muhil, 2012).

Yet these studies were especially interesting as they suggested that wellbeing stories could be told by older adults. For despite the narrative of decline which has been identified as dominating and restricting the stories told about the later years, the results suggest that more positive stories could be told about later life. Bauer and Park (2013) emphasised that older adults are at least as concerned with growth as they are with loss. In addition, two out of the four plotlines identified by Wilson (1996) were positive and three out of the six narrative typologies reported by Sherman (1994) were positive or neutral. The findings from this small group of papers provides evidence to suggest that at least some older adults are able to tell positive stories about later life and that these are not necessarily repressed by the narrative of decline. Therefore I considered a narrative approach to be suitable for further exploring older adult's perceptions and experiences of wellbeing.

**Eliciting wellbeing stories using narrative inquiry**

As I now had a greater understanding of what stories are and believed that a narrative approach could be appropriate for exploring wellbeing in later life, I now wondered how I could conduct interviews in a way which would encourage participants to speak to me about their wellbeing in storied form. From my increasing familiarity with this method I became aware that narrative interviews should be less structured than traditional social science interviews, in order to allow participants to have more control within the research process (Mishler, 1991; Hollway and Jefferson, 2000). In fact the question and answer format of semi-structured interviews have been criticised by some, as it allows the direction of the discussion to be shaped by the interviewer and not the participant (Bauer, 1996; Mishler, 1991). This more structured approach appears to me to be closely akin to Kvale's (1996) miner who seeks to unearth knowledge buried deep within participants, whereas narrative inquiry is more aligned to the role of the Kvale's (1996) traveller who gathers stories from his journey which he retells on returning home. In fact it has been suggested that narrative inquiry is a way of "rescuing" qualitative inquiry from the previous efforts to "standardise and scientize" it (Sandelowski, 1991: p. 162).

Yet although I was able to gain an understanding that narrative interviews were different in style to the traditional semi-structured format, there was little clear advice available on how to perform a narrative interview and how to facilitate storytelling. Some researcher have suggested that as long as the interviewer shows that they are actively listening through their body language and small utterances, participants will spontaneously provide narrative accounts in relation to their experiences (Mishler, 1991; Riessman, 2008). This is based not only on the assumption that people are familiar with telling stories, but that once a story has been commenced the narrator may feel compelled to complete it (Flick, 2009).

I found that some of the literature relating to narrative interviewing focused on obtaining a life story from participants (Sandelowski, 1991; Bauer, 1996; McAdams, 2008). And whilst this approach appealed to me as it seemed to be a good way of producing a long narrative, I felt that the life story approach may not focus heavily enough on wellbeing. Another method which has been undertaken by narrative researcher was to ask individuals to focus on a significant event in their life, and produce a narrative in relation to this. For example, authors have placed an emphasis on the stories around an illness (Frank, 1995), pain (Carter, 2004) or life changing injury (Smith and Sparkes; 2004). Yet this was less apparent for my study, for not only is there no single event which universally signals the start of later life, but the experience of wellbeing is likely to be something which is on-going rather than discrete.

*Combining narrative and photographic approaches*

However, as I continued to familiarise myself with the area I became aware that the whole interview did not have to form a narrative, but that smaller narratives could be contained within it which could be subject to analysis (Riessman, 2008). I felt that although there may not be one continuous story which could be elicited about wellbeing, by telling a collection of stories about different factors which they saw as influencing their wellbeing, a bigger story could emerge. Yet I still had concerned about the extent to which older adults would spontaneously tell me rich and relevant stories, especially as my role as a researcher was supposed to be minimal in the narrative interview. Therefore I decided to incorporate photographic research methods into my

design as I believed they could help to elicit stories, as well as shaping the interview. For although the use of photography in research has typically been confined to anthropology, it has been used with increased frequency across the social sciences (Banks, 2001, Rose, 2001), and in gerontological research (Magilvy et al., 1992; Shenk and Schmid, 2002) in recent years.

When exploring the ways in which photography had been used as a research tool, I became aware of three dominant approaches which may be appropriate for my current study: namely photo-voice, photo elicitation, and auto-photography. Photo-voice sits within a participatory action research tradition (Whyte, 1991), and is a method by which people are encouraged to use photography to facilitate change (Wang and Burris, 1997). However, I dismissed this approach for my current study, as I did not feel that the participatory action research framework was appropriate. In photo-elicitation, the researcher presents all participants with the same photographs on a given topic, and analyses the responses participants give to these images (Harper, 2002). This method seemed more appropriate for my study, and I considered presenting participants with a range of images in which ageing individuals were represented both positively and negatively, asking participants to respond to these in relation to their own wellbeing. However as noted by Tulle (2012), on the whole where images of ageing have been used these have been in respect to analysing representations already in existence as opposed to considering the images produced by older adults themselves. The author notes that this can potentially both create and enforce ageist stereotypes as opposed to providing a richer source of data which illustrates the more diverse range of ageing experiences. Therefore I felt that this approach would be most beneficial if I allowed participants to utilise their own personal photographs (Clark-IbáNez, 2004).

Hence I became aware of auto-photography, a method where participants are provided with a camera and asked to take photographs which represents a particular topic to them (Thomas, 2009). A small number of studies have successfully used this method with an older population (Okura, Ziller and Osawa, 1986; Phoenix, 2010), and I was particularly struck by the Phoenix (2010) paper which undertook an auto-photography study with mature bodybuilder, in order to explore issues of identity construction. As part of the process, participants were asked to take up

to twelve photographs that say "this is me" and another twelve which say "this is not me". These photographs were then discussed in a follow up interview where participants were asked to explain each photograph to the researcher in turn (Phoenix, 2010). I thought that this approach could be adapted and used in my own study, and that participants could take photographs which represented those things which contributed to their wellbeing, as well as those which took away from it.

**Analysing wellbeing stories using narrative inquiry**

My final consideration in relation to narrative inquiry was on the ways in which I would be able to analyse the data I had collected. My prior research experience mainly consisted of analysing quantitative data, although I had undertaken thematic analysis on one occasion. I was aware that some researchers did advocate thematic analysis as a way in which narrative data could be analysed (Riessman, 2008), but I felt concerned that this might reduce the narrative feel of my research, and that my findings may resemble traditional qualitative research findings which have been derived from semi structured interviews. Therefore I sought to discover an alternative approach from reading a number of narrative authors (Frank, 1995; Lieblich, Tuval-Mashiach and Zilber, 1998; Clandinin and Connelly, 2000; Riessman, 2008; Frank 2010; Phoenix, Smith and Sparkes, 2010; Bold, 2011; Andrews, Squire and Tamboukou, 2013).

However, my hopes of finding a convenient, step-by-step process for analysing narrative data were soon dashed, as I initially found little clarity in relation to how this analysis could be undertaken. In addition, different authors suggested various approaches, each of which appeared to lack any particular clarity into how I could undertake this analysis with my own data. For example, alongside thematic analysis, Riessman (2008) proposed three additional methods of narrative analysis, namely structural, performance and visual. Lieblich, Tuval-Mashiach and Zilber (1998) presented a model for the classification and organisation of types of narrative analysis, and suggested that two main independent dimensions emerged, holistic versus categorical, and content versus form.

In his book, *Letting Stories Breathe*, Art Frank revealed a method called dialogical narrative analysis, which can be used to study the content of a story and the effect it has on both the teller and the listener (2010). And in an earlier book by the same author, illness stories were organised by 'narrative types' a concept described by Frank as "the most general storyline that can be recognized underlying the plot and tensions of particular stories" (1995: p. 75). Finally Phoenix, Smith and Sparkes (2010) presented a typology in relation to the various forms of analysis which had taken place in ageing studies. These authors suggested that there are two contrasting standpoints which are taken in narrative analysis, that of the storyteller and that of the story analyst, and identified structural, performative and autoethnographic as three specific methods which are applied.

The potential ways in which narrative analysis could be undertaken is far from limited to those listed above, but these examples seek to demonstrate the variety of approaches which are available. At this stage, however, it did not seem appropriate for me to pre-select the type of analysis I would perform. Instead I decided to work with any stories I was told and allow the data to lead me to the most appropriate analytical approach. Yet I felt that having identified the main types of narrative analysis which were available, I would be able to select the one which was most appropriate with respect to my own data once the stories and photographs had been generated.

# Part Two: Methods

Part two of this section will detail the steps I took in order to further explore older adults' perceptions and experiences of wellbeing using narrative inquiry. Details have been provided in respect to gaining ethical approval to undertake my research, the types of stories I was looking for, how I recruited storytellers, the initial stages of data collection, the narrative interview and the ways in which I analysed my data. I have also noted the steps I took to apply qualitative notions of trustworthiness to my research process.

## Working safely with stories

Before I was able to recruit participants to my study it was necessary for me to gain ethical approval from the University of Central Lancashire BUSH Ethics committee (See Appendix B: Letter of Approval from Ethics Board). This was in order to ensure that the welfare of both myself and the participants who took part in my study was protected (Guillemin and Gillam, 2004). The general considerations which I needed to address in relation to my research involved ensuring that participants were able to provide informed consent before taking part in the study; confirming that they were aware how their data would be used; informing them about the levels of anonymity they could expect in relation to both their participation in my study and the data they provided me with; and making them aware of their right as a research participant in my study (Israel and Hay, 2006). However, in addition to these general considerations, the nature of this study meant that a number of other factors needed to be addressed.

Firstly, as my research was exploring perceptions of wellbeing, I was aware that there was a small risk that this could cause a level of distress for participants (which could then in turn be distressing for me). Therefore, although I could not eliminate this risk I took a number of steps in order to provide more protection for both my research participants and myself. By undertaking interviews face-to-face (as opposed to over the telephone) it would not only be easier to pick up cues that a participant was becoming distressed, but would allow me to use facial expression and body language to respond appropriately (Allmark et al., 2009). By only undertaking one interview on each day, I would not feel I had to rush participants if they wished

to take a break in telling their stories, and could stay on a while afterwards to ensure they were calm and comfortable before I left. This time would also give me the chance to reflect on any situations I had found difficult. All participants were provided with debriefing sheets which contained contact information of a small number of organisations who may be able to assist if the participants needed addition help/advice (See Appendix C: Participant Debriefing Sheet), as has been recommended in the literature (Israel and Hay, 2006). Finally, I was able to discuss with my supervisory team matters relating to any aspects which had affected me as a result of these interviews. At all times the welfare of participants and myself was made a priority over the collection of data.

Secondly, as I was working with older adults, I needed to consider whether I believed they could be considered as vulnerable adults for the purpose of my research. This possibility was initially raised by the University ethics committee, yet I did not perceive this group to be any more likely to be vulnerable that people in a general population. Participants were recruited from those who contacted me directly to express their interest in taking part in the study. They were made aware of the topic which would be discussed, as well as their right to withdraw at any stage if they no longer wished to participate. In addition they were recruited from the community (as opposed to hospitals or nursing homes), and although my study did not exclude people experiencing low/moderate mental health difficulties, this was not a focus in my recruitment.

Thirdly, as my research involved the use of photography, there were a number of additional ethical considerations which has to be addressed (Wiles et al., 2008; Clark, Prosser and Wiles, 2010). I was aware that the photographs which participants took would be considered as personal data, both to participants and for any people who could be identified in the photographs (Bauer and Gaskell, 2003). As a result I took a number of steps to ensure that confidentiality would be maintained, and that participants would be aware of the risk to their anonymity which these photographs posed.

In relation to their photographs and confidentiality, I would ensure that all images were stored in the same secure manner as other personal data collected from participants. Manual copies were kept in a locked cupboard on campus, and electronic copies were saved on encrypted files on a password protected computer. In order to address anonymity for participants, they were made aware of the potential risks, and for each photograph used in the research interview, participants had to sign a form to give permission for these to be used in a range of publications/presentation. They also had the right to request that any or all of their photographs were not used in this way (See Appendix D: Photograph Permission Form). The responsibility for informing identifiable individuals regarding anonymity was given to the participants, who were asked to provide a Study Outline and Photography Use Sheet to people who were being photographed (Appendix E: Study Outline and Photography Use Sheet), and get these individuals to sign a Model Release Form only if they were happy for their pictures to be potentially used in a range of publications/presentations (See Appendix F: Model Release From). I also informed the participants that I would be unable to use any photographs in my work which did not have a Model Release Form where appropriate, although these could still be discussed in the research interview.

To ensure that all participants were fully informed as to the nature of my study and what they would be expected to do, I produced an information sheet (See Appendix G: Participant Information Sheet). I sent a copy of this to all participants who expressed an interest in taking part in my study, and they were requested to read this and ask any questions before agreeing to participate. They were also provided with my telephone number, email and postal address and encouraged to contact me if they had questions at any stage of the research process. Informed consent was taken from all participants at the start of my study, and participants were reminded of their right to withdraw at any time.

**The sought story**

As the aim of my study was to further explore older adults' perceptions and experience of wellbeing, I sought to recruit individuals who defined themselves as being in later life. I

considered setting a lower age limit as a criterion, possibly 60 or 65 based on retirement ages, but decided against this. I believed that as old age and later life were social constructions and thus to a degree another elusive concept in my research, I would accept anyone who considered themselves as belonging in this category.

Initially I was keen to use a maximum variation sampling approach (Creswell, 2007; Seidman, 2006) in order to collect stories from as wide a range of people as possible. This would include those from ethnic minorities, additional minority groups such as the Gay/Lesbian/Bisexual/Transgender community, as well as other 'hard to reach' populations (Faugier and Sargeant, 1997). However, as I would be recruiting such small numbers from each group it would be inaccurate to infer that the stories told by one or two individuals were representative of that particular group (Sandleowski, 1995). In addition, qualitative approaches are less concerned with obtaining representative samples from which to make generalisations (Ritchie and Lewis, 2003), and in narrative inquiry it is the variety of stories (rather than participants) which is generally considered as the key factor (Riessman, 1993). Therefore I decided on a combination of convenience and purposive sampling (Creswell, 1998; Seidman, 2006), but aimed to have a mix of male and female participants and a range of ages.

Unlike quantitative approaches, within qualitative inquiry no formulas are available to recommend the most appropriate sample size (Sandelowski, 1995). Sample size in qualitative research is informed by a combination of epistemological and methodological considerations, external factors, the variation and availability of the population being studied, and the breadth and scope of the research question (Mason, 2010; Baker and Edwards, 2012). For some branches of qualitative inquiry ballpark figures are available to further inform sample size (e.g. Ethnography 30-50, Morse, 1994; Grounded Theory 20-30, Creswell, 2009; and Phenomenology 5-25, Morse, 1994), and some of these approaches also utilise theoretical sampling or seek data saturation (Coyne, 1997; Guest, Bunce and Johnson, 2006). Yet for narrative inquiry no suggested sample sizes are available. In fact in this approach a sample size of one, based on an individual case study can be considered appropriate (Shaw, 1966; Sutherland, 1988).

For this current study I wished to achieve a balance between the quantity of participants I interviewed, and the quality of the analysis I would be able to perform. It was also important to be realistic in relation to time constraints, allowing enough time after data collection to analyse and write up my results. I wished to ensure that I did not recruit too many participants and sacrifice time spent on other aspects of the study. Yet I also did not want to recruit too few and reduce the potential for rich data. Therefore I decided that it would be appropriate to gather and analyse approximately ten interviews. Yet I was also advised to over-recruit if possible, to make allowances for potential 'drop outs' or interviews which yielded poor quality of information (Creswell, 2007). Therefore I aimed to recruit between twelve and fourteen participants in total.

**Finding storytellers**

In order to recruit participants, I contacted a number of organisations within the area. This included local branches of national ageing related organisation such as Age UK and The University of the Third Age, as well as community and interest groups where the membership was predominantly older adults (See Appendix H: List of Organisations Targeted for Recruitment). When an email address was available organisations were contacted electronically. Otherwise I contacted them via post.

In each instance I provided an introduction to myself and my study and requested that an enclosed recruitment poster be displayed within their organisation (See appendix I: Participant Recruitment Poster). The poster contained a brief outline detailing what would be involved in taking part in my study, and potential participants were asked to contact me for further information via email, telephone or post. I also offered to answer any questions they had about the study, and indicated that I was happy to come to talk to their members if they believed this was appropriate. I also placed a copy of my recruitment poster in a number of supermarkets, post offices and local shops in the area once the relevant permission had been granted (Appendix I: Participant Recruitment Poster). In addition to recruiting individuals in this way, a number of participants were gained through snowball sampling (Lewis-Beck, Bryman and

Futing Liao, 2004). This was achieved as a number of participants recruited early in the study encouraged their friends to also take part.

All participants who made initial contact were sent a recruitment pack containing an information sheet (See Appendix G: Information Sheet) and an expression of interest form (See Appendix J: Expression of Interest Form). The information sheet provided further details about the purpose of my study, what would be involved in taking part, and how their data would be stored and used. My contact details were also included and potential participants were invited to ask any additional questions if they required clarification. If after reading the information they were still interested in taking part in the study participants were asked to complete and return the enclosed 'Expression of Interest' form which asked for their name and contact details, as well as their gender and age. They were advised that I would contact them upon receipt of this form and arrange a time to meet with them.

## Reflexive entry

*"Having initially begun recruiting for my study, I spoke to my supervisors about the places where I had targeted. It was pointed out to me that I appeared to be targeting mainly organisations which would attract 'middle class' individuals, but had largely neglected those which may reach people from different socioeconomic backgrounds. I was slightly concerned at my lack of initial awareness about my recruitment, and believed it was necessary not only to address this but also to give it some reflexive thought.*

*I would consider my own background to be lower middle class, and it may be that I was just approaching organisations with which I was familiar. Yet when reflecting on this in greater depth, I was aware that I may have been making a number of assumptions about participants based on class. Firstly, I may have believed that people from a middle class background were more likely to have grandchildren at university and therefore may be more willing to assist a student in their research. And secondly, I may have anticipated that the conditions of their lives would be better and thus they may be more willing and able to talk about their own wellbeing.*

*So although I then took steps to widen the variety of organisations from which I recruited, I did gain a level of insight into some biases in my own thinking in regards to class. I felt that it was important to bear this in mind if I interviewed*

*participants from different socioeconomic backgrounds and to ensure I noted any thoughts and feelings which arose in my reflexive diary."*

**Preparing stories**

As I had decided to encourage participants to take photographs in order to help elicit their wellbeing stories, I made the decision to meet with the storytellers on two occasions. Participants were given the option of selecting the location of these meetings, and these could take place at their home, at my office at the university or in a local café/community centre. The intention of this initial meeting was to give further details in relation to my study, to provide participants with a disposable camera and to answer any initial questions which they had. Although it would have been possible to post the disposable cameras to each participant with a set of instructions, I felt that there would be a range of benefits in having a preliminary meeting with each storyteller prior to the interview.

Firstly, it would allow me to meet with the participants and develop a rapport before interviewing them at a later date. I believed that this would make both myself and the person being interviewed feel more at ease, and hence might foster a better environment in which stories could be told. Secondly, I felt that the participants may be more likely to commit to both taking the photographs and being interviewed once we had met. Thirdly, this would give me the opportunity to ensure that the participants fully understood the study and what would be expected of them, as well as making sure that they were able to use the camera. And fourthly it gave me the chance to gained written informed consent for the use of the photographs and the data obtained from the subsequent interview.

At this meeting I focused on explaining the task of taking the photographs, expanding on the details contained within the information sheet. I also provided participants with a Photography Guidance Sheet which provided a clear outline of the task (See Appendix K: Photography Guidance Sheet). I informed participants that the photographs should all relate in some way to their wellbeing and ensured that they had their own understanding of this term. I noted that they could include both those aspects of life which supported or undermined their wellbeing, and that

they could focus on the past, present or future. I also informed them that they were free to use any existing photographs which they had, as well as images from the internet or magazines. Participants were informed about the need to gain consent from individuals before taking their photographs, and then provided with six copies of the Study Outline and Photography Use Sheet (See Appendix E: Study Outline and Photography Use Sheet) and six copies of the Model Release From (See Appendix F: Model Release Form). They were also asked to sign a consent form in relation to both the photographic and interview stage of the study (See Appendix L: Participant Consent Form)

Participants were then asked to take the photographs as discussed and then return the camera to my University address in the padded stamped addressed envelope I provided. Upon receipt of the camera I contacted the participant to thank them and to arrange a mutually convenient time and date for the interview.  This was at least a week after receiving the camera to allow time for the photographs to be developed and returned back to the participants. Enclosed with the photographs was an instruction sheet and each storyteller was asked to look through their images and to arrange them in a way which would assist them in telling their wellbeing stories (Appendix N: Instruction Sheet). I suggested that these could be divided into things which supported or undermined wellbeing, could be arranged by the categories of picture, i.e. relationships, activities etc.,  could be any other way of their choosing, or in no particular order at all.

## Collecting stories

In the next stage I met with each of the participants for a second time, in order to hear their stories in a narrative interview. On first arriving to undertake the interview I made general conversation with the participants for a few minutes to help rebuild a rapport. On all occasions I was provided with refreshments from the participant or if at a café hot drinks were ordered. Before commencing with the interview I regained verbal consent in relation to my use of the photographs and quotes for my thesis, and answered any outstanding questions. I also reminded

participants that I would be audio recording the interview and the recorder was switched on and placed between me and the storyteller.

Due to the nature of narrative interviewing it was important that my input be minimal throughout, and the interview schedule I had prepared contained only a small number of questions as well as a list of potential prompts and probes (See Appendix M: Narrative Interview Schedule and Appendix O: Interview Prompts and Probes). Predominantly my task was to ask a small number of questions at the start of the interview to initiate the telling of stories from the participants. From that point on my main role was that of an engaged and interested listener. I invited the participants to tell me the stories behind the photographs which they had taken for this study. I emphasised that in telling these stories I wished to hear specifically about their own wellbeing and that they were free to talk for as long as they wished on each image. After they had gone through the photographs I asked them if they had any other wellbeing stories they wished to tell me but which had not been covered by the photographs. Only once the storyteller signalled that they had concluded with their tales did I ask clarifying or probing questions which could further illuminate their perspective.

### Reflexive entry

*"Having only previously undertaken a small number of telephone interviews, I approached the task of conducting face-to-face interviews with a combination of excitement and apprehension. On the positive side I was energised by moving narrative research methods from theory into practice, as well as wanting to hear more about the lives of those people who had agreed to take part in my study. I also hoped that I would be able to create an interview environment in which my participants felt relaxed, valued and willing to tell their stories. Considering myself to have a relatively warm and open personality, as well as having gained 'active listening' skills from previous training in counselling, I was optimistic that the interview experience would be enjoyable and informative.*

*Alongside this excitement, however, was a degree of apprehension. I was conscious that I was a relatively inexperienced research interviewer and was concerned that this would come across to my participants. In addition, I was mindful of the fact that using a narrative approach meant that I was unable to rely on a structured interview schedule with multiple questions. As such I would need to listen carefully*

to my participants and be able to use prompts and probes when needed to gain a greater depth of information.

And finally, I also brought along to the interviews all the thoughts I had in regards to wellbeing, ageing and wellbeing in later life, as well as my concerns in respect to age difference between myself and my participants and my potential assumptions about the links between class and the ability to tell wellbeing stories in later life. Taking into consideration my thoughts and feelings preceding the interviews, it is likely that these will have had an influence over the stories I collected and the ones which my participants felt able to hear. Therefore I endeavoured to remind mindful of this throughout the data collection and analysis stages.

In reality, I believe I gained a good rapport with the majority of my participants and as such the atmosphere in my interviews was on the whole fairly relaxed. Yet I was also aware that I may have been encouraging certain types of stories whilst discouraging others. For example, when the participants told me about the positive aspects of their lives I responded favourably and felt comfortable in asking for more details. Yet when they spoke more in respect to challenges, I felt an internal conflict between wanting to collect the richest data possible for my study, and not wishing to be too intrusive. It may be that I held an assumption that older adults were often 'private people', and that they would not feel comfortable talking to a virtual stranger about the more negative aspects of their lives. I was also worried that my lack of interviewing experience may mean that I would feel unsure how to respond if they told me information which I found upsetting or indeed was distressing for the participant.

However, on the whole I did not find this to be the case. At many times my participants spoke fairly openly about a range of both positive and negative life experiences, and I felt confident in being able to respond to these appropriately. Once I relaxed into the interviews I believe I could read their verbal and non-verbal cues well enough to know if they were open to providing more information or wished to more onto a different topic. On only one occasion did one of my participants get tearful, as she spoke about the loneliness she was feeling and the lack of contact she had with her children. When this occurred I moved out of 'interviewer mode' into that of 'concerned acquaintance', and only resumed the interview when she gave a verbal cue that she was happy to do so.

There were two times where I was particularly aware that I did feel uncomfortable in the interview and subsequently did not follow up on a story. One of these was during my first interview, where my participant began by speaking about some

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*memory difficulties he had been experiencing in recent years. My own grandfather had suffered from vascular dementia and I was aware of the devastation Alzheimer's related diseases could cause. Subsequently I remembered feeling unsure how to respond to my participant, and hoped that his memory concerns were not a symptom of this disease. Although it is not possible to be sure, it may have been that my participant picked up non-verbal cues of my discomfort, as he then moved on to tell a different story. But I believe that this was not an example to suggest I was unwilling to hear these more challenging stories, but just that the one he told had as level of personal resonance for me.*

*The second occasion where I felt a degree of discomfort in my role as interviewer was when a participant made a comment which I found offensive. Speaking about a recent high profile case concerning a child sex offender, my participant stated that 'touching up young girls is perfectly normal'. On reflection I believe he may not have known the severity of the case and there may be a context within which his comments were not as unacceptable. But at the time they seemed highly inappropriate, and I was aware that I subsequently engaged less with him through the remainder of the interview, and as such it is likely that a degree of potential information was not obtained."*

## Analysing stories

In an earlier section of this chapter I identified numerous ways in which I could use narrative methodology to analyse my data (Lieblich, Tuval-Mashiach and Zilber, 1990; Frank, 1997; Clandinin and Connelly, 2004; Riessman, 2008; Frank 2010; Bold, 2011; Andrews, Squire and Tamboukou, 2013). However, I also noted that I made the decision to wait until I had undertaken my interviews before selecting the one which appeared most appropriate. As a result, in this section I detail a range of 'false starts' I experienced in approaching my analysis, each of which initially appeared to be promising. It was only over time that I was able to gain a growing confidence in my data and a deeper understanding of narrative research and thus I was then able to find an approach which allowed me to present my data in a meaningful and narrative manner.

### *Initial analysis and ideas*

The whole analysis period took place over a number of months, for although I undertook an intense period of data analysis, it is important to note that this process began during the

interview phase, before the transcripts were produced. During the interviews I listened to the ways in which my participants spoke about their wellbeing, trying to identify if and when they were speaking about their wellbeing in storied form. When I believed that I had been told a story by my participants I asked myself briefly what this story was telling me about wellbeing in later life. Taking into consideration the notion of 'narrative types' as suggested by Frank in his 1995 book, *The Wounded Storyteller* at this stage I felt that there were a number of broad types of narratives emerging from my data. Examples of these included 'continuity stories' where wellbeing was associated with life remaining similar to the early years, 'wisdom stories' where growing older had led to one having a greater degree of self-knowledge, 'champion stories' where participants spoke about themselves as being role models for other older adults, and 'capability stories' where older adults emphasised the thing they could, as opposed to could not do. I felt that identifying these 'narrative types' helped me to get a clear idea of the difference between a story and a narrative, for whereas a large number of individual stories with different themes were told by my participants, a smaller number of overarching narratives seemed to be present. Therefore at this early stage I felt that there was a good degree of depth and interest in the data I had collected, and that the process of analysis would be both enjoyable and fairly straightforward.

All the interviews were transcribed by me, and I undertook this task as soon after each interview as possible. In order to do this I listened to each interview once again in its entirety, before typing the text into a word document. Audio transcription software and a foot pedal were used and this enabled me to control the speed of the interview to facilitate typing. Having completed all the transcriptions, I subsequently read hard copies of these over a few weeks and listened to all the audio files twice more. At this stage I wished to further familiarise myself with the data, noting any points of interest, possible themes and queries.

### Locating themes using NVivo 9

After gaining a good level of awareness of the content of the interviews, I transferred the typed interview scripts into the qualitative data analysis programme NVivo 9. I was aware that software programmes were being increasingly used to help manage data during qualitative

analysis. My first task was to code my data, and in order to do this I highlighted sections of text and saved these as 'nodes'. For each section I identified the topic which was being discussed, such as relationships, health etc., and created a relevant 'node'. All data which related to this topic was placed within this 'node'. At the end of this analysis I reviewed these 'nodes' and subsequently some were deleted and some could be merged into others. I then arranged these 'nodes' into groups under sub headings and four major groups appeared; namely health, people, activities and place.

However, I became conscious that in performing analysis in this way what was emerging was a thematic analysis and not one which could be seen as narrative in nature. I also felt that using NVivo 9 made it difficult for me to see the data as living stories, as it simply reduced them to text on a computer screen. I was aware that thematic analysis was suggested by Riessman (2008) as one way in which stories could be analysed, and that the categorical-content perspective as proposed by Lieclich, Tuval-Mashiach and Zilber (1998) also allowed for stories to be considered in this way. Yet for me, analysing my findings thematically felt unsatisfactory, and the themes which were emerging were similar to those which were prevalent in the literature. And whilst this was reassuring to the extent that it suggested that I had indeed tapped into the concept I was wishing to explore, I believed that in order to perform a narrative analysis I would need to try a different approach. Consequently I decided to revert back to the already annotated hard copies of my transcripts, using highlighters and pens to assist with the coding task (East, 2009).

### *Returning to hard copies and identifying stories*

In order to ensure that I was performing a narrative analysis, my first task was then to identify that text which appeared to be stories (as opposed to linking talk). In some instances the identification of stories was a fairly easy task, as the participant would explicitly signal that they were about to tell a story:

> *"Do you know, I will tell you this little story. I couldn't drive and I got*
>
> *home one day ..." (Maggie)*

*"Funny story actually. So she got a cat. I came home one day…" (Martin)*

Alternatively they noted that one had just been told:

*"…And actually this was the lunch where this lady here asked me here if I
had any family. That was the story behind that." (Dorothy)*

Yet this was only evident in the minority of cases, and hence I had to consider alternative ways of identifying a section of text as a story. One of the main ways I utilised was noting where there was a temporal shift from past to present (and sometimes to the future). This has been suggested by a number of researchers as an important element of narratives (Cortazzi, 1993; Clandinin and Connelly; 2000). In some instances the past could be a number of years ago, and in others it could be a much more recent time frame. However, I noticed that not all stories were told in a linear form and it may be that the tale began in the present, and then shifted to the past to provide some additional context. But alongside noting the temporal shift I used my instincts as a storytelling animal (Gottschall, 2012). This allowed me to get a feel for when someone was telling something which could, even by a relatively vague definition, be seen as a story. Initially it was quite challenging to decide whether a section of text was a story or not, as on the whole the many section of text which I did subsequently include as stories in my findings were often short and could only be recognised as stories within a given narrative context.

### Taking a holistic approach to analysis

Having identified when stories were being told by my participants, I refocused my attention towards the possible ways in which my data could be analysed narratively. Giving consideration to the distinction between 'holistic' and 'categorical' approaches (Lieblich, Tuval-Machiach and Zilber, 1998) I was still unsure at this point whether I wished to analyse each interview as a whole, or to separate the stories told by my participants into story groupings.

Due to the dissatisfaction I had felt with my initial thematic analysis, I decided to look at potential way of doing 'holistic' analysis on my data. As such, I explored each of the transcripts separately and tried to identify the main 'whole' story told by each participant about their wellbeing. In doing this I became aware that in growing older the identities of my participants

had been shaped in one of three ways. For some, wellbeing was associated with 'Sustaining Identities' from past to present, and in this way later life was similar to the years before. For others, growing older was about 'Changing Identities' and these narrators emphasised a link between wellbeing and being in some ways different to the previous years. And thirdly, I noted that some participants spoke about 'Rejecting Identities' and in this way their wellbeing was linked not with what they were, but with what they were not.

This approach was promising to an extent, and I felt enthused about the possibility of seeing each interview as a whole. But when trying to present my data in this way, a number of difficulties emerged. Firstly, whilst I was able to classify some of the interviews fairly easy in regards to these three identities, this was more challenging with others. To an extent I believe this was made more difficult due to the fact that this had not been my initial intention prior to my interview, and, as such, this had not been the main focus. I was concerned that I would need to make a number of assumptions about the link between their wellbeing and identities, and as such I may be manipulating my data to a degree.

Secondly, although for some there was a clear identity running through the interview, in many instances their stories fell into more than one of the three identity types. I then had the choice of selecting the one which seemed to be most appropriate, for example the one which the majority of their stories seemed aligned with. But by doing this again I felt I would be having too much control over the data, and that some important aspects of their interviews would have to be ignored in order to present them in this way. And thirdly, I was concerned that as the notion of identity was not something which I had originally intended to explore, I would need to undertake a considerable amount of work to gain an appropriate level of familiarity with the identity literature. And although I did consider this possibility, time constraints alongside my other concerns with this approach led me to reject this way of analysing my data.

### *Going back to categories and identifying 'narrative types'*

Having experienced a number of difficulties in using a 'holistic' approach with my data, I decided to go back to considering the individual stories told by my participants, analysing these

in a more 'categorical' way. In order to avoid repeating the thematic analysis I had in the earlier stages, I shifted the focus away from looking at the topic of the story. Instead I asked myself 'what is the main message of this story?' Putting aside the life domain which is being explored, 'what is the storyteller trying to tell me about wellbeing in later life?' This can be seen as the 'so what' of the story or the lesson which is expected to emerge from the tale, and has been identified by a number of authors as an important part of storytelling (Labov and Waletzky, 1997; Frank, 2010).

Therefore, the next way in which I considered presenting my data was under four heading which explored stories of 'Support', 'Adaptation' 'Recovery' and 'Challenge'. Stories of 'Support' related to the aspects of their lives which sustained their wellbeing, and were to be divided into subcategories of those where older adults emphasised continuity and those where wellbeing was associated with change. Stories of 'Adaptation' would recount those tales where wellbeing was associated with adapting in some way in order to retain a positive experience of growing older. Stories of 'Recovery' related those where participants suffered a disruption in their lives, and subcategories identified that after recovering they either resumed a life similar to before or else gained a sense of wellbeing from having new experiences. And finally stories of 'Challenge' were to be divided into subcategories of those where wellbeing was undermined by events from the past and those where the challenges occurred in the present or future.

However, despite the fact that I felt I had captured my data in a way that again seemed promising, there were aspects of this analysis which still did not appear quite right. I felt that within the subcategories under 'Support', 'Adaptation', 'Recovery' and 'Challenge' there were strong narratives which were not being explicitly drawn out. At this stage I also reverted back to the earlier notes I had made in my reflexive diary and was aware that I had initially viewed my data in respect to narrative types. I was also aware that this could be one way of analysing stories, as in his book *The Wounded Storyteller* (1995), Frank suggested that from the illness stories he had heard, three dominant 'narrative types' emerged. Defining narrative types as "the most general storyline that can be recognised underlying the plot and tensions of particular stories" (Frank, p.75), I felt that within the wellbeing stories I had been told, narrative types also

appeared to be present. I was able to see that contained within my data as analysed in respect to Stories of 'Support', 'Adaptation', 'Recovery' and 'Challenge' were a number of what Frank referred to as 'narrative types'.

From this I was able to find six 'narrative types' namely Continuity, Proactivity, Opportunity, Recovery, Acceptance and Disruption narratives. In some instances these related closely to sections in my previous analysis. For example, the Continuity narrative emerged from one subcategory of the stories of 'Support' section; the Opportunity' and 'Recovery' narratives arose from the two subcategories of the stories of 'Recovery'; and the Disruption narrative was largely based on both subcategories of the stories of 'Challenge'. Taking into consideration the remaining data which had not been transferred into a 'narrative type', I also identified an additional narrative of 'Proactivity'. Having acknowledged these five 'narrative types', I once again returned to my transcripts to see if any additional stories could be included under these headings, or if indeed any further 'narrative types' emerged. As a result I included a sixth narrative of 'Acceptance' as well as adding a small number of additional stories to the other narratives from re-reading my transcripts.

In the Continuity narrative, I included those stories where wellbeing has been sustained by participants being able to enjoy the same things in later life which they appreciated during earlier years. The Proactivity narrative highlighted those stories where the storyteller had taken steps to promote their own health, which in turn supported their wellbeing. The Opportunity narrative comprised of those stories where potentially challenging life events were seen by the storyteller as catalysts to a new way of living. Similarly to the previous narrative, in the Recovery narrative the older adults recalled that they had been affected by a life event or circumstances. Yet in this instance the emphasis of these stories was on regaining a life similar to the one before, rather than a new way of living. For the Acceptance narrative I included those stories where participants noted how they had experienced a challenge in an aspect of their life, and one which they feel unable to alter. However, to minimise the undermining impact this has had on their wellbeing, they had been able to accept their situation in a variety of ways. Finally the Disruption narrative contained examples of stories where wellbeing was actively

undermined by a range of factors. In these stories the narrators highlighted the various challenges with which they were presented. Yet unlike in their previous stories, they appear unable to prevent these having a negative effect on their wellbeing.

Although these narratives had been formed mainly instinctively, on further consideration of these I found that across these six 'narrative types' variances can also be seen in respect to narrative elements of tone, plot and agency. Tone relates to the participant's attitude towards the subject of the narrative and at a basic level is either positive or negative. Plot refers to the course of action in a story and the journey it takes to move from beginning to end. Although there are a wide range of potential plotlines available to support storytelling, at the most basic level are those of stability, progression and regression (Gergen and Gergen, 1983). And agency is linked to the role of the protagonist in a story and the extent to which they appear to have power to affect or control their own lives. The tone, plot and agency associated with each narrative will be given move consideration in the findings chapter.

### Reflexive entry

*"On the whole I found the process of analysing my data one which was challenging, stressful, confusing and, at times, emotional. Having only previously analysed quantitative data, a process I found relatively easy, I felt at times completely out of my depth with hundreds of pages of qualitative data. Throughout the process of analysing my data I devised a number of different ways in which these could be considered, yet each time I felt that it was not the 'right' way. For each new way of seeing my data led to be feel less and less confidence in my abilities as a qualitative researcher, and this in turn led me to feel anxious and lose a degree of faith in my data.*

*Yet alongside feeling inexperienced, I also believe that some of the difficulty resulted from a lack of congruence between the data I had hoped for and that which I had gained. When reading back my transcripts I felt that the stories told to me by my participants were not as 'insightful' as I had hoped. When thinking about the depth and range of stories I believed I could tell about my own wellbeing, I believed that many of the stories I had elicited did not go very far 'beneath the surface'. For despite the fact that I felt I had created an interview environment conducive to storytelling, and had used a range of prompts and probes to elicit greater depth, on the whole, the stories I now had to work with*

*appeared to be descriptive accounts of the hobbies, pastimes and health they currently enjoyed. Yet I was mindful that I wished to honour these stories in a meaningful and narrative manner, and one which went beyond simply identifying the life domains associated with wellbeing.*

*In addition, although I was pleased that my participants appeared to be enjoying their lives and that their wellbeing was high, I had anticipated hearing 'grittier' stories about the challenges associated with ageing. In addition, I felt a sense of disappointment that their stories seemed to confirm the suggestions offered by theories and polices on 'positive' or 'active' ageing'. In part I had hoped that my research would suggest that there were alternative ways in which one could lead a happy later life, and thus recommend that this apparent 'one size fits all' approach is not appropriate for older adults.*

*It was only once I put aside this disappointment and worked with the stories which were in front of me that I felt able to analyse these in a way with which I was reasonably satisfied. In addition, I was made aware by one of my supervisors of the fact that although some of my ways of considering my data appeared stronger than others, being able to view these stories in multiple ways was not necessarily a bad thing. She made an analogy with a kaleidoscope, for whichever way I turned it I could see a good pattern. However, whichever way I looked at my data, overall the message I wished to get across remained fairly consistent. I just needed to have the confidence to select one of my approaches and stick with it, and ironically my final choice of analysis in terms of 'narrative types' was the one I had initially considered using after conducting my interviews."*

**Being trustworthy with stories**

Having previously worked with quantitative data, I was aware that this was situated within a positivist framework (Creswell, 2009), and that as a result the validity and reliability of research undertaken using these methods would be assessed in relation to a number of criteria (Kaplan, 2004). Explicit in these tests of validity and reliability was an assumption that if these criteria were satisfied, quantitative methods could provide a way to uncover a truth in relation to a particular aspect of the world (Black, 1999). The hallmark criterion for quantitative work is objectivity, the belief that an external reality exists and can be uncovered through the use of correct methods (Black, 1999). When working with these methods, my aim as a researcher was

to minimise the extent to which my own subjective viewpoint influenced the collection and analysis of the data.

When shifting to the use of qualitative research I was keen to discover the alternatives available for ensuring my work met an accepted standard. Consequently I became aware of a number of authors who had considered qualitative substitutes to the positivist quality standards. Some researchers suggested that despite considerable methodological, epistemological and ontological differences, qualitative inquiry should be judged by the same criteria of validity and reliability which are applied to quantitative research (Long and Johnson, 2000; Morse et al., 2002). Rolfe, however, (2006) argued that as there is no unified qualitative paradigm, (i.e. no unified body of theory, methodology or method) it makes little sense to attempt to establish a set of generic criteria for making quality judgements. Furthermore, he suggested that applying any standards are "unlikely to succeed" (Rolfe, p. 305).

Yet most researchers seemed to assert that there is the need for standards of quality within qualitative work and that quantitative criteria are not appropriate (Lincoln and Guba, 1985; Denzin and Lincoln, 1994). Lincoln and Guba (1985) present four criteria for trustworthiness which can be used as counterparts to those available to quantitative research: credibility, transferability, dependability, and confirmability. Credibility deals with the extent to which the findings are considered to be congruent with reality, i.e. those presented by the researcher accurately reflect those provided by the participant, and is closely related to the notion of 'internal validity' in quantitative research (Merriam, 1998). Transferability relates to the extent to which results of qualitative research undertaken within one context can be transferred or generalised to other settings or contexts. Dependability, the relativist equivalent of reliability, emphasises the need for the ever changing context within which the research takes place to be adequately described. And confirmability refers to the degree to which the results could be confirmed or corroborated by other, in order to establish that these have not been unduly influenced by the subjective perspective of the individual researcher.

A wide range of provisions have been suggested in order for the researcher to meet or adhere to these standards of trustworthiness (Lincoln and Guba, 1985, Shenton, 2004), and throughout my work I have taken steps to ensure that my own work can be seen as trustworthy. However, as my research has progressed and I have become increasingly familiar with working in a qualitative framework - and with using narrative inquiry in particular - I have become increasingly sceptical about the need and worth of some of these 'quality' criteria. My main concern with some of these standards was that they seemed incompatible with the interpretivist paradigm common to qualitative approaches, being more analogous to the positivist tradition of quantitative work (Creswell, 2009). Therefore I felt the need to question some whilst accepting others when considering each of these criteria in relation to my current inquiry. Below I have outlined the ways in which I had adhered to aspects these criteria within this thesis as well as explaining the reasons why I have rejected the use of other aspects.

### *Applying trustworthy criteria*

In order to establish trustworthiness, and particularly the notion of credibility, it has been suggested that the researcher must create an interview situation where participants feel able to provide information which is as honest and accurate as possible (Shenton, 2004). In my study, I developed rapport with the interviewee by meeting them on two separate occasions, allowed them to choose the location of the interview, and actively listened and responded to the stories they told me. Participants were also informed about their anonymity and the confidentiality of the information they provided, as well as their right to withdraw at any time. I believe that these steps will have allowed the participants to feel comfortable enough to tell their stories in as open a way as possible. However, it must be noted that due to the interpretivist approach within which this study took place, I do not believe that there was a single truth available which I could uncover by facilitating the correct research environment. The stories I heard were inevitably co-created within the interview, and were dependent on a range of factors both external and internal to the storyteller.

Participants can also play a role in establishing the credibility of the researcher's interpretation, and a process known as *member checking* has been recommended (Lincoln and Guba, 1985).

This entails the researcher presenting their findings back to participants, in order to check if the way in which their data have been represented in the research accurately mirror those intended by the interviewee. However, I was concerned that the participants may be unwilling or unable to offer their own interpretation, and also believed that their interpretations may change over time. Therefore I did not undertake member checking in this way. I did, however, ask participants to clarify anything at the interview which seemed unclear, and offered a summary of my understanding at the end which participants could question if they felt it was inaccurate.

Another way in which trustworthiness has been assumed to be achieved in qualitative research is through *peer debriefing* (Lincoln and Guba, 1985; Spall, 1998). By this process, the researcher works with colleagues who are expected to hold impartial views on the study and examine the methodology, transcripts, and interpretation and highlight ways in which the researcher may be influencing the data (such as under or over emphasising points or bringing biases or assumptions into the research). Throughout the research process I worked closely with my supervisory team, who checked my interview questions and techniques, and provided feedback on the findings I had produced. However, it was not deemed appropriate for my supervisors to read through my transcripts and check for the accuracy of my interpretations. As they were not present at the interviews, their interpretations would be made without the insights gained from meeting with the participants. In addition, the stories could potentially have a number of different interpretations, and ultimately it was my own which was given priority in the research process. And I did not believe that my supervisors could be deemed as completely impartial, as they had a degree of investment both in myself and my research. But my transcripts were made readily available to my supervisors who were able to check these if they had any concerns in relation to the findings I had produced.

In order to establish transferability, dependability and confirmability it has been recommended that the researcher should provide a *'thick description'* of the research setting (Creswell and Millar, 2000), produce an *audit trail* of the processes undertaken and the decisions made (Koch, 2006), and use two or more methods for *triangulation* (Lincoln and Guba, 1985; Shenton, 2004) Within this chapter I have provided details pertaining to the way in which participants were

recruited, provided copies of the documents which they received in the appendices, explained the interview process, and detailed the ways in which my data was analysed. I also noted the decisions which I made throughout the process in my reflexive diary. I did not, however, believe it was necessary to undertake triangulation as I did not wish to add to the existing body of knowledge which provided quantitative accounts of wellbeing in later life. My wish was to focus on and prioritise the stories which were told to me by the research participants, and did not want to reduce their experiences to those which could be uncovered through a closed survey or measurement tool.

Although I based my findings largely on my own interpretation, foregoing the use of some peer and member checking and triangulation, this does not mean that I was unaware of my own potential to unduly influence these. The use of *reflexivity* has been advocated to support credibility and confirmability within qualitative research, and emphasises the importance of the researcher being aware of the effect of their own beliefs and assumptions. The stories I collected during my research were inevitably shaped by a range of factors including my own characteristics, my interaction with participants, the interview setting, the questions I asked and the purpose for which they were being asked (Lieblich, Tuval-Mashicah and Zilber, 1998). During my narrative inquiry, I did not presume I could gain an insight into the truth in relation to the wellbeing of my participants by accessing a set of unchanging stories. The stories told by participants were co-created in the research setting (Mishler, 1991; Reissman, 2008). I was also present in the analysis I performed, as I consciously or unconsciously privileged some stories over others, provided insights into their meaning, and placed these within theoretical frameworks (Riessman, 2008).

Throughout the process I maintained a reflexive diary (Glaze, 2002; Ortlipp, 2008), noting not only noteworthy things which participants had said, but also the thoughts and feeling these produced in me. Reflecting on my actions during data collection was useful on a personal level, as it gave me insight into the ways I approached this task, highlighting the things which worked well, those which didn't, and made me consider ways in which I could modify my approach in subsequent qualitative work. Yet the other value of reflexivity was to make as transparent as

possible my role in the collection and analysis of data, an additional technique by which the credibility of my work could be enhanced (Krefting, 1991). As such, I have included reflexive entries at various points throughout my thesis in order to inform the reader of my potential impact on my study and its findings.

**Conclusion**

Hence this chapter has provided an overview of the methodology and methods I used in order to collect and analyse the data which will be presented in the findings chapter of my thesis. Alongside providing justification for using narrative inquiry to explore older adults' perceptions of wellbeing, I spoke about my enthusiasm for the use of stories as research data as well as the confusion I initially felt in relation to undertaking research using this approach. Through the process of data collection and analysis I needed to make a number of decisions, and as such my awareness and understanding of narrative inquiry developed as I applied myself to this method. Finally the analysis process, although challenging, was one which further consolidates my awareness of the differences between working with stories as opposed to data collected through traditional qualitative semi-structured interviews.

# CHAPTER FOUR: INTRODUCING THE FINDINGS

## Introduction

In the previous chapter I provided a description of the method I used to collect and analyse the narrative interviews of thirteen older adults, and in the chapter which follows, I will present the findings of this analysis. This chapter is intended to act as a link between the two. In the first part I will provide an introduction to the layout of the findings chapter, and in the second, I will introduce the thirteen storytellers whose stories will be heard in the findings chapter.

# Part One: Introducing the 'Narrative Types'

Having analysed my interview data, I suggested six 'narrative types', namely Continuity, Proactivity, Opportunity, Recovery, Acceptance, and Disruption narratives. These will form the main headings of each section in the findings chapter (chapter 5). Within each of these six 'narrative types' a range of different stories were told and these have been presented under different story groupings. These story groupings relate to the topic of the story or the life domain which is seen to support or undermine the wellbeing of the storyteller. For example within the Continuity narrative, stories were told about continuity across a range of life domains, namely continuity of roles and responsibilities, continuity of skills and activities, continuity of relationships, continuity of health and continuity of place. The stories within the other five Narratives have likewise been grouped under topic specific story groupings.

It should be noted that due to the narrative nature of this thesis, priority has been given to the 'narrative types' which appeared to be prevalent in this study. Therefore across the stories told under each of these narratives, there is naturally an amount of reoccurrence in relation to the life domains which are the subject of the stories. For example stories about relationships with others were told across a number of the narratives, as there appeared to be multiple ways in which these could impact wellbeing. For additional clarity Table. 4.1 provides an overview of the six 'narrative types' and their associated story groupings.

These findings suggest that not only is wellbeing a concept which can be spoken about in storied form, but that the wellbeing stories of older adults can be narrated in multiple ways. From my findings it was also apparent that each individual did not only tell one type of narrative or storied their experienced in one particular way, but that they told different narratives to explain the various aspects of their lives. In addition, even within one area of life, such as relationships or activities, a range of different narratives could be told by participants that meant that this factor affected their wellbeing in a variety of ways. This suggests that the experience of wellbeing in later life is one which is complex and should not be simply reduced to unexplored life domains.

Table 4.1: Overview of the six 'narrative types' and their associated story groupings

| | 'Narrative type' | | | | | |
|---|---|---|---|---|---|---|
| | **Continuity** | **Proactivity** | **Opportunity** | **Recovery** | **Acceptance** | **Disruption** |
| **Story groupings** | Stories of continuity of roles and responsibilities | Stories of proactively enjoying a healthy diet | Stories of opportunities for skills and activities | Stories of recovery through friendship | Stories of accepting the past and gaining self-knowledge | Stories of disruption from everyday living |
| | Stories of continuity of skills and activities | Stories of proactively avoiding unhealthy behaviours | Stories of opportunities for hobbies with social benefits | Stories of recovery through independence | Stories of accepting decline and modifying activities | Stories of disruption from the behaviour of others |
| | Stories of continuity of relationships | Stories of proactively taking exercise | Stories of opportunities for new relationships | Stories of recovery through activities | Stories of accepting decline and relinquishing activities | Stories of disruption from reduced health |
| | Stories of continuity of place | Stories of proactively supporting cognitive health | Stories of opportunities for new life experiences | Stories of recovery through changing behaviour | Stories of accepting life circumstances and coping | Stories of disruption in the future |
| | Stories of continuity of health | Stories of proactively promoting emotional health | Stories of opportunities for independence | Stories of recovery through changing perspectives | | |

## Part Two: Introducing the Storytellers

In the section which follows I will provide a general overview of the storytellers' demographics, brief details pertaining to the length of their interviews, and information regarding the number of photographs they took. Following this, a short description of each individual storyteller has been included. No real names have been used at any point in this study, and pseudonyms have been provided not only for each of the participants, but also for any persons they referred to within their stories such as partners, friends, and children. This is common practice in qualitative research, as it facilitates the confidentiality and anonymity of the research participants (Ogden, 2008). It should also be noted that all participants gave permission for these photographs in the following chapter to be included in this version of the thesis. However, at the stage of consent, requests were made for some of these to be removed before the thesis was made available to the public. I have kept this information on record and will ensure that this is adhered to after examination.

Twenty-two potential participants expressed an interest in taking part in my study. Out of these, fourteen later agreed to take part in both stages of the study. Reasons for not wishing to participate after expressing an initial interest included not having enough time to invest in participation (three people) and concerns that the topic under investigation was too personal (two people). In addition three people did not respond to follow-up correspondence so it is not possible to ascertain why they did not follow through their initial interest. Out of the fourteen older adults who did agree to participate, thirteen of these successfully completed both the photographic and interview stage of the study. Only one participant did not complete both stages, as although he did take a number of photographs, my attempt to interview him was disrupted by the presence and input of his friend throughout.

Out of the thirteen participants who completed both stages, six of these were male and seven were female. The ages of the participants ranged from 56 to 82, and the average age was 72 (male = 72 female = 72). All but one of the storytellers defined their ethnic origin as White-British, with only one, Mohammad, coming from an Asian-Pakistani background. See Table 4.2 below for a breakdown of the age, gender and ethnic origin by participant.

Table 4.2: Age, gender and ethnic origin by participant

| Pseudonym | Age | Gender | Ethnic origin |
|-----------|-----|--------|---------------|
| Martin | 56 | Male | White-British |
| Warwick | 66 | Male | White-British |
| Sandra | 66 | Female | White-British |
| Lynne | 67 | Female | White-British |
| Helen | 68 | Female | White-British |
| Dorian | 71 | Female | White-British |
| Maggie | 73 | Female | White-British |
| Jessica | 75 | Female | White-British |
| Joseph | 76 | Male | White-British |
| Francis | 76 | Male | White-British |
| John | 78 | Male | White-British |
| Mohammad | 81 | Male | Asian – Pakistani |
| Dorothy | 82 | Female | White-British |

The number of photographs taken by the participants varied considerably. All but one of the participants had taken new photographs, whereas John referred to a collection of pre-existing photographs and took no new images. Out of those who had taken new pictures, the lowest number was 8 and the highest was 29. The average number of pictures taken was 19. There was also a marked difference in the length of the interviews. The shortest interview was just over 26 minutes, whilst the longest lasted for over 100 minutes. The average time of the interviews was approximately 49 minutes. This number of photographs taken and interview length by participants is shown in Table 4.3 below.

Table 4.3: Number of photographs taken and interview length by participant

| Pseudonym | Number of photographs taken | Length of interview (minutes:seconds) |
|---|---|---|
| Martin | 14 | 26:02 |
| Warwick | 13 | 101:35 |
| Sandra | 15 | 50:41 |
| Lynne | 24 | 31:49 |
| Helen | 23 | 26:21 |
| Dorian | 8 | 35:33 |
| Maggie | 29 | 103:36 |
| Jessica | 26 | 43:49 |
| Joseph | 16 | 26:19 |
| Francis | 19 | 48:06 |
| John | Approx. 40 pre-existing photographs | 26:06 |
| Mohammad | 25 | 62:13 |
| Dorothy | 14 | 57:44 |

It should be noted that although each of the participants has at least one of their stories included in the study, inevitably some of the storytellers have been included more frequently than others. This is due to a number of factors including the length of the interview and the number of stories told; the extent to which they told stories as opposed to relaying information in a non-storied format; and the quality of these stories (i.e. complete enough to be identified as belonging to a 'narrative type').

Although both photographs and interview data were collected during this study, only the interview data were considered when undertaking the analysis. The main intention of the photographs was always to elicit stories from the participants, and it was not expected that these would be used explicitly as data in themselves. However, in the findings chapter which follows I have included the relevant photographs when this was used to initiate the telling of a story. As expected some stories were also told which did not relate to the photographs which had been taken.

It is also important to emphasise that all participants self-selected to take part in this study and that as a result I have only been able to elicit the views of a small number of individuals who were interested in participating. The fact that I was only able to recruit thirteen participants within the timeframe available for data collection out of a large potential research population may indicate that this is a topic which only a handful are willing to discuss. In addition, all participants in my study were in what has been classified as young-old age or the 'third age', were in reasonably good physical, cognitive and emotional health, and all appeared to have a fairly high standard of living. As such the 'narrative types' which are represented in this research should not be generalised and assumed to be relevant to all older adults.

I have provided a brief description of each of the storytellers below. Some of the details provided reflect objective facts about the individual (i.e. age and marital status) whilst other aspects are based on my own subjective assessment (i.e. my sense of their wellbeing). For each individual I have also noted how they came to take part in my study, the place where we met to do the interviews and, where applicable, the impression they gave to me in regards to taking part. In addition, I provide some context to their lives, such as the people they lived with and their hobbies and interests etc.

Lastly, it should also be noted that a degree of snowball sampling took place in my study, as those who took part also encouraged their friends to do the same. Although I have mentioned these connections in the individual storyteller profiles, I have also included Table 4.4 below which provides details of snowball sampling from initial to subsequent participant.

Table 4.4: Details of snowball sampling from initial to subsequent participant

| Initial participant | Subsequent participant |
|---------------------|------------------------|
| Helen | Dorothy |
| Dorothy | John |
| Maggie | Joseph |

**Martin**

At the age of 56, Martin was the youngest person who took part in my study. Martin became aware of my research as he was a friend of my partner's family, although he was previously unknown to me. Due to this connection, on the first occasion we met at my own flat, but the interview subsequently took place in Martin's home. Martin seemed happy to take part in order to 'help me out', but displayed a level of apprehension over whether the photographs he had taken were fit for purpose.

Martin lived with his wife and their two cats in a council house, and had two grown up daughters and one granddaughter. He worked part time as a groundskeeper at the local cricket club, and was also a full time carer for his wife, who had both legs amputated. Martin did not appear to have a large number of friends or activities outside of the house, but he devoted a lot of time to drawing and enjoyed spending time with his cats.

From the interview I got a sense that Martin was a man who had experienced a number of challenges throughout his life, starting in his childhood and continuing into the present. But I also felt that with age, Martin had gained a deeper understanding of himself and as such was better able to control those aspects which negatively affected his wellbeing.

**Warwick**

Warwick was a 66 year old man who contacted me after seeing a poster advertisement for my study at the local garden centre. On both occasions we met in his home and each time he was very hospitable having baked a cake for the meeting. Warwick seemed to have a keen interest in the study and the research process in general, and was the only participant who talked of having read some articles on wellbeing in preparation for the interview.

Warwick lived alone in a fairly large house, having become a widower since the death of his wife five years previously. He had two sons, both of whom had their own children and a number of close friends and wider acquaintances. Warwick had previously had a successful career in management and took early retirement at the age of 59. He now spends much of his time enjoying activities outside of the home and in the company of other people.

My overall sense of Warwick was that he had a good level of wellbeing, and that this was associated with keeping busy in activities which he found meaningful. However, he expressed some concern that in the future he may find it increasingly difficult living on his own, as since the death of his wife he has no one with whom to reflect with at the end of the day.

**Sandra**

Sandra, also 66 years old, was a member of my local college art club. Although we had only spoken in passing prior to the study, she expressed an interest in participating when she overheard me discussing this with another art student. The initial briefing with Sandra took place the following week at the college before our class, and we subsequently met at her home to undertake the interview.

Sandra has lost her husband five months prior to the interview, and she cited the art class which we both attended as one of the activities she had taken up in order to remain busy following her husband's death.  Living alone, Sandra noted that she gained a lot of comfort from her local community, as well as the fact that her children and her grandchildren all lived close by. Sandra was involved in local politics and had worked for the council for many years. She still worked as a local councillor and appeared to enjoy helping others.

My impression of Sandra was of a strong lady, but one who was experiencing a range of emotions following the death of her husband. On the one hand she still felt considerable grief, loss and loneliness, yet due to the fact that she had previously been an intense carer for her husband his death also provided her with a greater sense of independence. Sandra reflected on the research project and said that it had been a positive experience for her, as she was able to identify more things which supported her wellbeing rather than undermined it.

**Lynne**

Lynne was a 67 year old lady who was recruited through one of the local organisations aimed at older adults. On both occasions we met at the place where Lynne worked as a fundraising officer, a local charity offering support to people with severe disabilities. She appeared very eager to take part and enjoyed talking with me about her wellbeing and her life in general.

Lynne had been bereaved over twenty years ago, when she had lost both her young daughter and subsequently her husband to cancer. She still had one adult daughter and a grandchild and took pleasure in her grand parenting role. Lynne recalled that she was now living alone and devoted a considerable amount of time and energy to her fundraising career. For Lynne, her wellbeing was closely aligned to helping others through a wide range of charities, and this was something she had been involved with since her childhood and which continued throughout her adult life.

Lynne appeared to be a lady whose wellbeing was good, and in her interview she recalled many things which gave her joy and satisfaction. And despite having experienced considerable tragedy in her life, she displayed a strong sense of resilience and a commitment to getting the most out of life.

**Helen**

Helen, aged 68, contacted me to take part in my study having briefly met at the bowls club where I had gone with the intention of promoting the study. I met with Helen in her home on both occasions, and she helped me recruit an additional participant by encouraging her friend (Dorothy) to take part. She was the only participant who had made notes prior to the interview, and she used these to guide the stories she told about the photographs she had taken. She commented that she had enjoyed taking part in the study as it had made her reflect on her life. However, she also cautioned that she did not wish to become too inward looking as a result, as she thought this could be counter-productive to her wellbeing.

Helen was now living alone, having been married and divorced twice in her life. She had three grown up children and three grandchildren, and was proud to be able to support her daughters when they themselves became mothers. She was also a member of the local bowls and bridge club, and enjoyed trips to the theatre, walking in the Lake District and world travel.

From meeting Helen, I felt that she was enjoying living her life as a single lady, and had a number of friends and hobbies which occupied her time. Although she expressed some regret

over consequences of being divorced, namely the loss of material resources and the challenge of mixing with couples, she felt able to overcome these and was content with her current life.

**Dorian**

Dorian, age 71, heard about the study through an advertisement at Age UK. Both the initial meeting and the interview stage took place at Dorian's house, and on each occasion she was very welcoming. She had asked a number of her friends if they would also like to take part, but reported that they did not have the time.

Dorian lived in a village in an affluent area, and shared a home with her husband. She did not have any children and had worked for many years as a teacher, first teaching physical education before later retraining to teach children with special educational needs. She had retired over ten years ago and now spent a great deal of her time involved in activities in the local community. She also reported being a very keen reader, tennis player and gardener, and enjoyed bird watching with her husband.

I got a sense that Dorian was enjoying her retirement, and that she had an optimistic outlook on life. Having worked as a physical education teacher for many years she placed an emphasis on remaining healthy through a good diet and active lifestyle.

**Maggie**

Maggie contacted me as she had become aware of my study through the University of the Third Age, an organisation she had joined a number of years ago. In addition she also encouraged one of her friends to take part in this study (Joseph). Aged 73, Maggie was eager to participate and spoke to me at length on the telephone as we arranged the initial meeting. Both stages took place in a local café, as she wished to save me the inconvenience of travelling to her home. Each meeting was long but enjoyable, as Maggie was a very affable and interesting lady.

She informed me that she had been widowed over twenty years ago, and that she had been very much in love with her husband who had proposed to her three days after meeting. She had two daughters who both had their own children, and had previously worked as a secretary. She had

relinquished this role shortly after her husband died as she relocated to live closer to her two daughters. Although she only had intermittent contact with her family, as one daughter lived in Australia and the other lived a "*hectic lifestyle*", she had a small number of good friends upon whom she felt able to rely.

In talking to Maggie I felt that although she had been a widow for many years, she was still grieving for the husband she loved so dearly. It was apparent that she was a very sensitive lady who could become easily hurt, yet at the same time had a great deal of compassion for the suffering of others. To this extent it seemed that for Maggie her wellbeing was relatively fragile, and although she had fostered a lifestyle where she undertook many things which made her happy, she was quite vulnerable and exposed to the challenges of life.

### Jessica

Aged 75, Jessica worked as a volunteer at an Age UK charity shop and had been encouraged by one of the other staff members there to take part in my study. I went to Jessica's home on two occasions. The first time I also met her grandson who stayed with her when he had classes at the local college, and on the second occasion her friend was present throughout the interview. Her greatest concern with participating was that she felt she may be unable to operate the camera, but having written clear instructions and rehearsed the procedure with her a number of times, she then felt more confident about this.

Jessica now lived in a flat by herself, having become a widow the previous year. She spoke very little about her past but did recall that she had been saddened to have to leave the family home where she had raised her children. It was clear that Jessica was a very sociable person, and on most days she met with people through a range of organisational activities such as Derby and Jones Clubs, jumble and car boot sales, coffee mornings and events at the Salvation Army. She also had a close friendship with the lady who was present at the interview, and reported that she had been a great support whilst she was adjusting to widowhood.

Maggie was a person for whom wellbeing appeared to be very much linked to taking one day at a time, neither dwelling on the past nor worrying about the future. She still appeared to be going

through a period of readjustment, both to widowhood and to living in her new home, but displayed a resilient spirit in her approach to these changing circumstances.

**Joseph**

Joseph became involved in the study, as both he and his wife were close friends with another of my participants, Maggie. Although his wife said that she did not wish to take part herself, Joseph was happy to be involved. Aged 76, Joseph invited me to meet with him in his home on both occasions, and each time his wife left the house to give us some privacy.

A retired member of the armed forces, Joseph lived with his wife in a large, immaculately kept home in a rural part of the area. Despite no longer being in active service, Joseph still had strong connections with the military and undertook a range of associated voluntary roles. He spoke about having a good relationship with his wife of whom he appeared to be very fond and did not speak about having any children or grandchildren. He perceived himself to be naturally lazy and said that it was essential for him to maintain a full diary and to be proactive during his retirement. His hobbies included music, walking, attending the gym and going out for meals. Some of these activities he enjoyed with his wife and others he did alone or with friends.

I felt that overall Joseph had a good level of wellbeing, and that his post retirement life was supported by a number of positive factors. He had also recently received an award for providing services to the local community, and experienced a great sense of pride at having his contribution recognised in this way.

**Francis**

Aged 76, Francis was another participant who was recruited through the bowls club. He invited me to meet with him in his house for the first and second stage of my study, and on each occasion we sat in the dining room whilst his wife was in the lounge next door. On my first visit Francis gave me a tour of his very large garden, and recalled that when the weather allowed he spent much of his time maintaining this.

Francis had previously lived in the South of England, but had moved to the North due to his work. He had retired a number of years ago and now enjoyed a range of activities such as tennis, gardening and bridge. He lived with his wife of many years and had two grown up daughters and three grandchildren.

Francis appeared to have a good post-retirement life, living in a large house in an affluent part of the area. His wellbeing seemed to be negatively affected by the poor weather, as many of the activities his enjoyed were outdoor pursuits. However, he also reported some concerns about his failing memory and had recently relinquished his role as club secretary for fear he would forget important details.

## John

John was recruited to the study by another participant, Dorothy. Aged 78, at our first meeting we talked at his local bowls club, and subsequently the second stage took place in his house. John was the only participant who chose not to include any new photographs in his study, but instead provided a selection of existing photographs, many from the past but some from more recent times.

This participant lived with his wife and had a daughter and an adopted son. He also had a number of grandchildren but informed me that through choice he did not play an active role in their lives. Having worked as a teacher for many years, as well as a part time fire-fighter, since his retirement John continued to mark examination papers in Mathematics. He described himself as a sociable person, and when not marking exam papers he enjoyed playing bridge, bowls and reading.

John appeared to be enjoying his retirement, and noted that due to the fact that he had a number of working roles in his earlier days which he described as "*useful*", he now felt "*smugness*" in his later years. I found John the most challenging individual to interview, and having cautioned me that he loathed small talk, I found it harder to build a rapport with him than I had with the other participants.

**Mohammad**

Mohammad heard about my study through one of the local older adults forums, and appeared very keen to take part. He informed me that he had been previously interviewed for a number of other Masters and PhD studies. On both occasions we met at a local charity organisation where he was a trustee, where I was given a tour of the centre and introduced to the staff and volunteers. Each time he invited me to join him afterwards at the local luncheon club, where he introduced me to some of his friends.

Aged 81, and of Pakistani origin, Mohammad had retired a number of years ago having previously run a local newsagent business with his wife. He had three children, and proudly informed me that they had all successfully completed university. Mohammad described himself as "*a pillar of the community*" and was involved in a wide range of voluntary roles. He had also attained a number of qualifications in recent years and was himself currently studying for a degree with the Open University.

Mohammad struck me as a person who kept himself very busy, appeared to be well known in the local area, and had a wide circle of friends and acquaintances. For Mohammad his wellbeing was associated with being useful and making a contribution to society, and he appeared to be gratified by the many things which he had achieved for his community.

**Dorothy**

At the age of 82, Dorothy was the eldest participant in my study. She was encouraged to take part by Helen, one of the other participants, and in turn encouraged John to become involved. On the first occasion I met Dorothy in a local café as she informed me that she liked to get out during the day. The interview later took place in her home.

Having lost her husband shortly before her retirement, Dorothy now lives in a bungalow alongside her pet cat. She had previously worked as an art teacher, and informed me that after the death of her husband and subsequent partner she had once again taken an interest in pursuing arts and crafts. She had a number of pieces of her own work hanging in her home, and

also displayed these at local exhibitions. In addition to arts and crafts, she enjoyed playing bridge and bowls, as well as spending time with family and friends.

As with many of the other participants, Dorothy seemed to lead a very active lifestyle, spending a lot of time out of the home and in a number of hobby groups. Throughout the interview she expressed concern that the information she was giving was "*probably not very interesting*". However, I reassured her that I was very keen to hear her stories and encouraged her to provide as much detail as possible.

**Conclusion**

This chapter has provided an overview of the findings which will be presented next in Chapter 5. It is hoped that by introducing and explaining the structure of the findings this will provide a clear guide to the reader. In addition, by giving a brief portrait of each storyteller it is anticipated that this will provide an additional layer of context and interest to the stories that are to follow.

# CHAPTER FIVE: FINDINGS

## Introduction

From analysing the stories told by the older participants in my study it emerged that wellbeing was narrated in respect to Continuity, Proactivity, Opportunity, Recovery, Acceptance and Disruption. In this chapter I have presented the stories told to me by the thirteen older adults who took part in my study, to provide support for the six 'narrative types' which emerged from my analysis. In some instances these stories have been presented as a whole, in the way they were recalled by participants. Yet at other times I have intersected these with commentary. This has been done in order for me to be able to draw a particular point out of a section of text before allowing the story to continue. It is hoped that this will not undermine the essence of the story, but will guide the reader and offer clarity.

At the start of each of the six 'narrative types' I have provided some brief commentary on the narrative to follow, taking into consideration the three narrative elements of tone, plot and agency which informed the distinction between the six 'narrative types'. For each I have considered whether the overall tone of these stories is positive or negative; whether the plotline suggests stability, loss or gain; and the extent to which the participants needed to have a good degree of agency or control over their lives in order to tell these stories. At the end of each 'narrative type' I have included a short summary which draws out any additional factors which are considered noteworthy. Finally at the end of the chapter I have provided a conclusion which acts as a summary of the key points across the 'narrative types' and forms a link to the discussion chapter which is to follow (chapter 6).

# Continuity Narrative

Stories told within the Continuity narrative were identified in those instances where wellbeing in the present was associated with maintaining an aspect of life which had also been enjoyed in the past. Within each of these stories, the narrator took a retrospective glance into earlier years in order to explain their wellbeing in later life. The protagonists were effectively retelling the same story in the present day which they had told about themselves in the past. Continuity narratives were told across a number of story groupings in regards to working role and responsibilities, skills and activities, relationships, health and place. The tone of this narrative can be seen as positive, as participants recall that there are a range of supportive factors in their lives which facilitate their wellbeing. In respect to plot, as growing older appears to have had little impact on the lifestyles of participants this narrative can be seen as one of stability. And finally within this narrative a fairly low level of agency is displayed by the storytellers as they appear to have maintained a degree of stability in their lives with only a small degree of purposeful effort on their part.

## Stories of Continuity of Roles and Responsibilities

The first area in which the storytellers spoke about continuity was in relation to the roles and responsibilities which they were undertaking, and two of the participants highlighted the working roles which they still enjoyed. Traditionally, later life is associated with retirement from work, and indeed the majority of the storytellers in this study had relinquished paid employment. Yet Lynne and John both noted how not only had they remained in the same area of work as they had during their middle adulthood, but that being able to maintain this role and this aspect of their identity was something which they believed supported their current wellbeing.

Lynne chose to be interviewed at the premises where she works as a fundraising officer for a local charity, and the theme of her work dominated both the photographs she had taken and the stories she chose to tell in the interview (See Figure 5.1). Beginning her story in her early years, Lynne noted how she had been involved in fundraising since she was a young girl.

Figure 5.1: Photograph taken by Lynne

*"I have always done fundraising since I was 6 with my mum. The first*

*fundraising I ever did was for the Red Cross, and the Mersey Mission*

*to Seamen. The reason is that my father was in the Merchant Navy,*

*and because of that, that is the two charities we used to support. And*

*from there charity has been my life really". (Lynne)*

As her story progressed, she recalled that throughout her early adulthood she continued to be actively involved in fundraising, shifting her focus towards hospice related charities after both her husband and young daughter died of cancer over twenty years ago. Relating this activity to her wellbeing, she placed an emphasis on the gratification she received from being able to assist others in need.

*"It is the achievement you get from doing it. It's the people that you*

*meet along the way. And it is a very happy place to be in. To help and*

*support other people with the knowledge that you have gained over*

*the years." (Lynne)*

And at the age of 67, alongside her continuing work with the hospice movement, Lynne was still employed full time as a fundraising manager at a local charity organisation. It seems that for Lynne, not only was her wellbeing sustained by remaining in this familiar and useful role, and thus being able to continue to tell the same story about herself as in earlier years, but in fact this working lifestyle appears to suit her better than the prospect of retirement.

> *"I don't want to be a person, I am on my own at home, and I don't want to be a person that just stays at home and has coffee mornings and sherry afternoons. That isn't me. I need to be giving my time and effort, while I have got good health, to other people."(Lynne)*

John, aged 78, likewise recounted that his wellbeing was associated with the continuation of a working role he had done since his earlier adulthood. In his sitting room where the interview took place, John has drawn my attention to a large pile of papers on his floor, explaining that they were examination papers which he had marked and were awaiting collection. This led him to explain how, alongside other roles, he had marked examination papers throughout much of his working life. In the earlier part of his story, John suggests that he was pleased with his previous work as a teacher and a member of the emergency services, as in his later life he felt content knowing that he had made a positive contribution to society.

> *"I have been a teacher and part time fire-fighter all my life. And so I consider I have led a useful life, so perhaps that's a part of being happy when you are older. A kind of smugness factor in old age. I have continued to mark exam papers which was a side line to my teaching career. I have marked Mathematics papers since about 1965. And I became a consultant with Cambridge, and they have sent me all over the world". (John)*

However, as he went on to note that his wellbeing is supported by continuing to be an examiner, his reasons appear to shift. No longer did John exclusively associate gaining pleasure from this activity with playing a useful role in society. For John, the continuation of this role provides what he called "*concrete reassurance*" that his cognitive faculties had remained in his later life and in this way he is still the person whom he was in his middle adulthood. He does, however, suggest that in the future there is a likelihood that this will decline and that as a result he would then need to relinquish this role.

*"I have been very happy in that line, marking exam papers. I still enjoy it and I still do it. So, and I still do it accurately, which is very pleasing because I know damn well I am going to go doolally sooner or later. Or I am going to lose my sharpness which I have still got, so that makes me happy." (John)*

Another way in which wellbeing could be supported in later life was through continuing to maintain a role identity which had been important in earlier years. And although the focus of their stories varied, this type of continuity story was told by two participants who took part in this study. Joseph included a recent photograph of himself in his military uniform (Figure: 5.2), and went on to explain that he had served in the armed forced for many years.



Figure 5.2: Photograph taken by Joseph

*"When I was a young lad, eighteen, I joined the Territorial Army....and then I got to the position of captain and suitably qualified and then went straight into the regular army as a captain. And I did a few years there, lived in Germany, did Northern Ireland and Belize, and some other expeditions. And ultimately commanded my own regiment, and then went onto other things, NATO committees, staff jobs and all the rest of it." (Joseph)*

Although Joseph then noted that he no longer worked in an official capacity for the armed forces, in his story he linked his current wellbeing with being able to continue this military role identity through a range of associated voluntary positions. One of the photographs which Joseph

identified as a factor supporting his wellbeing was an image of a number of files (Figure 5.3). He explained that each one represented an organisation he actively supported, which led him to recall the various voluntary roles he was currently undertaking, all of which were connected to the military. The emphasis in this part of his story was on the positive feelings he gained from still being able to play a role in this aspect of his life. So similarly to Lynne and John, Joseph also related his wellbeing in his later years to being able to use the skills gained over a lifetime not only to retain a sense of self, but to make a positive contribution to society.



Figure 5.3: Photograph taken by Joseph

*"I am still very much involved with the military world, in that I am on the board of management of the Royal Artillery, and I run the charitable fund down there. So that gives me quite a lot of good feelings to be able to still contribute." (Joseph)*

Helen also spoke about a role which supported her wellbeing, but in her case it was not related to continuation of her career but in being able to pass on her own experience of motherhood. Speaking about her earlier life, she recalled how she had married a man she met at the bank where she had previously worked, and the many years she enjoyed being a mother and a housewife. It appears to have been a lifestyle which suited Helen, and to an extent her identity was associated, at that time, with her role as a mother.

*"And so I married Peter who worked for the Bank. And he progressed in his career. And we had three children, three lovely healthy children. There was growing prosperity in the family, and we moved*

*from one town to another, and always into a better property. And you*

*know I was quite chuffed with the whole situation. A housewife and in*

*these lovely houses. So we moved several times up the scale and it was*

*all idyllic." (Helen)*

Within the photographs she took, Helen had included a number of images of both her children and grandchildren (see Figure 5.4). Many of the stories which she told in the interview related to her family life, and in fact at the end of the interview she herself wondered "*if I hadn't had any children what would I have sat and talked about?*" This comment again emphasises the link which Helen made between her identity as a mother and her wellbeing throughout her life. She then went on to explain how she could continue to actualise this identity now her children had grown up, as she continued to use her mothering skills in supporting her daughter who had her own children.
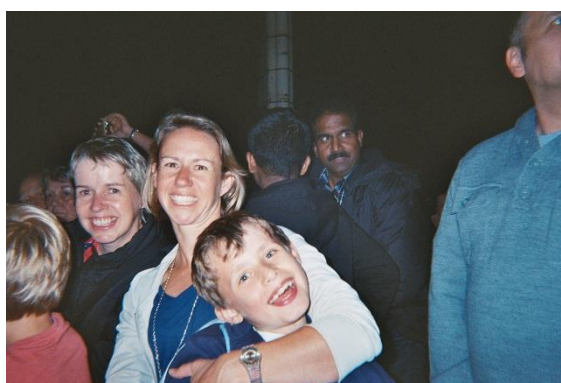


Figure 5.4: Photograph taken by Helen

*"High points are when there is a new baby, and those are always*

*exciting times. And again it is lovely to be needed. My daughter lives*

*in Reading and when there is a new baby she likes me to go down, just*

*two, and on both occasions I have helped out. And you really feel*

*important, so that was good. There is no one like your mum when you*

*have a baby" (Helen)*

In addition to emphasising the importance of continuing in her mothering role, Helen's story resonates with those previously told in this chapter. For these storytellers, wellbeing is

associated with being able to feel useful and make a positive contribution in later life. Interestingly Helen ends her story by stating "*I know that we may all look a bit feckless but when the moment comes we can rise to the occasion*". In this way she appears to be suggesting that even though society may perceive those in later life as being irresponsible, in fact they are able to assist when needed in a supportive and capable manner.

## Stories of Continuity of Skills and Activities

A second way in which continuity was linked to wellbeing by the participants in my study was in those stories which emphasised continuation in skills and activities. One skill which was recounted by three of the participants was the ability to drive, and all the narrators emphasised the benefits which were associated with being able to retain this skill in their latter years.

Maggie, 73, had included a photograph of a newsletter from the University of the Third Age (Figure 5.5) and initially her story related more closely with the enjoyment she gained from attending events through this organisation. However, this prompted her to tell another story about how an advertisement at this organisation had encouraged her to take a revisional driving test specifically intended for people aged over 65. In her story she recalled that the positive results of this test provided confirmation that she was still a competent driver, but suggested that not all older adults are able to achieve this level.



Figure 5.5: Photograph taken by Maggie

*"When I went to the U3A I, there was a form saying for the over 65s you could have like a revisional test and it had got together with Lancashire Council and backed by the police. So me and Georgina, we got involved and we have both taken the test and it is free. And then they gave me, they took me out for nearly two hours and they come back to you and they give you, I have had it this morning, a letter saying I needed to revise, I needed this, I needed this, or this was good and that was good. So I am pleased that eleven years over the age that its, 65 you have got to be, I am 76 now and I am still ok."(Maggie)*

Maggie then showed me a photograph of her car (Figure 5.6) and went on to speak about the circumstances under which she had learnt to drive a number of years prior. Having been encouraged to learn by her husband who died shortly after buying a car for her, it seems that the independence which he wished her to gain by being a driver was something which she still enjoyed in her present.



Figure 5.6: Photograph taken by Maggie

*"Do you know, I will tell you this little story. I couldn't drive, and I got home early one day when my husband was still alive, and there was an old banger on the drive. And when I got inside my husband told me to go back outside and look. And there was a piece of paper in it and it said "OK, this is yours now; let's see you learn to drive."*

*That was in the summer and he died in the December. But I think he knew and he wanted me to have my independence. And now I love driving. My husband wouldn't believe it. I am driving all over England, down into Devon, up into Scotland." (Maggie)*

In a second story about driving, Francis began by recounting how he became a driver at an early age, saying "*I learnt to drive as soon as I could, and the first proper job I got involved driving*". Having also included a photograph of his car (Figure 5.7) and placing it in the pile he had labelled 'positive aspects of life', Francis went on to speak about the importance of sustaining this driving skill for his wellbeing in the present. In fact he believed that his wellbeing could be undermined if he did not have this option at his disposal.



Figure 5.7: Photograph taken by Francis

*"I believe it helps your wellbeing if you can jump in a car when you feel like it rather than having to catch a train or go on a bus. And I believe it is very restricting in later life if you can't. It is not so bad when you are young and you walk everywhere." (Francis)*

Like the other two participants in this section, Dorian also included a photograph of her car (Figure 5.8). She informed me that this was an Alfa Romeo which she called "*Romeo*" and talked about the circumstances under which she had learnt to drive in her earlier years. The emphasis in her story was that being able to drive gave her a freedom in her younger years and this was something which supported her lifestyle at the time.

Figure 5.8: Photograph taken by Dorian

*"I learnt to drive when I was seventeen. When I was growing up, my*
*family lived in a sort of like a rural backwater. No buses, or maybe*
*one a week. So it was essential when my sister and I got to the age*
*when we could start learning to drive, that we did. And it opened up*
*another world then, and it gave us our freedom. When we had the car*
*we could go places and also take our friends" (Dorian)*

Dorian then shifted her story to the present day and again highlighted how having a car which she was still able to drive was something that impacted positively on her wellbeing. In contrast to Francis she initially suggested that she would be able to cope without having access to a car, as in fact she had managed well last winter when the poor weather had prevented her from driving. Yet as her story continued she emphasised that she would be reluctant to give up driving long-term, and indeed would be happy to make other sacrifices before relinquishing this. Similarly to Maggie, for Dorian being able to drive was linked in with retaining a sense of independence.

*"Last winter the weather was so severe and we couldn't get the car*
*out of the drive. But I was still able, if I need to, to go into the city*
*centre on a bus, and if not I would walk to the station and I could get*
*the train. So it was never an issue. And I wouldn't mind if I had to use*
*public transport. So I could probably live without a car. But it might*
*be that I would give up other things first, like holidays and clothes,*

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*and you know spending money on restaurants or, you know, luxuries.*

*Because the car does give you independence, so even though I am*

*saying I could live without it, I would probably give up other things*

*first. And as long as I am able to drive I would." (Dorian)*

In addition to the skill of driving, stories were also told by participants about activities which they had maintained from earlier years and still relished in the present day. Two participants told stories about how bridge was a game which they had enjoyed in their past and one which continued to support their wellbeing in the present. Although Francis had neglected to include an image of this pastime, near the end of the interview he recalled that bridge was something which he considered as a positive in his life. He then went on to highlight the factors which in particular meant that this game had a supportive effect on his own wellbeing.

*"We both play bridge, myself and my wife, and I also teach lessons for*

*beginners. So I think it has intellectual benefits, you know, keeps your*

*mind active. And you are meeting different people all the time. So it is*

*quite a sociable game. So I would say I have played bridge for nearly*

*forever and been doing lessons for about twelve years." (Francis)*

In this section of his story, Francis made a point of highlighting that he had in fact played bridge for many years, and went on to explain that his interest in this pastime had begun when he was a teenager. He commented "*what your parents do influences things quite a bit*", and it seems that being a bridge player has passed on from being a part of his parent's identity to part of his own.

*"I was thirteen or something and my parents played bridge with*

*another couple every Saturday night. And I was allowed to watch from*

*half past seven till half past eight, then 'off you go, bedtime'. So I*

*mean that's where I learnt basically. And so like I say I have been*

*playing bridge for nearly forever and I have been teaching lessons for*

*about 12 years." (Francis)*

However, whereas Francis had been keen to learn how to play bridge, the story which was recounted by Dorothy revealed a more stressful initial experience with this pastime. Presenting a photograph of one of the bridge classes she currently teaches (Figure 5.9), Dorothy explained the difficulties she encountered when she had first learnt to play bridge shortly after she got married.



Figure 5.9: Photograph taken by Dorothy

*"When I first got married we went out to Egypt. My husband said, 'oh you will have to learn how to play bridge, and I said 'why?' And he said 'well he played bridge and lots of people in the army did'. Well it took me a long time to learn bridge, because my husband said to me, 'here is a book. You read that and then when you are ready we will go and play with some friends'. And it was just awful. And one night we were invited over to play bridge with a lady who used to play for Egypt, and I was so embarrassed I made so many mistakes."*
*(Dorothy)*

Yet despite the fact that this initial experience of bridge was traumatic, Dorothy had not been discouraged. In fact she grew to love the game and it is now something which she plays a number of times a week at the local social club. It seems that whereas she originally experienced difficulty in identifying with a game with which she was unfamiliar, once she became adept at it, it became an important part of who she was in her later years.

*"But I am still playing bridge now, three or four nights a week. And teaching bridge too. And I also play bridge on my computer. So you could say that from being a game which, well, I really did not enjoy, it has now become something which takes up a lot of my time. So I enjoy that now." (Dorothy)*

## Stories of Continuity of Relationships

A third factor where wellbeing in later life was linked to continuity was in regards to sustaining relationships over time, and three of the storytellers spoke about how having long term marriages was something which they considered to be a positive in their later lives. The first aspect of his life which Francis recounted in his interview as supporting his wellbeing was his wife, and especially the benefits which he associated with being married. He then went on to speak about the importance of this in regards to himself as well as emphasising how he believed being happily married would enhance the wellbeing of most people.

*"Well I mean a happy marriage is, to me, a big criteria for wellbeing. I mean an unhappy marriage you wouldn't have anywhere near the same wellbeing. Well I tend to think somebody who is not married at all is probably not as happy as someone who is happily married." (Francis)*

Francis then spoke specifically about his own relationship with his wife Annie, and the reasons why their marriage was important. He included an image of an invitation to their recent golden wedding anniversary celebrations (Figure 5.10) and noted that this represented the fact that they had been married for over fifty years. He then talked about the reasons why he believed their marriage was so successful, emphasising the importance of retaining a balance between closeness and distance by maintaining his own independence and identity within the relationship.

Figure 5.10: Photograph taken by Francis

*"And you know we don't, well we do similar things, well we do the same things actually, but whereas sometimes we do them together sometimes we do them differently. So she meets different people, which gives you something to talk about. You know then if, I mean some couples are so tight together that they don't meet other people. Well I don't, well they must get on alright but they haven't got different things to talk about." (Francis)*

A similar story was recounted by Joseph, who also spoke about his marriage as a factor which supported his wellbeing. Having included a photograph of his wife (Figure 5.11), he went on to note how himself and his wife had met during the war and had now been married for nearly forty years. Like Francis, Joseph also emphasised that the secret for a long and happy marriage was one where you were able to enjoy time together, but also retain a sense of space and self, separate from your partner.



Figure 5.11: Photograph taken by Joseph

*"This is a picture of my wife, and you know, we are very happily married. It's been a long marriage, its coming up to forty years. Yeah, you know to be married to Geraldine is great. And I enjoy doing things, when we can, in concert, but not being on top of one another all the time. I mean I am off and away, she's off and away doing things, so we diverge but always come together." (Joseph)*

A third storyteller, Dorian, also believed that being in a long-term marriage was something which supported her wellbeing. She began by emphasising the longevity of her marriage and highlighted how she believed this was an achievement about which she should be proud.

*"We got married in 1980. We met at my, one of my best friends Kath, we met at her engagement party. She was getting engaged to Jacob. So that makes, that means you see we have been married quite a number of years....thirty two years. So that in itself is an achievement". (Dorian)*

Dorian had not included a photograph of her husband as she noted that he did not like being photographed. However, she stated that she believed it was important not to overlook the extent to which her husband and their long-term marriage played a positive role in her life, and went on to associate her wellbeing with the standard of living her marriage facilitated.

*"On the positive side, I feel I am very fortunate. I am in a good position. I'm happy with my marriage. I have got a good man in my life. And I just want to give him credit, you know, for being where we are today, and what we are doing, and how we are, because it has been good. We are very comfortable. And I have a lovely home and good friends." (Dorian)*

So although Dorian did not emphasise the importance of retaining a level of independence within her marriage, as noted by Francis and Joseph, her story still highlighted the fact that

continuity in marital relationship had a positive impact on her later life wellbeing as it allowed her to identify herself as someone with a level of personal and financial resources.

## Stories of Continuity in Place

Continuity in relation to the place in which one lived was another aspect which was spoken about by three storytellers. The first story was recounted by Sandra, who included a photograph of the street where she had lived for a number of years (Figure 5.12). In her story she went on to place an emphasis on the importance of continuity in respect to the location of her home, highlighting that this had allowed her to develop strong relationships with her neighbours. This was something which she deemed especially important now she was a widow.



Figure 5.12: Photograph taken by Sandra

*"I really like living in this cul-de-sac. I feel safe here. I have lived here now for just over thirty years, and there are at least five doors I can knock on if I have a problem. And they are not really older people my age, they are younger people. A couple of them have already said to me 'what are you doing for Christmas? I don't want you to be on your own at Christmas now that your husband has died. You can come to us if you want to'. As it happens I have got plans with the family, but this cul-de-sac gives me a feeling of comfort and a degree of safety." (Sandra)*

As her story developed, Sandra continued to emphasise that living in a familiar location was particularly important as she had lost her husband five months prior to the interview. In fact she

believed that moving location would severely undermine her wellbeing, even though she acknowledged that some people chose to do this when they had been bereaved. It seems that for Sandra, the place where she lived and the people she knew was an important part of her identity, and one which should not be relinquished, especially as a challenging time.

> *"I read somewhere that the worst thing you can do when you are widowed is move house. So many people do it, and they cut themselves off from their friends they have always known. I wouldn't want to do that. If I won the lottery tomorrow I wouldn't move." (Sandra)*

Martin also associated his wellbeing with remaining in his current home and included an image of his house number in the collection of photographs he had taken (Figure 5.13). Whilst Sandra highlighted the importance of her home due to its location within a supportive community, Martin placed an emphasis on the personal security which he gained from having his own dwelling. It seems that wellbeing for Martin was associated with having control over his home, and the comfort he gained from having a space to call his own.



Figure 5.13: Photograph taken by Martin

> *"Having your own front door is important for me. Well it isn't mine it's the councils. But I like shutting the front door at night and I have got my own little cave. That is important to me. I never go on holiday because I cannot be away from my home overnight. I feel really uncomfortable." (Martin)*

When asked whether this was something which had always been important to him, Martin suggested that indeed the need for his own space and place had always been a part of his identity. He then went on to recall that there had been one occasion in his life where he had not had this control over in place where he lived. However, he knew that this was a situation which had not facilitated his wellbeing and thus always tried to ensure he did have this control whenever possible.

> *"I did work in Coventry for a while where I was in digs but I didn't*
>
> *really enjoy that which is partly why I came back. I mean cos having*
>
> *my own front door is really important to me, so I always try and make*
>
> *it so." (Martin)*

A third story recalled by a participant in my study also stressed how retaining a level of continuity in one's home was associated with wellbeing in later life. And whereas for Martin home ownership was not an important criteria, Joseph explicitly linked owning a home with his current wellbeing. Having produced a photograph of the house he had owned for a number of years (Figure 5.14), he went on to talk about how, for himself, his home was a representation of his on-going financial security. Yet this story of financial continuity only begins in adulthood, as in his childhood the story he had to tell was very different.

Figure 5.14: Photograph taken by Joseph

> *"My background came from rather difficult circumstances; not that I*
>
> *didn't have a good family or anything like that, but there were*
>
> *financial problems and all the rest of it that we went through. So*

*having the stability of a decent home is quite important, in terms of*

*being content, and wellbeing and all that's with it." (Joseph)*

Later in the interview, Joseph again placed an emphasis on the importance of his financial situation, and included a photograph of his bank statements (Figure 5.15). Once more he contrasted his current situation with that of his earlier life, and took pride in the fact that he had achieved financial stability in his adult life. It seems that being financially stable was an aspect of himself that he considered to be paramount, and that this continued across many aspects of his life in the past, present and presumably into the future.



Figure 5.15: Photograph taken by Joseph

*"Given what I have told you about my parents, to actually be solvent*

*is a very important thing to me. And I am pleased to say I have never*

*been in debt apart from my mortgage. Cos I work on the basis that if*

*you can't afford it, you don't have it. End of."(Joseph)*

**Stories of Continuity of Health**

A final set of stories which were told in relation to continuity in later life were those which recalled sustaining health into advancing years. Despite the fact that older age is often associated with a decline in physical and cognitive abilities, both Dorothy and Dorian told positive stories about how their health had been maintained into older age. Dorothy stated that whilst still being healthy was something which was important for her, she also noted that due to the fact that she was a smoker, she believed her health was better than it should be as smoking I

often associated with a range of diseases. It seems that for Dorothy, having good health supports her wellbeing as it allows her to continue aspects of her lifestyle which she finds enjoyable.

*"Well I feel very lucky to be as fit as I am. I can't say that I deserve to be. What with smoking as I do. I am just thrilled that I am still [signals to head suggesting mentally fit], and physically, fine. I am glad that I am able to still function and still do and enjoy life."(Dorothy)*

Like Dorothy, Dorian also told a story about how her wellbeing was sustained by maintaining good health in the present. Having taken a photograph of some cold and flu medication (Figure 5.16), she noted that she had recently suffered from a heavy cold. However, in general she considered herself to be a healthy person, something which she herself emphasised was "*an absolute essential*" for wellbeing. And in this particular story her health was a factor which was, at least in part, attributed to both luck and having good genes.



Figure 5.16: Photograph taken by Dorian

*"I feel blessed really that, touch wood, so far, I have not had any major problems with health. And I think, fortunately, as a family my mum lived till nearly 95, and my dad was 87, I have four older brothers who are still alive and kicking. And my sister and I, we've basically, through the family, and it must be through the genes, we have had pretty good health." (Dorian)*

**Summary**

Taken as a whole, the stories presented in this section have emphasised a Continuity narrative where wellbeing in later life is associated with a continuation of various life factors which were important in earlier years. As such participants spoke about their lives in positive terms and highlighted the ways in which their wellbeing has been sustained from past to present. The emphasis here is on stability, and the fact that later life does not appear to differ in certain respect from the years of earlier adulthood. This is because older adults have simply continued living as they always have, and the things which were important to them in the past, continue to having meaning in the present. In fact many of the lifestyles they describe are those which could be experienced by people in their middle adulthood, as their stories recall how they are still living satisfied, active and health lives and making a positive contribution to society though both paid and unpaid roles. Finally it seems that the notion of identity is strong throughout these stories, as by maintaining stability across a range of life domains it is possible for participants to retain a continued sense of sense in later life.

# Proactivity Narrative

Across the stories recalled in the Proactivity narrative, participants related their wellbeing to maintaining their health in later life. Yet they also emphasised the proactive role which they needed to play in order to sustain this level of good health. This was fulfilled either through acting in ways which facilitated health, or by avoiding forms of behaviour they considered unhealthy. In relation to physical health, the participants told stories about how this was sustained through eating a healthy diet, avoiding unhealthy lifestyle choices, or taking exercise. Cognitive health was also upheld through keeping one's mind active and emotional health could be maintained through acting in certain ways. The message of these stories was that by maintaining their health, wellbeing could also be sustained in later life as good health allowed one to continue to enjoy the positive aspects in their lives in the present. As such the overall tone of these stories can be seen as positive and the plot, one of stability. And in respect to agency, this can be seen high in this narrative, as avoiding illness and thus sustaining wellbeing in later life was spoken about as something over which the participants had to resume a level of responsibility and control.

## Stories of Proactively Enjoying a Healthy Diet

The first way in which the storytellers recalled taking steps to sustain their health was through ensuring that they ate a healthy diet. Joseph had taken a photograph of fruit, vegetables and a homemade pie (Figure 5.17), stating that this picture represented "*good, healthy food*". For Joseph having good health was seen as something which one could control to an extent, and thus eating healthy food was a way of life which he actively chose and cited as supporting his wellbeing. Having emphasised the importance of eating well, he then told a story about how his current lifestyle differed to that in his earlier days. He then suggests that his diet may have improved, to an extent, not because he believed he needed to take greater care in his older age, but due to the fact that he married a nurse who monitors this aspect of his lifestyle.

Figure 5.17: Photograph taken by Joseph

*"I think a lot of health is down to chance, but you can make some good luck I suppose where health is concerned. You know by keeping the weight off, you don't smoke and you don't over drink, and you don't, you know, which I tend not to do; now! When I was a young lad it was a different matter. But I have never really over-eaten. You know I was thin as a lath when I was a lad. And Nurse Jones [wife] keeps me in control!"(Joseph)*

Yet although he spoke about regularly choosing a healthy diet, Joseph went on to say that he still enjoyed going out for a meal at times. It may be that for Joseph an element of balance is important in relation to his lifestyle and that eating healthy food most of the time allows him to enjoy richer foods on occasions without guilt.

*"I mean I do like going out for a good meal. I like good food and wine. And yes, but not all the time. But as a treat now and again, and that gives me a good feeling that my life's worth living and, it's fine."(Joseph)*

A similar story was also told by Dorian. Having initially spoken about how she believed good health was essential for her wellbeing, she went on to state the steps she was taking in order to retain her own health. However, like Joseph she also emphasised the importance of balance in regards to lifestyle, and believed that on some occasions in fact less healthy behaviour could be important for retaining a sense of wellbeing.

*"I don't think I'm too bad on the food side. I think I am quite sensible about food. And I like a glass of wine, but I am not drinking a bottle a day or anything. And I think I am reasonable in that section of my life. So I try and, you know, help myself. Not overindulge unless it is for a very good reason. And there are reasons to get overly, really there are, you know, well and truly happy! But those were the days, those days have gone, when you wake up and wonder if you are going to be able to face the day."(Dorian)*

Helen also spoke about how her wellbeing was facilitated by ensuring that she ate a healthy diet, and recalled how she was able to support her own health through the food she ate. Speaking about her breakfast, she noted that every morning she consumed "*orange juice, Manuka honey, and organic cereal"*. She described this as being "*a good start to the day*" and included a photograph of her own jar of Manuka honey by way of representation (Figure 5.18). She then went on to explain that the major catalyst for her healthy eating was not growing older but an illness in the family. This had encouraged her to modify her eating a number of years previous. And like the other storytellers, she too spoke about the unhealthy behaviours she enjoyed alongside her healthy diet, and how this combination of health and unhealthy seemed to be that which she associated with wellbeing in later life.



Figure 5.18: Photograph taken by Helen

*"I think I have always eaten a healthy diet. Because my mum had a stroke and I can remember coming home saying to the family 'right we are not putting salt on anything anymore'. But then there were lapses. I mean I smoke cigarettes, nothing more. Although I did try that once. Yeah I think I have always watched it a little bit."(Helen)*

In the final story in this section, Warwick also linked his current wellbeing to a healthy diet. Having included a photograph of the vitamins he currently takes (Figure 5.19), he went on to explain that he had only stated taking these in the last few years. This was largely down to the fact that his sons were both knowledgeable on this topic and as a result had advised him on the ways in which he could improve his own health via this route. Yet he is now convinced that they have a positive effect on his health and thus in turn support his current wellbeing.



Figure 5.19: Photograph taken by Warwick

*"I have never really understood – I am generally intellectually lazy actually in things I am not bombing on - I don't really understand the composition of foods. But I have been quite lucky that both my sons do. And over the last ten years, they have become much more interested and knowledgeable in the diets and supplements to aid their physical wellbeing. And over the years they have drip fed me with the knowledge that that supplement will help with that, pasta before big exercise. Which I never knew. So I do take a small range of supplements and I can definitely feel the benefits." (Warwick)*

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In order to further emphasise the supportive role which he believed these vitamins played in sustaining his health, he went on to highlight one occasion where he had forgotten to take these pills. The result was that he started to experience a number of pains, which only disappeared once he had resumed taking his vitamins. This story suggests that in order for Warwick's wellbeing to be maintained through having good health it is necessary for him to take a proactive approach.

> *"So I am a believer in these food supplements, vitamin supplements, and I can give you an example that if I don't take my essential fatty acid capsule for three days my knees ache. I have gone away, for example, for Christmas, had them in the bag but with that much going on I have forgotten to take them. Three days later I am wondering why my knees are aching. So I go back on them and within three days they are ok again. So obviously it works for me." (Warwick)*

## Stories of Proactively Avoiding Unhealthy Behaviours

Whereas in the previous section the focus was on actions which were undertaken to facilitate health, two of the storytellers talked about particular behaviours they avoided in order to protecting their physical health and thus promote wellbeing. Having previously noted the supportive role which he believed vitamin supplements played for his health, Warwick then went on to recall specific behaviours he did not indulge in.

> *"I think I have been lucky not to be caught up with tobacco, I have never been a smoker. I feel really sorry for people who have been smoking, because it is an addiction. So I have been lucky to avoid all those addictions, alcohol, smoking tobacco, smoking other things." (Warwick)*

In a related story, however, Warwick recalled a time in his life when he had consumed too much food and had put on weight. Although he does not state it explicitly, Warwick's firm refusal in the interview to show me photographs of himself when he was at this weight suggests that his

wellbeing may have been undermined when he was heavier. He did include a photograph of himself eating a piece of chocolate, explaining that this represented "*moderation in diet*" (Figure 5.20). The story which followed emphasised that it was through proactively reducing, but not altogether eliminating his consumption of unhealthy foods, that he regained a weight with which he was comfortable. Again there seems to be a link between health, wellbeing and balance in later life.



Figure 5.20: Photograph taken by Warwick

*"So I have been lucky not to be a terribly overweight individual, but I have overeaten at times. And I think I did up to about five years ago, maybe seven years ago, before Gwen died, as I was preparing to retire if you like. I was about a stone and a half heavier than I am now. And I have got photographs but I won't show you those! But I didn't make a crash effort to lose weight, I made a deliberate decision that over a period of time I am not going to be as heavy as I am now. So I just started to cut down on the things I knew had caused me to gain the weight in the first place." (Warwick)*

Mohammad also associated health with wellbeing, saying "*wellbeing means good in health first*". Including an image of the inside of his local fish and chip takeaway (Figure 5.21), he

went on to recall that his health, and thus wellbeing, could be facilitated by actively avoiding food which he perceived as being unhealthy. Yet despite the fact that he advocated avoiding take-away food, in his story it is implied that he does in fact consume this relatively frequently. It seems that again moderation and balance are key, and that Mohammad believes his health and wellbeing can be maintained by occasionally eating food which are higher in fat.



Figure 5.21: Photograph taken by Mohammad

*"I think it is important to keep away from unhealthy foods, you know. Because all the people get fat by using these take-aways. But I only go once in a while, on Fridays say."(Mohammad)*

## Stories of Proactively Taking Exercise

In other stories which were told about supporting wellbeing through facilitating health, the focus was on the positive effect of taking physical exercise. Maggie recalled how she had always been a keen swimmer, and included a photograph of a friend holding up her swimming costume alongside a certificate she got when she was eleven years old (Figure 5.22). However, despite the fact that she had been swimming since her early years, and that she still went to her local pool "*two or three times a week*", she emphasised that there were many aspects of this activity she disliked. Yet, despite these less pleasant features, overall she still believed that this activity was something which supported her wellbeing due to the many health benefits that swimming afforded her.

Figure 5.22: Photograph taken by Maggie

> *"Swimming invigorates me. Energises me. But I don't enjoy going. All the palava afterwards. Getting your suit sorted out, washing your hair, and getting rid of the chlorine. It's a pain. But it is worth it. Absolutely."(Maggie)*

In fact Maggie then went on to advocate swimming as an activity which could, and indeed should be enjoyed by other older people. For whilst she considered that alternative physical activities had potential risks to people in later life, she saw swimming as something which could be undertaken safely. In this way she appears to be recommending other people in her generation to enjoy activities which have potential health benefits, and hence that this level of control over health is something she believed is readily available to older adults.

> *"I would recommend every older person should take it up. More than anything. What harm does it do? Jogging, you can harm your spine. Taking serious exercise at my age can have a, well you could pull a muscle in your back or you could jerk your shoulders. But swimming is the second from the top of the ten best exercises by the British Medical Council. It's the second. The first is cycling."(Maggie)*

Dorian likewise spoke about how for her wellbeing in later life was associated with retaining a good level of health. Having previously recalled the importance of eating well, she also emphasised that she took steps to maintain her health by remaining physically active in her later years. And it appears that for Dorian, doing exercise is something which is linked with her own personal narrative, due to the role she had during her working life.

> *"I feel blessed that touch wood, so far, I have not had any major problems with health. And you can help yourself by exercise. And I think basically, because I started off being interested in sport and exercise, with being a Physical Education teacher, I have kept going. And I know it is important and I try and do, well, as much as I can. At the moment I play tennis, regularly."(Dorian)*

However, despite the emphasis which she placed on remaining active, Dorian made it clear that it was not always easy to motivate herself. In this respect, as her story continued she recalled the need to take a proactive approach to exercise as her wellbeing was undermined when she found herself being inactive.

> *"But I also ought to do more Yoga or Pilates. But I'm, I'm going to take it up. In fact at one stage in my career I taught yoga. So what I think I am going to do is get the book out and do it myself. Well now I want to do it, you know. Try and put aside say half an hour every day. So that's going to be my new year's resolution. It's not like me to sit about and do nothing, unless I am really not feeling well." (Dorian)*

## Stories of Proactively Supporting Cognitive Health

The stories in the previous three parts of this section emphasised the link between physical health and wellbeing, yet for a small number of the storytellers wellbeing was associated with sustaining cognitive health. Helen included a photograph of her local bridge club (Figure 5.23), and in a similar way that Maggie had advocated swimming as a way of facilitating physical

health in the latter years, Helen believed bridge could be a means of maintaining cognitive health.



Figure 5.23: Photograph taken by Helen

*"I learnt to play bridge when I lived in London cos down there they have got far better night schools and things, you know. And I haven't regretted it. It is something everyone should do as they get older. There was an article in The Times and it said no one should grow old without having learnt to play bridge." (Helen)*

She then went on to recall the example of a lady who regularly attended the bridge club and who appeared to be in good cognitive health. It seems that this example provided a level of proof for Helen that by keeping her mind active through this activity she could prevent diseases associated with cognitive loss.

*"There is a lady in our bridge club, she is 96. And she has just stopped driving. So she gets a lift to the bridge club. And again it is competition; I think I am quite a competitive person actually. And it is mental exercise. It is supposed to keep away the old Alzheimer's. Let's hope it does." (Helen)*

Francis also spoke about how he enjoyed an activity which he believed would help to support his cognitive functioning. Having included a photograph of a crossword in a broadsheet paper (Figure 5.27) he related this to what he called "*intellectual wellbeing*". He then went onto note

that one of the reasons he spent his time completing these puzzles was because he believed it would help to keep his mind active. Yet again this an actively which Francis has enjoyed for a number of years, and even though it may have addition benefits with advancing age he has not taken this up specifically in later life.

> *"Crosswords are important for my wellbeing, well for my, well what I call "intellectual wellbeing". I have always done crosswords. Again from a pretty young age. I often spend all day on one, off and on. You find you get stuck with a clue then go away for an hour or two and then you come back and can often get restarted. Keeps the brain ticking over I find, which is important." (Francis)*

And for John, keeping one's mind active on an activity which was enjoyable was something he believed had the additional benefits of facilitating his cognitive health. Having related his wellbeing to reading a particular genre of books, John went on to suggest that part of the reason he believed reading was important at his age was that it stopped his mind from being inactive. Yet once again reading was a pastime which he undertaken for many years, and not one which was being done purely for health reasons.

> *"I read a lot. I read a lot of novels and I always have. I love fiction and Rankin is one of my favourite authors. A bloke called Connelly, Michael Connelly I am reading at the moment. But generally it is detective fiction. I like to follow the plot, you know the twists and turns, and trying to work out, 'who done it'! Stops the mind from vegetating I feel, which is important as the years tick on." (John)*

**Stories of Proactively Promoting Emotional Health**

Having spoken about facilitating physical and cognitive health, a final set of stories were told by the participants in this study about the ways in which they proactively supported their own emotional health. Warwick began by asserting *"I have been very lucky in my life that, in general*

*I have enjoyed good health. Physical and mental"*. However, he then went on to speak about how, as certain points in his life, he had suffered from a low level of mental illness.

> "*I have had two or three small doses of mild depression. Not requiring treatment with medication but I have recognised after the event what they were. That they were sessions, that they were short sessions of depression."(Warwick)*

Yet despite experiencing these occasional bouts of low mood, as his story continues Warwick highlighted how with ageing had also come the wisdom of knowing the things which act as catalysts to this mild depression. As such he has been able to modify his behaviour to allow himself to recover from the cycle of what he called "*ill-being*". The emphasis of this story for Warwick was on the steps he was able to take to protect himself from experiencing depression in the future, and thus by knowing the benefit of this proactive approach he could in turn support his own wellbeing.

> "*As I have got older I have come to recognise the triggers that lead to depression. So that is one aspect of my wellbeing, that I know how to avoid becoming unwell. For example, as recently as within the last month, I have been working very hard on two or three big things I am involved in. In themselves no big deal. The world won't stop if either or both of them were disasters. But because I am the kind of guy who wants to put himself into it and do it well, I get myself a little bit excited about whether it will go well. So what I have come to realise is that I am not to take on too much at the same time, at any one time. Because taking on too much leads to me feeling that I am not doing anything really well. And that is, for me, how I would say my wellbeing is adversely affected."(Warwick)*

Warwick then told a second story about how he had experienced low mood, and this time he related it to the changing seasons. He produced a photograph he had taken of a tree with

burnished leaves (Figure 5.24), noting that this was meant to represent his favourite season of the year, Autumn. However, this image then led him to speak about the undermining effect of a different season, namely winter. He noted that he has recently become aware of the detrimental effect this had on himself stating "*until last year I hadn't realised that I suffer from S.A.D; Seasonal Affective Disorder*". Yet having now realised that he was feeling low due to the decreasing light, Warwick went on to recount the proactive way in which he had modified his own behaviour in order to reduce to undermining impact of this season on his mental health.



Figure 5.24: Photograph taken by Warwick

> "*So I have made a real effort this year, starting about six weeks ago. When the clocks changed I thought "this is it". So I make a real effort between the hours of four and six in the afternoon, when the light is changing quite dramatically, to keep myself busy. And I have built up a range of activities, like the choir I help manage, like the Italian I am doing, which I can fill the two hour period. Right. I can do that. So I think, oh I have got to make six phone calls, right I will make them between four and six. So that now puts me in charge of my mood again.*" (Warwick)

Another participant in this study, Helen, also told a story about the impact of Seasonal Affective Disorder on her wellbeing as well as the step she had taken to overcome this. On both the occasions I met with Helen she had taken me through to a small conservatory on the back of her house. During the interview she produced a photograph of this room (Figure 5.25) saying that

she believed this new addition to the house facilitated her wellbeing. In particular she emphasised that spending time in this room allowed her to maintain a positive mood, as it was much lighter than the other rooms on her home. Thus this addition helped to combat symptoms of Seasonal Affective Disorder and thus she was able to sustain her wellbeing.



Figure 5.25: Photograph taken by Helen

*"And another thing which is important for my wellbeing is the little room we are sitting in now. Because the house here is smaller than the ones I have previously lived in. And I started to find it rather dark and I don't like that. So I had this built and I like to spend as much time as I can out here to combat S.A.D really. Cos I do feel, I think a lot of people are affected by that."(Helen)*

## Summary

The stories told under the Proactivity narrative highlighted the ways in which wellbeing was supported by participants consciously acting in ways which facilitate their physical, cognitive and emotional health. The emphasis throughout these tales was on the fact that health is not only something which had an impact on wellbeing but more importantly something over which the older adults had a good degree of control. In each instance, they spoke about behaviour they were undertaking that supported their health, and as such they were able to maintain lifestyles which facilitated wellbeing. As in the Continuity narrative, an emphasis was placed on stability and the fact that later life could be a positive time when the conditions were similar to those of

earlier years. And by acting in these ways they could both promote their health in the present and prevent a degree of decline in the future.

Again these stories illustrate lifestyles which are energetic and, in this instance, conducive to health and as such are more aligned to those of people in earlier adulthood than traditionally related to older age. What was also evident throughout the stories in this Proactivity narrative was that the impetus for remain healthy was not necessarily growing older *per se*, but on reacting to a range of life experiences and circumstances unique to that individual. In this way the link between health and wellbeing appears to be mediated by individual life experiences, and as such a strong personal narrative can be seen throughout.

# Opportunity Narrative

Within the Opportunity narrative stories were told about how wellbeing was supported in later life due to changing life conditions. One now had the opportunity to enjoy things which were not feasible in previous years, and as a result even potentially challenging life events could still be spoken about as ones which facilitated wellbeing. For whereas in earlier life these storytellers recalled being in some ways restricted by marital or work commitments, participants now highlighted how following either the death of their spouse or retirement they could now enjoy a range of new aspects in their lives. The opportunities which could arise in later life included gaining new skills and activities, enjoying hobbies with social benefits, developing new friendships, undertaking new life experiences and having a new found sense of independence. The tone in this narrative shifts from one which is either negative or has the potential to be negative (i.e. the potential challenge of retirement) towards one which is positive. And due to the gains which were experienced by the storytellers the plotline can be seen as one which moves from regression (again potentially or in reality) to one of progression. Yet this shift from a negative to positive tone and from a regressive to progressive plotlines was only possible due to the high agency displayed by participants. The stories which were told could have been more negative in tone if the participants had not acted in ways to regain a positive sense of wellbeing which was actually or potentially being challenged by life events and circumstances.

## Stories of Opportunities for New Skills and Activities

The first way in which later life provided an opportunity for supporting wellbeing was through facilitating the conditions which allowed for learning new skills and activities. Mohammad spoke about the importance which he placed on education, calling it "*a lifelong process from cradle to grave*". He also praised the educational achievements of his children, all of whom had attended university. Yet in the story which follows he shifted the focus onto his own education and the qualifications he had gained in recent years. Having brought along a number of certificates, he explained that it was only after he had retired from running his own newsagent business that he was himself able to enhance his own learning and education

> *"After retirement I started from at College. I did O level at the local college, and then other languages I have done at another college. And now I am undergraduate of the local university, and undergrad of Open University. And this year I am waiting for results. If I get result then I will get a diploma in higher education. So all this since I retired."* (Mohammad)

Mohammed then went on to tell an additional story about a learning opportunity he had experienced in recent years. For although his son had graduated in computing, it seems he was reluctant to teach this skills to his father. Yet this did not stop Mohammad who was determined to learn, and therefore he noted that he found an alternative source of educational support which was available in the community.

> *"I had a computer and I asked my son who is a computing engineer. I said, 'come and teach me what to do'. But in fact he is very busy so he has not got spare time. Anyway he made excuse saying 'you are too old to learn computers'. So I started from here, the community centre, from a basic level. And I have gone on learning, learning European Driving Lessons. Up to that. So when I showed my son all the certificates, he said, 'Dad you have got more certificates than I have'."* (Mohammad)

Martin also told a story about how he had been given the opportunity to develop a new skill after a reduction in his working hours. He had included a photograph of one of his own ink drawings (Figure 5.26) and noted how he had been heavily influenced by the illustrations of Quentin Blake. Martin then went on to explain that although he had previously been able to appreciate art created by other people, his recent semi-retirement had allowed him to enjoy being an artist himself. And in fact it seemed that art was now something which played a significant role in Martin's wellbeing, as he noted that he spent a great deal of time pursuing this activity.
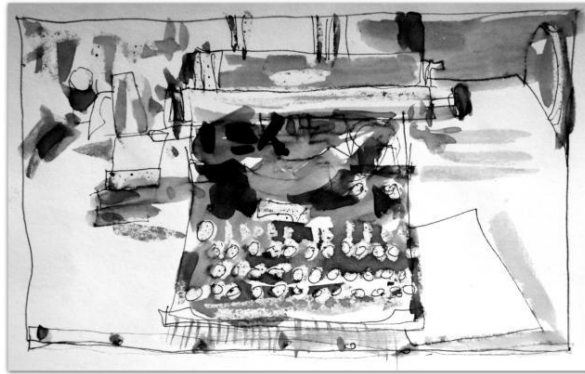
Figure 5.26: Photograph taken by Martin

> *"When I was younger I was into art galleries, and my daughter used to enjoy them too and we would go there together. But since retirement, well semi-retirement technically, I would say that art is now a major part of my wellbeing. And now in fact it is pretty much all I do, all I am interested in. It is the only thing I would call a proper hobby."(Martin)*

Warwick told two stories about how the conditions of later life had provided him with the opportunity to take on new activities. The first instance related to his retirement, and he noted that this extra time free from work commitments had afforded himself and his wife with the chance to pursue new activities. Having recalled the various phases in his life story at the start of our interview, highlighting the thing which impacted on his wellbeing at these stages, he emphasised that retirement initially posed him with a challenge. For in order to sustain his wellbeing Warwick needed to consciously decide how, alongside his wife, they would spend this additional time.

> *"The next big phase was when I took early retirement at the age of 59, and that if you liked marked the end of a major chapter in my life, of our lives. And I had to find things to do with all this time; I had to think 'what are you going to do?' And myself and my wife actually sat down one night, or maybe a couple of nights and talked about what we were going to do. And so we began to develop our own interests, and*

*we went quite a bit to the cinema, theatre, shows, and concerts. But it*

*required some planning."(Warwick)*

Yet whereas in his first story Warwick noted that it was retirement which provided an opportunity for new activities, in his second story he spoken about the implications of his wife's death. For although he had previously had to consider the activities he could enjoy alongside his wife, he now felt able to do the things he had previously been unable when she was alive. He had taken a number of images to represent these hobbies, including one of his friend and an advertisement for the local choir (Figure 5.27). In the story which follows Warwick highlights that he in fact now enjoys a wide range of activities, and his wellbeing appears to be linked to remaining busy in his widowhood.



Figure 5.27: Photograph taken by Warwick

*"Over the last few years, rather than the last few decades, I have*

*taken up ballroom dancing, I took up line dancing, I am involved in*

*the choir, I became chair of the social committee at church. I am*

*learning conversational Italian. I have been to more concerts, shows*

*and films in the last five years than the previous fifty. There is a lot of*

*variety in my life and that is very important for my wellbeing. And*

*people say to me, when I describe some of the things I do, they stand*

*back in amazement and say 'don't you do a lot of things?' I don't*

*think I do a lot of things, I think I do a range of different things."*

*(Warwick)*

Following on from this, Warwick then explained why it was that he had only been able to undertake these interests in recent years. He recalled that throughout his marriage he would not permit himself to "*indulge*" in these pastimes, although he does not explicitly state why this was the case. But he does highlight how his widowhood had provided him with this opportunity, and it seems that as a result he is now able to fulfil certain aspirations in his later years.

> *"One of the things I did notice with my marriage, and I am sure every marriage, I am sure every marriage is different; it has got to be by definition hasn't it? With my marriage I didn't permit, and I am choosing my words very carefully, I didn't permit myself to indulge all my interests, aptitudes and talents. And again, it is only in the last five years, especially in the last five years, that I have got the time and the motivation to indulge myself." (Warwick)*

**Stories of Opportunities for New Hobbies with Social Benefits**

In the stories told previously in this section, participants placed an emphasis on how a new skill or activity itself had a positive wellbeing impact. However, other stories were told where wellbeing was gained largely through the social benefits which a range of activities and pastimes afforded. A number of these recounted how retirement was the life event which allowed the storytellers to take on new hobbies where they could meet with and enjoy the company of other people.

Joseph had included a photograph of himself, his wife, and a friend out on a walk in the countryside (Figure 5.28), noting "*we love walking and we're out walking a couple of times a week*". He then went on to explain that this hobby was one he had only been able to take on since he had retired, and emphasised that alongside the physical benefits, this activity supported his wellbeing due to the amiable company of other group members.

Figure 5.28: Photograph taken by Joseph

*"I started with the walking group when I retired. Well my wife started*

*first, but I was working away and then when I came back I sort of took*

*it up and we have walked ever since for the last ten years I suppose.*

*And I enjoy the company, we have, you know a bit of fun and laugh*

*and ribaldry. And it's the exercise, it's the fresh air, it's the walking in*

*the countryside, it's seeing life and you know it's a very pleasant thing*

*to do." (Joseph)*

In her interview, Dorian also spoke about how she had taken on a number of new hobbies in

later life, including joining the village gardening club and regularly playing tennis. Her story

began as she recalled moving to the village where she currently resides almost thirty years ago.

Yet as this continued she went on to note that it was only since retiring that her wellbeing was

specifically supported by engaging with the local community.

*"But while we were working, I didn't get involved with the gardening*

*club, or the tennis club, because I didn't have time. And I was going*

*out of the village for my work, so weekends were mainly involving,*

*you know, friend and family. So I didn't get time to do other things.*

*But now I do, and I really enjoy it." (Dorian)*

Having mentioned the gardening club, Dorian then produced an image she had included of her

own back garden (Figure 5.29). She went on to explain that although she had always loved

gardening, she believed that she lacked competency in this areas. As a result she had joined a

gardening club to develop these skills. However she also noted that an additional outcome of this activity was that she was now gaining new friendships within the village, and in this way retirement has once again provided her with the opportunity to support her wellbeing through activities with social benefits.



Figure 5.29: Photograph taken by Dorian

*"I love being in the garden. I am not a good gardener and I have had some disasters with some plants because I have not studied the exact place I am putting them. So gardening is something I like but I am not very good at. But on the other hand I am in the gardening club in the village and that had given me a great deal of pleasure. A different group of people within the village which I have met through the gardening club. And we have had wonderful times." (Dorian)*

Following on from this story, Dorian then selected a photograph of three crime novels (Figure 5.30), as well as drawing my attention to the number of books in the room where the interview was being held. After a brief discussion of our mutual love of books, she then went on to highlight that besides the joy she attained from reading as a solo activity, she likewise valued the company of fellow book lovers.

Figure 5.30: Photograph taken by Dorian

*"Through the library I have met a few ladies, similar to myself, who have got a love of books, and we've had a couple of kind of afternoons over a glass of wine. Just discussing books and poetry. And it is more of a sociable group too, because unlike in a book group where you have to read and then discuss the book, in our group we discuss all sorts of things. Not just books." (Dorian)*

For other narrators, it was the death of their spouse which created the circumstances where wellbeing was enhanced through hobbies with social benefits. Warwick had previously spoken about how both his retirement and the death of his spouse had presented him with the opportunity to pursue a range of interests. In a further story he then shifted the emphasis towards the social benefits which some of these activities afforded. Having selected a photograph of two Italian language books (Figure 5.31) Warwick went on to highlight how although learning conversational Italian was something which had a positive impact on his wellbeing, he believed this activity would not be as beneficial if he had chosen to undertake this alone.

Figure 5.31: Photograph taken by Warwick

*"I mentioned earlier how I have always had a love of words, and so following my wife's death I decided to learn Italian. And now I go to a class, because that fits in with my need to have social contact. I have tried doing it on my own, but by the summer I was beginning to miss being in the class. I have got a friend who is learning Japanese, but he is learning on his own. That wouldn't do for me. I don't think my wellbeing would benefit from that at all. In fact quite the reverse. I would think 'what a right bore this is. I can't tell anybody, I can't speak to anybody'."* (Warwick)

And for another storyteller, Dorothy, it was the social benefits afforded by an art class which she noted as supporting her later life wellbeing. Having included an image of one of the paintings she had recently produced (Figure 5.32), she went on to explain how although she had previously worked as an art teacher, it was after losing two partners that she felt the need to rekindle her interest in this hobby. And for Dorothy, having the connection with likeminded people with whom she could share her love of art was an aspect of his hobby which appeared to be especially important.

Figure 5.32: Photograph taken by Dorothy

*"And while I taught art, I didn't do any for years. And then about four years ago I decided that I really should do something. So since then I have been doing quite a lot of painting and drawing and that is where I have been this morning. To an art class. I joined the group three years ago. We had an exhibition at the local garden centre recently, and then we had one at the library. And it is just so nice to sort of be in the company of people who are interested in and doing art."*
*(Dorothy)*

## Stories of Opportunities for New Relationships

Although earlier stories in this section highlighted how hobbies could afford social benefits and thus support wellbeing, other stories were narrated where the emphasis was placed on a specific new friendship which had been developed in the later years of life. For two of the storytellers it was the death of their husbands that had led to a new friendship or relationship being made.

Sandra spoke about the impact which her husband's illness had on her own lifestyle when he was alive. Recalling that he had been bed bound and experiencing depression for a number of years, she noted that as a result she had struggled to maintain her own friendships. However, following the death of her husband five months previously, she emphasised that she had now been able to re-establish a friendship which had, due to circumstances, been dormant for many years.

*"I have re-ignited a friendship I had twenty years ago with a lady who is in a similar position to me. And I am going around there tonight. I hardly went out when Jack was alive you see. Because there were a few mental health issues setting in as well with him, I mean he didn't like to be on his own." (Sandra)*

Sandra also noted an additional way in which her husband's death had allowed her to gain a new companion as she spoke about the wellbeing benefits of her cat. Having included a photograph of this feline (Figure 5.33), Sandra explained that although she had been a cat lover for many years she was unable to have a cat when her husband was alive. However, the cat she had now gained was noted as a positive factor in her life, as it provided her with company now she is living alone in her home.



Figure 5.33: Photograph taken by Sandra

*"Jack died on the third of May and until October, the end of October, I really wasn't functioning well, in the ways in which I was functioning before. Which is why I decided to get a kitten for company. I used to have cats but when my husband became really ill, he had heart and lung disease, vascular disease, so there was no blood flowing to his legs. He couldn't walk properly. And he was terrified he would trip over a cat. So after he had been gone a few months I thought, 'I am going to get another kitten'. So he is one of the good things I did do." (Sandra)*

And in a story told by Dorothy she recalled how, following her husband's death, she had subsequently met a new man with whom she shared her life. And despite the fact that he had also died in recent years, she emphasised the positive wellbeing effect which she had gained from the years they had enjoyed together.

> *"My husband died, just before I retired actually. And then about nine years after my husband died, I met a very nice man, and we became very friendly. We didn't live together. And I couldn't think of marrying because my pensions are all tied up and if I married I lost my husband's pension. But we had a good relationship and we would go on holidays together. And it was nice, but then of course he died."*
> *(Dorothy)*

## Stories of Opportunities for New Life Experiences

As well as enjoying hobbies and interests, stories were also told about how the later years could provide the opportunity for new life experiences. And for each of the narrators who recalled stories in respect to these new experiences, an emphasis was placed on how it was the conditions of later life which facilitated these. Near the end of our interview Sandra stated "*do you know, by the way, that I went to Palestine eight years ago?*" She then proceeded to tell a story about the events of a trip which she had thoroughly enjoyed.

> *"Thirty-two people. All different religions and ages. We went to Jerusalem, then we sneaked into the West Bank of Palestine. We were granted an audience with Yasser Arafat. We were the last people to be granted an audience before he died. But because I had never been anywhere like this I was absolutely fascinated, although a few bits were also scary."* *(Sandra)*

And as her story continued, Sandra highlights how in fact it was only when she was older, and had some funds available from retirement, that she was finally able to undergo this trip. In this

way, her wellbeing was supported in later life by the new opportunity which the associated life circumstance allowed.

> *"You see, you tend to think when you get older that all the exciting things in life will stop. But all through our marriage we never had any money and I have never really had any exciting things. And to get the opportunity with my retirement money to go there eight years ago was absolutely wonderful." (Sandra)*

For Joseph, it was only after retirement that he was given recognition for the military work which he had undertaken during his years in employment. Joseph had included a photograph of a medal (5.34), and went on to explain that in the month preceding the interview he had just been awarded an O.B.E. by the queen. Although he tried to be modest about this accolade, stating that O.B.E stood for "*Other Buggers Effort*", he then noted the pride which he experienced at being presented with this award. In this way his wellbeing was supported in later life as it was only at this point that he was being rewarded for the substantial input he had made throughout his earlier years.



Figure 5.34: Photograph taken by Joseph

> *"Well I know it's a bit self-indulgent, but this year I got awarded the O.B.E. And that has given me a great deal of pleasure which I will have throughout my life. Because we went down a couple of weeks ago to receive it and it was the Queen who gave it to me. I was awarded it for services to the community in the local region, and*

*because of all the things I do, you know, with everything in the area.*

*Like the cadet thing." (Joseph)*

Maggie also told a story about enjoying new opportunities in late life, and in this instance it was the death of her spouse which appeared to facilitate the appropriate life conditions. Maggie recalled that she had a "*love of travelling*" and went on to produce a photograph she had taken of a friend holding up an atlas (Figure 5.35). However, for Maggie, it was only in her widowhood that she had been able to pursue this passion to a much greater degree, as her husband's aerophobia had previously limited the extent she was able to travel.
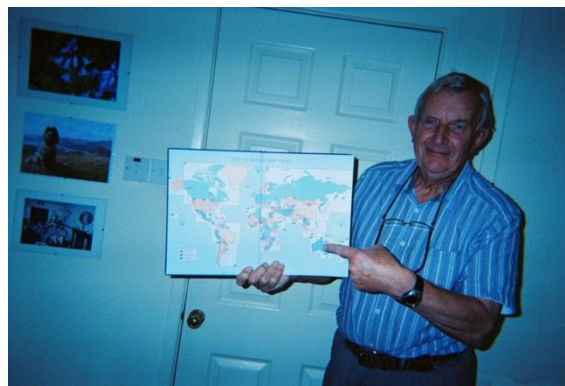


Figure 5.35: Photograph taken by Maggie

*"Well I have been to Australia, and Jordan, and every country in Europe. Not Eastern Europe, I am going to do that. And in all the countries I have just mentioned I have done walking. And I have swum in all the countries as well in many different seas, and I have cycled as well from Paso in Germany to Vienna, along the River Danube. All since Bert died. I didn't get far with Bert except the immediate areas. Cos he hated flying." (Maggie)*

In fact Maggie then went on to wonder how her husband's phobia would have affected the annual visit she enjoyed to their daughter in Australia, stating "*how we would have got to Australia I don't know. I think we would have had to have cruised for six week there, six weeks back, that's three months*". As she had previously noted the extent to which she was devastated at her daughter moving away, and the positive wellbeing impact which these visits had for her,

it seems that although she was saddened by her husband's death she was aware that it has made this trip a much more viable option.

## Stories of Opportunities for Independence

A final story was told about how the changing conditions of later life could facilitate wellbeing and in this instance by providing the opportunity to become more independent. Earlier in this section Sandra told a story about the positive wellbeing benefits of a new friendship, and how this was only possible when her husband was no longer dependent upon her. She then went on to tell another story which placed an even greater emphasis on the link between this new found sense of independence and her wellbeing. She included an image of a camel as one of her 'positive' wellbeing photographs (Figure 5.36) stating that this was meant to represent a recent weekend which she had enjoyed away with some friends. She then highlighted that this had been especially significant for her, for as she was no longer restrained by her role as carer to her husband she was now able to enjoy a range of activities without the guilt of leaving her husband at home alone and unwell.



Figure 5.36: Photograph taken by Sandra

*"I could hardly leave the house because of how he [husband] was. So*
*I would go to the library, I would go shopping. Not do much. And be*
*back with Jack a lot. And if I went anywhere I felt guilty. Now this is*
*an awful thing to say, and I struggled for a few months, I am now on*
*mild anti-depressants cos I was crying a lot. Now I realise that it is a*
*sort of awakening. I can go where I want and do what I want. I don't*

*have to sit beside Jack's bed. But it was a strange feeling this weekend*

*because whenever I came back from being away for the weekend on*

*the rare occasions I did, he was awful to live with because he drank*

*far too much when I was away. So in a way it was a really tranquil*

*weekend because I knew that, so going away and seeing different*

*places I feel freer." (Sandra)*

**Summary**

The tales told in this section recalled how later life could be a time of opportunity for the older adults who took part in my study. Despite the fact that they had experienced potentially challenging life events, such as the death of their spouse and retirement from work, in each case the narrator highlighted how this occurrence had provided them with the chance to enhance their wellbeing. Subsequently, these stories once again present later life in a positive light, but only as the older adults were able to see the change in their circumstances as an opportunity to flourish, and to act in ways to actualise this. Indeed it may be that without the storyteller taking control of the action in their tale, the one which they told would be less conducive to wellbeing.

As with the previous two narratives, in each instance the opportunity being enjoyed by participants was one which was associated with an active and busy lifestyle. Yet is should also be noted that these opportunity do not appear to have been taken solely in order to avoid be inactive, but because it allowed participants to actualise important aspects of themselves and thus further express their identity. This suggests that even in older age individuals are still able to continue writing new pages in their own life story.

# Recovery Narrative

Across the stories told in this Recovery narrative, participants spoke about the ways in which they were able to get their wellbeing back on track after this had been undermined by a life event or change in circumstances. All these stories contain an element of disruption, specifically the death of one's spouse, retirement from work, or a decline in health. Across these stories recovery was made possible through a number of different means. This included recovery through friendship, through retaining a sense of independence, through activities, through changing behaviour and through changing perspectives. Due to the fact that participants initially spoke about challenging life events, the original tone can be seen as one which is negative. However, through the storytellers being supported or acting in specific ways to regain their wellbeing, the tone then shifts to positive. There is also a change in the plotline throughout this narrative, similar to that as seen in the previous narrative. Yet in respect to the Recovery narrative, the plot moves from one of regression to one of stability, as participants aim to regain, to some extent, a life which is similar to the one they experienced before the disruption. And finally the level of agency can be seen as high throughout these stories, as recovery only seems possible as participants took an active role in instigating this.

## Stories of Recovery through Friendship

The first way in which my participants noted that recovery could be achieved was through friendship, and in particular friends could play an important role as support after the death of one's spouse. For some of the narrators, widowhood was initially described as a life experience which had an undermining effect. Yet they also noted that this negative impact could be relived to an extent by people with whom they were close. Speaking about the initially devastating effect of his wife's death, Warwick noted how, at first, he had tried to keep himself busy by undertaking unnecessary errands. Yet he noted that these played little part in facilitating his recovery from bereavement.

> *"I think the easiest thing to do is to be busy. I think you can make*
>
> *yourself busy quite easily. I used to do that in the early days, the early*

*days of Gwen's death, since Gwen died. I would sit at home, even as late as now [6pm], and think, 'oh I am fed up. Bugger it I am going to go to Tesco'. And I would just go to Tesco and buy a loaf of bread. Just to be busy. And after doing that a few times I kept thinking, 'what am I doing? I am being silly now'." (Warwick)*

Warwick then showed me a photograph of a lady (Figure 5.37) and noted that both this lady and her father were good friends whom he had made in recent years. As his story continued he spoke about the important role which these friendships had in helping him to regain his wellbeing. For having met this lady and her father at a support group for people who had been recently bereaved, Warwick stated that one benefit of this friendship was that it helped him to remain busy and occupied in meaningful and enjoyable way. This allowed him to retain a sense of normality in his life, as he was no longer just being busy to avoid thinking about his loss.



Figure 5.37: Photograph taken by Warwick

*"So the situation presented itself to me after my wife's death, here you are, what the hell are you going to do? So I was very lucky to meet two people, father and daughter actually, both of whom I get on with very well. And the three of us go out together a lot. Today we met to discuss over elevenses, a carol concert we are putting on in two weeks' time. Tomorrow we are having lunch at her house to discuss it further. You know what I mean. Within a week, within the course of seven days, we will probably go out five of them. Now that is a*

*massive opportunity to stay sane, stay busy, and for me to stay*

*engaged." (Warwick)*

Having spoken about the sudden death of her husband over twenty years ago, Maggie recalled that she found it difficult remaining in their marital home once her husband was no longer alive. As a result she decided to move closer to her daughters. Describing herself as feeling *"bereft"* at the time she noted *"I wanted to be near my family"* as they could be a source of company and support. However, she described the move as being *"traumatic, initially"* as she had to leave behind her friends and a job she loved. She then produced a photograph of some walking boots (Figure 5.38) and described how joining a walking group had enabled her to develop some great friendships which had supported her recovery after bereavement.



Figure 5.38: Photograph taken by Maggie

*"I remember shortly after I moved, I stood at the top of the road and*

*looked down and thought, 'oh what a dismal place, have I done the*

*right thing?' And I initially joined the walking group out of loneliness*

*and it saved my life in a way. It has introduced me to so many people*

*and it had a knock on effect because I met Geraldine and Joseph*

*through the walking group, and then Joseph put my name forward for*

*the army charity and once on there all these other people have*

*become my friends. So just from that I have gone in so many ways you*

*wouldn't believe." (Maggie)*

Maggie then went on to tell an additional story about her friendship with Geraldine, and the specific part this friendship had played. Earlier in her interview, Maggie had recalled details of her upbringing, noting that she had been raised by a *"selfish"* father who was *"never around"* and a mother who *"never loved you"*. And although her marriage to Bert had made her feel both loved and secure, his death undermined this sense of security. It was only via her friendship with Geraldine that she was able to once again regain her self-esteem and thus her wellbeing.

> *"My husband made me feel so secure. And when he died it went. All my insecurities came back. But my friend Geraldine, cos she is a counsellor as well as a nurse, and as a friend she has just been listening, without counselling. Listening and then advised. Without me realising what she was doing. And she did help. That was about fifteen, sixteen years ago. And Bert has been dead twenty one years. For five or six years after he died I had these awful insecurities."*
> *(Maggie)*

Whereas Maggie and Warwick spoke about the role of friendships for recovery after bereavement, Helen noted how a friendship had supported her after her divorced. As she began her story, she recalled the circumstances which led to her separation from her husband. She then noted that although, on the whole, she was contented with her decision and her current lifestyle, she did feel that her wellbeing may be undermined by not having a husband with whom she could socialise.

> *"At the age of 35 I became quite restless and discontented with my life. The children had grown up and I was kind of stuck at home like a lemon. So anyway the marriage ended in 1989. I was 45. I subsequently married a man and moved to London but that didn't work out and I came back in 2003. And just rebuilt my life. And I am fine. Actually I am quite happy with the way things are now. And when I am out socially I don't feel as though I have missed out. Although*

*the fact that I am saying it makes you think maybe I do think that.*

*Because obviously you do." (Helen)*

Yet Helen then produced a photograph of a man mowing her garden (Figure 5.39) and identified him as a close friend. Alongside the help he provides her with in respect to doing practical tasks around her home, this friendship had revived her wellbeing by once again allowing her to feel comfortable mixing with other couples.



Figure 5.39: Photograph taken by Helen

*"I have a very good friend. He is a terrific help. We have known each*

*other for about 6 years. And he comes and helps me. And we enjoy*

*doing things together. We have been on holiday together, you know,*

*and he invites me to things, which is lovely to have that because whilst*

*I am on my own I also have someone to go about with. Which is good.*

*It is the best of both worlds really." (Helen)*

Whereas the previous stories told in this part emphasised the role of specific friendships for recovery, Jessica and Sandra placed an emphasis on the role of wider acquaintances. As part of the study, Jessica had taken a number of photographs of various activities she did with the church community. These included coffee mornings at the local church (Figure 5.40 left) and a social club at The Salvation Army (Figure 5.41 right). When asked if religion had always been an important part of her life, Jessica initially said that it was. However, she then clarified that for her, it was not the comfort which she could gain from spiritual belief that helped her recovery

after the death of her husband. Jessica placed a specific focus on the supportive role which the church community had played in helping her feel she was not alone in her grief.



Figure 5.40: Photograph taken by Jessica

Figure 5.41: Photograph taken by Jessica

*"The church has become an important part of my life. Cos I find its nice cos you meet people the same who, you know, what have lost their husbands and that. And it gets you out. I like this lady [Figure 5.42] but can't think of her name right now. She does a lot of knitting, she knits squares. And she goes Tuesday. And she is always at the coffee morning. Yeah she is a lovely lady. She lost her husband as well. But it is a very friendly place." (Jessica)*

And finally Sandra spoke about the importance which attending her local art club had for her wellbeing. Having previously informed me about the recent loss of her husband after a considerable period of illness, Sandra then went on to tell a story about how she was not prepared to let this devastating event undermine her wellbeing in the long-term. She also placed an emphasis on the importance of making new friends and taking control of her own recovery to an extent, highlighting her art class as one of the places where she had made some new acquaintances (Figure 5.42).

Figure 5.42: Photograph taken by Sandra

*"I have also been doing some hobbies recently, and I especially like my art class. Because I was determined, after Jack died, there are so many widows, they just seem to fade. And one lady said to me, back in May, 'Sandra, you will have to accept that for the rest of your life you will be lonely and unhappy'. And I thought 'no I am not going to be'. But she is lonely and unhappy, I can see that. Cos all she does all day, she is my age, is take the dog for a walk and that is it. So yes, one of the things I have done is start the art class. And I have really enjoyed it. It has got me out to mix with people of different age groups again, which is really what you need. And we have a laugh!" (Sandra)*

## Stories of Recovery through Independence

Whereas the previous stories in this section emphasised the importance of being close to other people, two of the storytellers noted how their recovery was facilitated by retaining a degree of independence from others. Both Warwick and Sandra highlighted that following the death of their spouses they took steps to ensure that they maintained their own lives and did not become dependent on their children.

Warwick initially spoke about the pride he felt for his children, noting that as both his sons were married with their own children he was pleased that they appeared to have "*replicated the family life we provided for them*." He then showed me a photograph of his grandchildren (Figure 5.43), saying "*I am very proud, I love them tonnes*". But this photograph then prompted

him to tell a story about a decision he had to make in regards to his family, following the death of his wife.



Figure 5.43: Photograph taken by Warwick

*"One of the things I have had to decide, and make a very deliberate, determine decision over; I pondered it a lot. Was following Gwen's death six years ago, should I go and live closer to them [family]. See more of them. Be with my immediate family for support, both emotional and social. Or not." (Warwick)*

After consideration, Warwick made the decision to remain living on his own in his current house, rather than moving to be nearer to his family. On balance it seems that Warwick decided that his wellbeing would be better restored and supported by retaining his independence, and an extent his own identity, as opposed to having to fit in with the routines and responsibilities of his family.

*"And it was a really, really difficult decision. I pondered it long and hard. And in the end the decision to stay living on my own was more on a gut feeling than on a rational consideration of all the elements. But it has left me realising that I don't, because I must say of my own decision, I don't see enough of my own sons or my own grandchildren. But I don't beat myself up over it. I know some grandparents who do. And the cause is this dilemma, about feeling good to live independently, but feeling really bad that they don't see enough of*

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*them. Now I don't feel really bad I don't see enough of them. Maybe*

*as I get older, I might do."(Warwick)*

In a similar story, Sandra noted that following the death of her husband she believed that it may have been possible for her to become over-dependent on her adult children. The picture which Sandra included was a recent one of her children as adults (Figure 5.44), and in response to the picture she said *"now the other thing that really, really makes me happy is my family".* However, she then went on to speak about how, since her widowhood, she had actively ensured that she did not become an unwelcome burden on her family. It seems that as they were so central to her wellbeing, Sandra did not wish to jeopardise their relationship by becoming over-dependent on them.



Figure 5.44: Photograph taken by Sandra

*"The lads are in their forties and my daughter is thirty six, and they*

*include me in things. And I can call across whenever I want, and I can*

*still do things for them while I am here, you know. And I have got a*

*good relationship with my daughter-in-laws, and my son-in-law. And*

*that really keeps me going. But I made a promise to myself when Jack*

*died, that I wouldn't be one of those parents that they think 'oh God,*

*here she is again'. Because it is too easy to just end up leaning on*

*your children." (Sandra)*

**Stories of Recovery through Activities**

For another two participants, wellbeing was recovered as the result of taking on new activities. Jessica had spoken about how she had become a widow in the previous eighteen months and that as a result she had a lot of extra time on her hands. This led her to select the photograph of fellow volunteers at the local charity shop (Figure 5.45), explaining that she had taken on a voluntary role with this particular charity as she wished to reciprocate the assistance they had previously provided for her. This suggests that for Jessica, recovery was to an extent supported by being able to do something meaningful as well as keeping busy.



Figure 5.45: Photograph taken by Jessica

*"I have got a lot of spare time and I thought, right, rather than moping and thinking, I will get involved in something. So I picked Age Concern because they were extremely helpful when my husband was ill, and they helped me with a lot of things. So I work there Wednesdays and Saturdays. Wednesday is my official day, but Saturday is sort of freelance, I can please myself whether I go in or not." (Jessica)*

As her story continued, she went on to comment about the positive aspects of taking on this role. It seems that this had supported the recovery of her wellbeing as it had allowed her both to remain busy and to enjoy a range of social interactions. Implied in both sections of her story is the belief that her wellbeing would have been undermined if she had not been active during her

widowhood, as it seems that this could have given her time to dwell on her grief which was not what she wanted.

> *"But I like it, it's very good. You meet people and it keeps your mind occupied. You don't get paid but the staff are very, very good, very nice, very kind, very considerate. And I just like it, because you are meeting everyday people, you meet all sides of people. You know it does you good to keep your mind occupied, and I think that helps you to keep younger." (Jessica)*

On the whole, the many stories which were told about retirement in this study focused on the positive impact which this had on one's lifestyle. However, Mohammad told a story about a difficulty he initially experienced when he had ceased leading an active working life. Formerly in good physical health as he had a job which kept him busy, he reported that when his post-retirement lifestyle became more sedentary his health appeared to go into decline.

> *"In my case, I retired about 10 years ago. And I was running a newsagent's business. And while we are running the business, I had no high blood pressure, I had no asthma, no diabetes. Because in the morning I left home about 5 o'clock in the morning, work long hours. Sometimes when people might not turn up then I have to deliver the papers. So that kept me fit. But then after retirement all this trouble started. My health began to decline."(Mohammad)*

Yet Mohammad then produced two photographs to represent the voluntary work he was now undertaking, one of an Age Concern vehicle (Figure 5.46 left), and another to symbolise the community centre where himself and his wife were both trustees (Figure 5.47 right). He then went on to explain that it was via his role as a volunteer that he was able to recover his health and subsequently wellbeing, as the lifestyle he was now enjoying was one where he was once again active and involved in the local community.

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Figure 5.46: Photograph taken by Mohammad

Figure 5.47: Photograph taken by Mohammad

*But then someone advised me about breathing exercises and how to keep active. So that's why I am involved with community work. At the moment I am involved in community work with nearly seven organisations at executive level. So in the week I am attending maybe three, four, five meetings, sometimes three meetings in one day. In fact in one of the organisations the boss came up to me and said 'Mohammad, you are a pillar of the community''* (Mohammad)

## Stories of Recovery through Changing Behaviour

Another method which the storytellers noted as facilitating the recovery of their wellbeing was by being prepared to alter the ways in which they acted in later life. Martin including an image of a loaf of bread (Figure 5.48), stating "*having enough food, that's important for wellbeing*". However, he then went on to suggest "*I probably should have mentioned the alcohol because being teetotal is an important thing*". This led Martin to explain the effect which drinking had on his moods, highlighting the impact this had for both himself and his family.

Figure 5.48: Photograph taken by Martin

*"It took me until the age of fifty to realise that alcohol doesn't suit me. I am not a nice person when I drink. I mean I have done other drugs. A lot when I was younger and they had less effect on me, less bad effects than alcohol. I think alcohol is the worst. I mean I smoked a lot of weed and took a lot of acid and it never made me violent. But alcohol really makes me violent. And it makes me violent when it has worn off. The next day I am in a really bad mood." (Martin)*

As his story continues, Martin reflected on the fact that he was himself initially oblivious to the connection between his drinking and mood. It was only when he became aware of the potential consequences of his behaviour that he decided that he would abstain from drinking in the future. Hence Martin was now able to tell a recovery story about his change from being a drinker to being teetotal, and noted that his lifestyle now facilitated, rather than undermined his wellbeing.

*"But why did I not realise that? You can't see it yourself, which is weird. And then I finally thought, well it was when my youngest daughter, Hannah, she said 'well if you don't stop drinking I am not going to speak to you again'. That's how bad it got. The toilet door is broken because I kicked it down once when I was drunk. That is why the lock doesn't work. And that was it then and I have not had a drink since 2006 and I feel a lot better." (Martin)*

Sandra noted two ways in which a deliberate change in her behaviour had helped her recover from her experience of bereavement. Having spoken to me at our initial meeting about her death of her husband, she then went on to explain that being widowed had initially made it hard for her to undertake an activity which had previously had a supportive influence.

> *"I have been a political person for over twenty years, and I was a counsellor for over ten years. And it was something that Jack and I really enjoyed together. But when he died it was as though a shutter came down and even thinking about doing the things I had done when he was alive really, really upset me. And I actually told the person I work with, who is the county councillor that I didn't want to be considered again as a candidate."(Sandra)*

However, Sandra then went on to tell a recovery story, and one which linked back to a previous weekend which she had spoken about enjoying. For although she had initially withdrawn from politics as she had been unable to contemplate doing this without her husband, actually resuming this activity was one catalyst to regaining her wellbeing in more recent times.

> *"But my colleague deliberately got me to go to this training weekend in Birmingham because he knew darn fine it would re-fire my interest. And on the way back in the car, because he drove, I did say to him 'You can forget what I said about not being a candidate again'. And he said 'Sandra, I didn't pay any attention in the first place!' He said 'you are too politically minded'." (Sandra)*

In a second story told later in the interview, Sandra recalled another way in which the death of her husband initially meant that she could not pursue an activity which she had previously enjoyed. Sandra had included two images of rooms in her house and noted the effect these had on her wellbeing since her widowhood. The first was a picture of the room where her husband had been bed-bound for many years and ultimately died (Figure 5.49 left), whilst the second was her own office/bedroom (Figure 5.50 right). In the first part of her story she highlighted that

it was the proximity of the two rooms in her home which were especially significant, for whereas they had previously played a supportive role they actually presented her with a challenge once her husband was no longer present.



Figure 5.49: Photograph taken by Sandra

Figure 5.50: Photograph taken by Sandra

*"Now this is a very small house and my husband's bedroom was at one side of the landing, and my room and office is at the other. And we used to leave both doors open and I would be working on the computer, and he would be shouting through, telling me things. And there would always be the background noise of the television in his room, cos it was on low whether he was watching it or not. And just the same as with the politics, when he died, it is only in the last couple of weeks that I have got back to check my emails." (Sandra)*

Sandra then went on to explain the steps she had taken in order to once again be able to resume working in this room. She noted that her actions did not appear rational to everyone, however, she knew that this was what she needed in order to support her own recovery. And now this room once again had become a place where she could undertake activities which facilitated her wellbeing, rather than one which undermined it.

*"So these days to be able to sit in that computer room, I have got to turn the television on low downstairs and leave the door open. It's*

*crazy, nobody can understand it. My son says 'you are wasting electricity' and I say 'yes but I need that bit of noise'. So now I have come to love being on the computer. I like it very much. I have made some good friends, sort of email friends via the Weight Watchers site as well. And we email each other two or three times a day. And that is my little room and I like that little room. So yes I am, going to enjoy my time in it again." (Sandra)*

## Stories of Recovery through Changing Perspectives

A final approach which participants spoke about as aiding their recovery was through altering their perception of a particular situation. For although it was not always possible for individuals to change the external circumstances of their life, being able to modify the way in which a particular experience was viewed could have a positive impact on their wellbeing. Speaking about the death of his wife five years previously, Warwick recalled the confusion which his grief had caused him at the time.

*"From a wellbeing point of view, a lot of people have said this who have been bereaved. You can't prepare yourself mentally or emotionally for that event. I remember it being very raw. I remember coming home in the evenings and crying my eyes out because you are coming home to an empty house and wondering 'how am I going to get through the next day, week, month?' I also remember saying at the time, almost within a day of Gwen dying. It is like someone had thrown away the road map. I am in a strange country. There are no road signs and there are no maps. You don't know which direction to go. You don't know how fast to go. You don't know anything"*
*(Warwick)*

However, as his story continued it shifted from one of bewilderment to one of recovery. Drawing attention to the photograph he had taken to represent the bereavement support group he

attended (Figure 5.51), Warwick emphasised the benefit which this group had for his wellbeing. It seemed that through attending and speaking to other group members who had similar experiences, he came to understand that his own response to his wife's death was fairly normal. Thus he emphasised the fact that changing his perspective on his grief was something which was essential in facilitating his recovery.



Figure 5.51: Photograph taken by Warwick

*"I was persuaded, without too much difficulty, but I was persuaded in my early bereavement to go along to the support group run by the hospice where Gwen had died. And that for me was a catalyst to recovery. Once a week we would meet people of similar circumstances, and gradually you gained the confidence of knowing that you cope with bereavement no worse than the other person."*
*(Warwick)*

Maggie likewise told a story about the way in which she had been able to recover in part from the death of her husband through changing her perspective on this life event. Throughout the interview she spoke about the devastation she felt on losing her husband twenty years ago, a loss she still appeared to feel acutely. Yet she noted that a comment of a family member had helped her to recover to some extent, as she was now able to shift the emphasis in her mind from the time she had lost with her husband to that which they had enjoyed together.

*"A good example was left by my daughter-in-law's father, his wife of seventeen years of marriage died. And he said to me when Bert died, I*

*had been married for thirty five years and he said that when he lost*

*his life, seventeen years they were married, but it was better than*

*sixteen, and sixteen years was better than fifteen years. He said every*

*year you had together is a blessing, so you and Bert had thirty-five*

*years together and that was better than thirty-four, or thirty-three.*

*And I thought, what good advice, so I took that on board. Yes that was*

*brilliant advice for me when I was bereaved." (Maggie)*

## Summary

Across the stories told within the Recovery narrative, participants placed an emphasis on the ways in which they were able to restore their wellbeing following a challenging life event. In each case wellbeing appears to be initially low due to this disruption, yet subsequently this is restored as participants emphasise the ways they were able to recover their wellbeing. The reason why these stories ended on a positive rather than a negative note seems to be in large part due to participants being able to cope with this experience and finding the resources to facilitate their recovery. Yet unlike in the Opportunity narrative, where the emphasis was on developing a new life, the focus in this instance was on regaining, to a degree, the life one had before.

Once recovery had been achieved, participants spoke about leading lives which were as busy and active as they were prior to the challenge. In this way the difficult events of later life have not resulted in participants feeling a degree of despair in the long term and withdrawing from society. In part, their recovery was linked to once again playing an active role and being engaged with others. Yet it should also be noted that for these individuals recovery was not just about related to being 'up and about' but to being busy in meaningful ways. It was also related to being able to regain a sense of self and a feeling that one is still the same person despite having experienced loss in one or more areas of their life.

## Acceptance Narrative

In the previous four narratives participants spoke about how, even when there was a level of disruption to their stories, their wellbeing had once again become relatively high. Yet within the Acceptance narrative, wellbeing was recalled as being lower as participants highlighted the more challenging aspects of their lives in the present. Difficulties recalled in this section included the continuing impact of the past, a decline in health, and a variety of unfavourable life circumstances. However, when speaking about these difficulties, the storytellers each emphasised that they had, to an extent, been able to reduce the undermining impact which these challenges had on their wellbeing by accepting this disruption. The ways in which the participants responded to these was by noting the self-knowledge they had gained, by modifying or relinquishing activities, or by simply finding ways to cope. As a result, although the tone of this narrative has been identified as negative, in reality this is mixed with a more positive one to a degree. And whilst a regressive plot seems to be the one most closely associated with these stories, the loss which is experienced is buffered to an extent. It seems that the reason why the tone is not wholly negative and the plot only regressive is that the participants once again used a high level of agency in order to sustain as great a degree of wellbeing as possible.

### Stories of Accepting the Past and Gaining Self-Knowledge

The first way in which participants spoke about the role of acceptance for wellbeing was in respect to buffering the impact of earlier life experiences. Most of these stories began in childhood, and they recalled how the ways in which they were treated had a long lasting impact on their perception of themselves, their self-esteem, and thus their wellbeing in later life. Martin presented a photograph which he intended to represent his "*family tree*" (Figure 5.52), and noted that the relationship he had with his family was a "*double edged sword*". Expanding on this, he emphasised that in terms of enhancing his wellbeing he believed family were important in respect to "*having roots*". However, he also noted that alongside this they had a negative effect, stating "*I don't really like any of my family, I have nothing in common with them*". This then led him on to explain the challenges he had experienced with his family when he was a young boy, and the upset this caused him at the time.

Figure 5.52: Photograph taken by Martin

*"Well my father was dead three months before I was born, which was not the most auspicious start. You don't think about it when you are a child I don't think. Well I didn't anyway. I have got one brother who I haven't got on with since day one. And it is funny cos he was really close to my father and when he died my brother was about eight. And I think it affected him quite badly and he was jealous of me because previously he had been the centre of attention. I think that is what started the animosity. But I was spoilt, probably with being the youngest and my father being dead." (Martin)*

Moving through to the present day, Martin suggested that the way he had been treated during his early years had continued to have a negative influence on his ability to interact successfully with other people. Yet as his story ended he noted that in recent years he has become more aware of this and therefore the effect has lessened to some extent.

*"And I think I have, I haven't got Asperger's but I have got tendencies. So I am very sort of, I don't know. It is not ego it is something different. And you don't see that yourself. I was really spoilt [when I was a child] and everything seemed to revolve around me. And it took me until I was fifty to realise. I now see things clearer I think, and I am a much nicer person than I was then. Probably only in the last five years or so" (Martin)*

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Later in his interview, Martin went on to tell a second story, which likewise made a link between the way he was treated in his earlier years and his current wellbeing. He had included an image of the novel by H.G. Wells entitled 'The Invisible Man' (Figure 5.53) and explained "*this is just something how I see myself*". This time his story started in the present day, and he recalled that his wellbeing had been considerably reduced as he felt ignored by other people, a feeling which he believed to have originated in his teenage years.
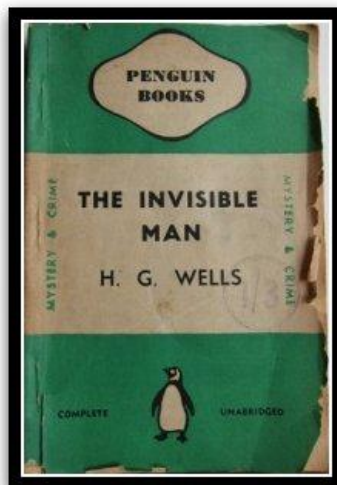


Figure 5.53: Photograph taken by Martin

"*Whatever I say nobody takes any notice of me. I feel. Which really gets against my wellbeing. Even at cricket, I am a qualified grounds man, time served, I have got all my certificates. So I will make a suggestion and they say 'oh no you don't want to do that. No we want'....at home 'why don't you do it this way?' 'Oh yeah, whatever'. It is probably a bit of paranoia on my part but I feel that nobody ever takes me seriously. Looking back I have come to think that I have always felt like this. I mean I was always pretty insecure when I was younger, especially as a teenager, so I suppose I probably started to feel invisible back then*" (Martin)

As his story continued, he noted additional ways in which he felt invisible to other people and the anger it caused him. Yet in the conclusion to his story Martin suggests that this is something

which concerns him less in the present than it did in the past. It seems that he no longer wished to be affected to the same extent, and has resigned himself to feeling this way. In fact he even takes part of the blame for other people's reactions, although he also infers that people misinterpret his behaviour.

> *"Even in pubs, they would be serving people behind me, and I think, 'hang on have I fucking turned invisible here or what? Well I think maybe it is because I make a joke out of everything. And I think 'cos of that people don't take me seriously. When I do say something serious they think I am still pissing about.  Mind you I care less these days, obviously. It affects me less. I just think, 'well, whatever'. Yes, whatever is a good word." (Martin)*

A similar story was narrated by Helen, who also believed that her experience of childhood led to her having certain expectations about the way in which people would treat her in later life. Having given a brief life story at the start of our interview, she then went on to reflect on the impact which taking part in my study had for her. Noting that it had made her examine her life in a different way, she then spoke about the lifelong effect which she believed resulted from her being an only child. It seems that for Helen this realisation has allowed her to have a new perspective on her life and experiences and to reflect that being an only child could have benefits as well as drawbacks.

> *"Actually it has been quite interesting for me, doing this study. Because I don't want to get too inward looking about it but I was talking to someone else the other day and she is an only child as well and about my age. And we were saying it isn't that you were materially more spoilt but that you are not accustomed to the knocks in life. You go places and you expect people to like you. And when they don't or they say something slightly cutting, it is like being in a boxing ring and you have your arms down and all of a sudden*

*somebody [signals a punch].....where did that blow come from? You just don't understand. So I think it is something you carry all through your life really. Sometimes in a positive way and sometimes in a negative way. So this study has made me a little bit more introspective which I think has been helpful"* (Helen)

In the story told by Maggie, this participant noted that the insults she had received during her early years about her personal appearance still continued to have an effect on her wellbeing in the present day. Initially she had presented an image of her fingers (Figure 5.54) and spoke about how a recent operation to remove ganglions on these had altered the shape and made her very self-conscious.



Figure 5.54: Photograph taken by Maggie

This then led her to speak about another aspect of her personal appearance which she believed undermined her wellbeing, her knees. Recalling that she had not taken a photograph of these as she believed I "*might never have recovered*" in the first part of her story she reflected on the negative comments she had received about this part of her frame during her childhood.

*"When I was a child I was called canary legs. Sparrow legs by my Dad. My Dad used to say that my legs were like a piece of string with a knot in the middle, and that was the knee. My brother used to howl laughing at them. And I think because I never cried or anything I don't think they realised how they were hurting me."* (Maggie)

As her story continued, she recounted that her knees were something which she continued to feel self-conscious about in the present. As such she highlighted this as a factor which challenged her wellbeing in later life. But by the conclusion of her story, it seems that she had found a way to reduce the upset which this now caused. For Maggie had now resigned herself to keeping her knees covered, and also admitted that she was probably over-concerned with her knees due to the childhood insults, she implied that in reality they may not actually be that bad.

*"I have acknowledged that there is nothing I can do about it. But you will always see me in trousers. There is a skirt in the bag over there going back to Marks, because I tried it on at home and I still don't like my legs. They are very thin. So I keep them covered up and try to forget about them. But it is childhood. It is not rational. It is childhood, from the insults." (Maggie)*

Finally Martin told a third story about the effect of the past on his present wellbeing, but this time it was events from his early adulthood which continued to challenge his current mood state. Having included a photograph of himself and his wife on their wedding day (Figure 5.55), this led him to describe the unsatisfactory relationship he had with his wife in the present.



Figure 5.55: Photograph taken by Martin

*"Having a partner [is important to wellbeing]. But not necessarily Jackie. Because she is not the love of my life and we don't pretend*

*that she is. Either of us. We get on alright but I wouldn't say we loved*

*each other. It is convenient. I wouldn't say I was mad on her but we*

*do get on at a certain level. But I don't think either of us would say we*

*loved each other." (Martin)*

Martin then went on to speak about an experience from the past and the feelings he had experienced for another lady. It appears that, at least in part, it is his memory of the relationship they had which continues to impact on his marriage in the present. Yet although Martin seems to be filled with a level of regret at his choice of wife, he gives the impression that with the passing of time he had been able to rationalise his loss and accept it.

*"The person I loved was already married, and I met Jackie at the*

*same time and so I had to choose. And although I married Jackie as I*

*knew the other lady would never leave her family, she was the love of*

*my life, so that was quite difficult. But it doesn't really affect me*

*anymore. It used to, it did at first. But now with probably being older I*

*think, well perhaps I imagined it. Perhaps the thought of being in love*

*is more true than the actual, well what happened. You always see the*

*good bits is what I am trying to say, and I probably glossed over the*

*bad."(Martin)*

### Stories of Accepting Decline and Modifying Activities

In respect to accepting decline, a small number of participants recalled how a reduction in their health, abilities or mobility had required them to modify the activity which they could now enjoy. In each story the narrator notes how they took control and chose a new activity which would still support their wellbeing and allow them to retain a sense of identity and continuity.

Dorothy had included a photograph of a crown green bowling pitch (Figure 5.56) and spoke about how this was an activity which she regularly enjoyed. However, she noted that she had previously played another sport, golf, but that she had to relinquish this due to pains in her joints.

Figure 5.56: Photograph taken by Dorothy

*"I took up bowling when I gave up golf. Because it was a very hilly*

*course and I was having trouble with my knees and it was just too*

*much. And I thought, well I will do something less strenuous. So I took*

*up bowls. Yes it is a very enjoyable game. It is not difficult. I belong to*

*a team and we play on a Thursday afternoon."(Dorothy)*

Francis likewise noted how he had previously given up playing squash as he believed it was too energetic for a man in later life. Having included a photograph of a tennis court at the local sports club (Figure 5.57 left) he spoke about the suitability of this game for someone of his age, 76. He then drew my attention to another photograph, one of the bowls pitch at the same club (Figure 5.58 right). In his story, Francis noted that although he was still fit enough to play tennis, he was making provisions for this new activity, bowls. He believed that this activity would still support his wellbeing when the time came for him to relinquish playing tennis, as it still allowed him to enjoy the benefits of the social club.

Figure 5.57: Photograph taken by Francis

Figure 5.58: Photographs taken by Francis

*"We have a tennis club at the end of the road, and it keeps you fit and you meet people. Yeah that has been a big part of my life. And I used to play squash but that's a more energetic sport. That's the beauty of tennis, well you know what age I am, I mean we have got one guy who is 86 and still plays. I mean you don't get people of 86 playing cricket and football. And when you have given up playing tennis, this is the beauty of the club over the road, you can move onto bowls, which I play a bit." (Francis)*

In a story told by Joseph, this participant noted that a decline in his health meant that an activity which once supported his wellbeing was now becoming something which could potentially undermine it. He included a photograph of the back garden at his current house (Figure 5.59), noting how it was a place which he enjoyed spending time. However, as his story progressed the emphasis shifted to highlight the challenge he was currently experiencing in regards to maintaining the garden, as well as the solution he chose to buffer this potentially undermining impact.

Figure 5.59: Photograph taken by Joseph

*"I like the garden when I get time to do it. It is a right mess at the moment with all the flooding, but yes it's a good place to go and potter and think. And that gives me a degree of contentment. Although now it's almost at the verge of becoming something that is not giving me a good feeling because it's getting too large, you know it's difficult to manage. Which is why we have bought another house and we are going to move to something smaller."(Joseph)*

## Stories of Accepting Decline and Relinquishing Activities

In the stories told above, the narrators noted that as a result of experiencing a decline in their health, mobility or energy, they had modified the activities which now supported their wellbeing. In the two stories told below, however, the emphasis was placed not on modifying but relinquishing activities. Francis began the interview by saying that his life had not recently changed in any ways which he believed would have an impact on wellbeing. Yet he then noted one way in which he believed it had been negatively affected as he had to relinquish a commitment he had done for a number of years previously. He tried, however, to find a positive outcome to this situation and thus buffered himself against the undermining impact this had on his wellbeing.

*"Nothing has changed in recent times, you know. I just carry on with life. Although having been secretary of the sports and social club for 20 years I gave that up in March. I was getting a little worried that I*

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*was going to forget things and, you know, something would go wrong.*

*So it has changed things a bit and given me a bit more time for other*

*things."(Francis)*

And Martin also recalled how a loss of function had resulted in him having to relinquish a particular activity which he had once enjoyed. Highlighting the image he had included of the drug Bendroflumathiazide (Figure 5.60), Martin noted that this medication was both a positive and negative factor in his life. However, he did not seem overly concerned about this and appears to have accepted the negative consequences as something which may have been inevitable due to his advancing years.



Figure 5.60: Photograph taken by Martin

*"Bendroflumathiazide is a blood pressure drug, and although it enhances my life because it makes me feel better, it detracts from your wellbeing because it makes you impotent. Make of that what you will. So therefore sex is more a spectator sport these days I will be honest with you. It isn't everyone but it is a possible side effect. It says on the leaflet. Whether it is or not I don't know. It might just be old age."*

*(Martin)*

**Stories of Accepting Life Circumstances and Coping**

The final set of stories which were told in relation to accepting life circumstances were those where the narrator spoke explicitly about the importance of using strategies to cope. For although they recounted situations which could potentially undermine their wellbeing, they spoke about the ways in which they managed these in a way which buffered their negative impact. The first such story was told by Maggie, who having identified her family as a factor which supported her wellbeing (Figure 5.61), went on to recall that the fact that one of her daughters now lived overseas was something which she found upsetting.



Figure 5.61: Photograph taken by Maggie

*"That's my family in Australia. It doesn't need any explanation does it? I am heartbroken that they have gone there. My daughter was expecting her youngest, and he is eight in June, so it must have been seven, no eight years this January. Everything is vivid. I can see me waving them goodbye as they went off down the road. And the fact that you couldn't let them know just how much your heart was breaking. I didn't want them to go away thinking, poor mum."(Maggie)*

However, despite the evident upset which Maggie felt at the time, she noted that she has taken steps to cope with this and to minimise the hurt it causes her in the present. It seems that for Maggie, being able to talk both with and about her family was one important way in which she could keep them close in both her heart and mind.

*"But we talk most nights, or mornings. And I go to see them once a year. I am going over in a month now actually. But I think sometimes I might get a bit boring with the amount that I talk about them. People, one man in my walking group says, 'oh is she still going on about her perishing grandchildren?' Well it is my own way of compensating but I probably am a bit boring."(Maggie)*

Sandra also spoke about a difficult situation with which she was faced. Having previously presented a photograph of her house, noting that the place where she lived supported her wellbeing, she had also included an image of damage to her garden fence as a negative factor in her life (Figure 5.62). Yet she tried to be philosophical about this in her story by shifting the focus away from the fact that she would struggle to pay for these repairs, to highlighting the supportive factors she still had in her life. And for Sandra, she saw these as being more significant to her wellbeing than her dilapidated fence.



Figure 5.62: Photograph taken by Sandra

*"And now thinking about my back garden. I mean it is horrible now because it has done nothing but rain and flood. And you notice my shed is leaking. In fact it is getting to the stage where it is getting a bit dilapidated. You can see there I need a new fence. When you get to my age and you are on pension credit, you have got to put essentials first. And a garden isn't an essential. So I would say the financial situation that I find myself in at the moment makes it hard work for me. I mean I*

*am living in a comfortable, warm house, and I don't go hungry and I*

*have got clothes. But it is luxuries, isn't it?"(Sandra)*

And finally, Martin told a story in regards to the mental health issues he had faced at various times in his life. For having experienced a number of episodes of low mood, he went on to note that he now felt better equipped to cope with this in the present. To an extent he attributes this enhanced coping to his acceptance that the low moods he had been experiencing were in fact symptoms of depression.

*"I think generally in later life I have found ways to cope. I mean I used to suffer from depression quite a lot but I cope with that now. I get it but I know what it is now. It is like Churchill used to call it 'The Black Dog' didn't he? That's how I think of it now. And I think yeah I have got it but you ride it out for a couple of days. And it gets less the older you get, well it does with me. Easier to manage perhaps is a better way of putting it." (Martin)*

**Summary**

Within the Acceptance Narrative, stories were told in relation to challenging life circumstances which undermined the narrator's wellbeing. As such, unlike the previous four narratives recalled in this chapter, these stories comment on some of the negative aspects of ageing and life in general. However, it should be noted that the impact of these circumstances was reduced to an extent by the participant being able to accept the situation, and cope with this by changing either their behaviour or their perspective. Once again, the storytellers can be seen as active agents in creating the best possible story of their lives, and that despite the degree of decline they may be experiencing, they are still active and engaged. In addition, it seems that the ways in which they chose to modify their behaviour or perceptive was done in a way which still allowed participants to retain a sense of identity despite accepting a degree of change.

# Disruption Narrative

In the stories told within the Disruption narrative, participants recounted the difficulties they were experiencing in their lives. Yet unlike the previous Acceptance narrative, where they had been able to act in ways to buffer this undermining impact to an extent, this does not appear to be possible in the instances cited in this section. As a result the disruption stands and in their stories participants recall the ways in which their wellbeing has been negatively affected. The factors which were spoken about by participants included difficulties in everyday living, anger at the behaviour of other people, challenges presented by a decline in health and concerns for the future. As such the tone of this narrative can be seen as largely negative and the plot, one of regression. Finally participants appeared to have low levels of agency and were not able to change these undermining aspects of their lives in any significant way.

## Stories of Disruption from Everyday Living

Across the stories told in this study participants highlighted a number of challenging life events and circumstances which they had experienced or were still experiencing. In some cases the factors which undermined wellbeing was the simple disruptions of everyday living and these were recalled by three of the participants across four stories. Both Francis and Maggie emphasised their dislike of wintery weather, explaining the reasons why this affected them in a negative way. Having included a photograph of his driveway (Figure 5.63), Francis noted that this was intended to represent poor weather and in particular rain. He then went on to highlight the reasons why the poor weather undermined his wellbeing, stressing the disruptive effect this had on his day-to-day life.

Figure 5.63: Photograph taken by Francis

*"The weather, rain! Well this summer has been a massive minus and*
*you can understand why people go to Spain and Portugal when they*
*retire to get away from it. So yeah it impinges, it impinges on tennis,*
*definitely, and bowls, and on the gardening. Well everything doesn't*
*it. If it is raining." (Francis)*

Maggie likewise spoke about how the winter weather has a disruptive impact on her wellbeing
and included an image of her back garden taken in failing light to represent this (Figure 5.64).
Similarly to Francis, she also focused on the things it prevented her from doing as well as the
behaviour she was forced to adapt when the weather was poor.



Figure 5.64: Photograph taken by Maggie

*"This is supposed to represent winter. And I hate everything about it. Drawing the curtains early. Getting up to a cold house. The fact that I have got to put my central heating on when I like to be loose with my clothing. And the birdhouse, you know the fact that you have got to put more food out for the birds, that's just a reminder that there is not much there for them. My walking is affected with my walking group, you know. You get muddy farmyards and fields. Generally cold, you know. And it is annoying how you have got to start your car."*
*(Maggie)*

In two further stories which highlighted the challenge which everyday living, Mohammad and Francis related their wellbeing to the effects of heavy traffic. Having taken a photograph of a traffic jam in the City Centre (Figure 5.65), Mohammad explained that the reason this impact on his wellbeing in a negative way was that he had a degree of concern for the negative environmental impact car pollution created.



Figure 5.65: Photograph taken by Mohammad

*"My special interest after studying this with the Open University is the environment. Because you have noticed global warming and climate change. So this is why we are campaigning and joining Friends of the Earth, Greenpeace etcetera, and to find out how we can cut down on carbon emissions, you see. Carbon footprint and all that. There are all these traffic jams which cause the emission of gas, $CO_2$. That is*

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*affecting, now we are campaigning to not use more cars, you know, use less cars and walk. That is the, one of the factors behind wellbeing."(Mohammad)*

The focus of Francis's dislike of traffic was not related to the environmental impact, but the disruption it caused to his daily tasks. He presented an image of traffic taken outside his own home (Figure 5.66), and noted that this stretched back quite a considerable distance from a set of traffic lights at the far end of this road. He then recounted a short incident as an example of the challenge which getting stuck in this traffic had for his wellbeing, and the disruption this could cause to his day.



Figure 5.66: Photograph taken by Francis

*"Well although I had said that having my own transport could be a plus, cars in general can be a minus. I mean quite often the queue from the traffic lights it is backed up to the house. And yesterday I went to collect the children, the grandchildren from the bus stop. Well you go down here and there may be sometimes queues backed up to here. But I mean yesterday the queue was from the roundabout and was back to the traffic lights and crawling all the way. It is a pain in the neck, the traffic, around here anyway." (Francis)*

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**Stories of Disruption from the Behaviour of Other**

Another factor which was highlighted by participants as causing a level of disruption to their wellbeing was the attitudes of other people. Four of the storytellers emphasised how the ways in which other people thought and acted either annoyed or upset them, as often this behaviour was contrary to that which they considered acceptable. Joseph had taken a photograph of a pavement close to his home and told me that it was meant to represent people dropping litter (Figure 5.67). He then went on to speak about the reason why he considered this to be a negative aspect of his life, and contrasted this with his own attempts to clear up after this littering.



Figure 5.67: Photograph taken by Joseph

*"Litter is something I dislike. I mean I do actually do a litter pick every week, up and down this lane and what not. And it really annoys me that people can be so, well they can't help it, it's the way they have been brought up, isn't it? And coupled with that is the dog owners who don't pick up their dog mess. So that is something that does annoy me, and detracts from my wellbeing." (Joseph)*

Maggie had included a photograph of a group of celebrities (Figure 5.68) and noted that although she believed many to be talented in their field they also appeared to be promoting behaviour of which she did not approve. She suggested that as celebrities they should be providing a positive example to others, but instead they were encouraging people to behave in ways which could have damaging consequences. This seemed to go against her own morality and the standards she set for herself and others.

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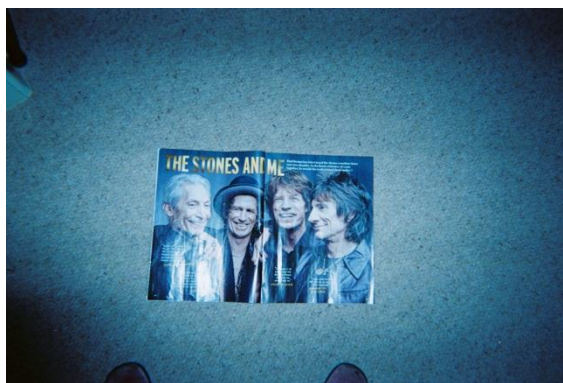
Figure 5.68: Photograph taken by Maggie

*"I mean the word celebrity, is celebrating something. And they are celebrating a lifestyle that is abhorrent. The word star, you know, they are always a star. A star is something bright and shining. They are not bright and shining. And when I think of poor Amy Winehouse; now what a star. But then she became a fallen star. So I feel very strongly about that." (Maggie)*

In his interview, John highlighted how there were two types of people he particularly disliked. The first was the general public, and in particular the way in which they judged the behaviour of celebrities. So whereas Maggie had found the ways they acted to be abhorrent, John believed that they should not be considered in such a harsh light. Drawing his example from the recent scandal involving Jimmy Saville and the claims of child sexual abuse, he went on to berate those who criticised behaviour which he saw as being acceptable at a particular time and within a specific environment.

*"What appals me, a bit, this is an opinion, what appals me is the sanctimoniousness of the British public. They really went, they gave Jimmy Saville a hard time. Now Jimmy Saville, he was just attracted to young girls. So it is totally bizarre that they are vilifying him for that. And in the atmosphere of pop music, the business of groupies, young girls offering their services to these pop stars. Perfectly bloody*

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*normal as far as I am concerned. So I am not keen on the general*

*public and their judgemental attitudes". (John)*

John then went on to tell a second story regarding a group of people whom he found particularly frustrating. Emphasising that he enjoyed the company of other people and would consider himself to be a sociable person, he noted that only certain types of company suited him and that he disliked others.

*"I have always been pleased to have friends, of both sexes. And I*

*generally get on well with people. Gregarious is the posh word. And*

*yet I am not the extreme of gregarious. I am not a party animal. I am a*

*bit weak on small talk. I will discuss anything with anybody but*

*aimless chatter I am not brill at. Some people are, aren't they? They*

*tend to get on my wick." (John)*

And finally Sandra also told a story about the ways in which the behaviour of others could have a disruptive impact on her wellbeing. Having included an image of a roast dinner (Figure 5.69), describing food as both giving her pleasure but causing her unhappiness, Sandra recalled the complex relationship she had experienced with food throughout her life. For whilst she noted that food is "*something which gives me great joy, I have always loved food*" she also noted that she had been overweight most of her life. Sandra then went on to talk about the discrimination she had experienced due to her size, and that this was much more apparent for herself than age discrimination.



Figure 5.69: Photograph taken by Sandra

*"I do feel a certain level of discrimination now that I am older, but there again, you know, if you are very, very overweight there is a degree of discrimination. If you are in a group, and I have noticed this a few times and other people have said it. People talk, sort of talk at other people and not talk to you. It's as if you are stupid and you won't have a point of conversation. It is as though if you eat then your wits have gone."(Sandra)*

## Stories of Disruption from Reduced Health

Although many stories have been told in this study where having good health was either explicitly mentioned or at least implied, there were some instances where participants emphasised a decline in health. On each occasion they noted that this was something which had a negative impact on their wellbeing but that they felt unable to do much to relieve this condition. Francis had included a photograph of his wrist (Figure 5.70) as a factor which took away from his wellbeing in later life. He then went on to explain that for the past few years he had been experiencing some pain in this joint.

Figure 5.70: Photograph taken by Francis

*"I have got a bad wrist which, well it started about 3 years ago or something like that. I have been to the doctors and they say there is nothing wrong with it. Well nothing shows up. And I mean it affects tennis playing. It affects, it is difficult screw driving things. And chopping wood, it jars. So it is a pain but it doesn't stop me doing*

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*anything. Playing tennis after about a quarter of an hour I forget I*

*have got it. Well unless I miss hit a ball and then it twists the racket*

*and gees it. It is probably a bit of arthritis of some sort."(Francis)*

Francis then spoke about an aspect of his health which appeared to have a greater impact on his wellbeing and cause a more significant degree of disruption. Having taken a picture of his hearing aids (Figure 5.71) he suggested that unlike his wrist, which only bothered him occasionally, the effects of his hearing loss are were considerable in his day-to-day life.

Figure 5.71: Photograph taken by Francis

*"I consider my bad hearing to be a minus in relation to wellbeing.*

*Because you know if there were six people sat around this table,*

*particularly with some background music or something, I wouldn't be*

*able to hear. It's hopeless. And at the football ground, you know, they*

*announce what the team is, well I can't pick it up. I can hear they are*

*announcing but I can't differentiate the names."(Francis)*

Francis then went on to explain that although he now wears hearing aids they are only of limited use in improving his hearing. He emphasised the isolating impact which a loss of hearing can cause, particularly when trying to listen to conversations held in groups. As such, he believed that a decline in his hearing has undermined his wellbeing to an extent.

*"With the hearing aids, you are supposed to be able to direct the microphone and cut out some of the background noise. But, well I suppose if you were really struggling, and I needed to concentrate on you, not on the cars going past or something, then it might be ok. But in a group it doesn't seem to work cos if I am concentrating on you then I can't hear other people. And it cuts you out of conversations. In certain situations."(Francis)*

Similarly Maggie spoke about how the loss of her sensory faculties disrupted her wellbeing in later life. Presenting a photograph of her glasses and hearing aids (Figure 5.72) saying "*this is a negative, eye deterioration and loss of hearing*", she noted that in relation to her sight she had "*been wearing glasses since she was 39*". However, she then went on to speak in more detail about the impact of hearing loss and in particular the frustration which her family and acquaintances displayed towards her due to this decline. In this part of her story her wellbeing does not appear to be disrupted by the hearing loss per se, but instead by the impatience of other people.



Figure 5.72: Photograph taken by Maggie

*"My kids have been telling me that I have been shouting for months. 'Mother, you are yelling'. And you would be amazed how many people say, 'are you deaf?' And, 'you are deaf'. Or they will say, 'that's twice I have told you that'. And, or they will get exasperated and say, 'oh for God sake' after a second saying. So that's why I got*

*the hearing aids. But this one lady knows I am deaf. And she has*

*started going, 'uh', 'tut' if I say pardon. And I see that as an*

*unkindness." (Maggie)*

As she continued to narrate her story, Maggie reflected on the potentially isolating impact which a greater loss of hearing could have for wellbeing in later life. Yet despite the fact that this story more closely resembles the one told by Francis about his own experience of isolation caused by hearing reduction, Maggie only spoke about this effect in relation to her mother-in-law. However, when told in conjunction with her earlier story it may be that Maggie is concerned that this could become a story she also comes to tell about herself. As such her, own wellbeing could be undermined by being isolated from others.

*"I should imagine loss of hearing must be a nightmare. And I think it*

*would isolate you. It has got to. Cos my mother-in-law was very, very*

*deaf, and she never had any aid. And she became somebody at the*

*corner because she couldn't hear. And people got tired of repeating.*

*So that's very worrying."(Maggie)*

## Stories of Disruption in the Future

Finally Sandra and Warwick both told stories about factors which they were concerned may disrupt their wellbeing in the future. Although they both spoke about how these were in some way associated with the death of their spouse, it was not the experience of bereavement and grief which caused the disruption *per se*. Having become a widower five years previously, Warwick had recounted about the many ways in which he had been able to recover from his bereavement, in particular highlighting the various activities he now enjoyed outside the home with friends. However, one aspect which he still appeared finding hard to deal with was coming back to an empty house after he had been out during the day. He then went on to explain that he believed this would become more challenging in the future, and as such his wellbeing would be further disrupted.

*"One of the things I find very, very difficult, I cope with it but I recognise that it could get, it could get problematic. It is difficult but it could become problematic. Is living on one's own. I can't tell you, I can't emphasis too much how important it is for me to go somewhere, with someone, for a meal, cinema, a show, a walk, or anything, and then afterwards reflect on it with that person. At first it was absolutely crushing coming back and thinking 'I have got no one to share this with. I have done this all day long and no one to share it with'. And the next day it is just yesterday's memory. For me personally a lot of things come through sharing. Not only planning something and doing it, but then reflecting on it later." (Warwick)*

Sandra also commented on a situation which had occurred since her widowhood and one which she believed could undermine her wellbeing in the future. Having included a photograph of her mother (Figure 5.73), Sandra explained *"I love her very, very much, and I am really happy I have still got her"*. Yet she then went on to note that there were some challenges associated with the fact that her mother was still alive which were less conducive to her wellbeing, and that these had the potential to undermine her wellbeing to a greater extent in the future.



Figure 5.73: Photograph taken by Sandra

*"My mother is 91 now, and she is getting frail. If we are outside, she has a stick but she tends to link us. And she can't walk more than fifteen minutes without sitting down. And having been Jack's carer, an intense carer, having to wash him and everything for seven years, I can now feel myself slowly dripping into the role of being her carer. And as much as I love her, I don't want that again."* (Sandra)

And Sandra suggested that there was a level of inevitability that she will have to continue to be the main source of support for her mother in the future. For as her story continued, she recalled an incident which implied that her brother was beginning to relinquish his own responsibilities, ones which Sandra was now being expected to meet. This again suggests that the threat which this situation will cause to Sandra's wellbeing will continue to increase in the coming years.

*"I think the situation is a very difficult one to tackle. Because it always seems to go to the role of the daughter, of the eldest daughter. I have a brother who is nine years older than me. And just an example. We have always had this routine that mum comes to me on Christmas eve night, she sleeps overnight....And for the last three years, after mid-day, my brother has picked her up and taken her to his. But my brother recently said 'we want a change this year' and he didn't intend inviting her across for Christmas. So then I said, 'well in that case she is going to have to stay at my house Christmas day as well'. But that puts an extra strain on me and in all honestly I can only see my responsibilities to my mother becoming greater and greater."* (Sandra)

## Summary

In the stories told within the Disruption narrative, participants spoke about those factors in their lives which had an undermining impact on their wellbeing. As a result these appear to be the most negative stories told by the older adults in my study. The difference between the stories

told in this and the previous three narratives - which also dealt with challenging life events or circumstances - is that in this instance participants did not seem able to act in ways to buffer against these difficulties. In addition, many of the factors highlighted in these tales posed a threat to the storyteller's identity either by preventing them from acting in certain ways or by being aware that others are acting in ways contrary to their own standards. Yet it should be noted that not all these stories emphasise disruption associated with ageing, as some of the challenges cited could affect people at any time of life. Hence this narrative should not be seen as one which could only be told by older adults. In addition, no storytellers told only a Disruption narrative, and hence the tales of reduced wellbeing should be acknowledged alongside the more positive and proactive tales recalled in this chapter.

# Conclusion

In this chapter I presented the stories told to me by participants in my study in order to provide support for the presence of six 'narrative types', namely Continuity, Proactivity, Opportunity, Recovery, Acceptance and Disruption narratives. As noted in the introduction to this chapter, from my findings it emerged that multiple narratives appear to be available for older adults to recall their experience of wellbeing. In addition, each individual tells multiple narratives in respect to their wellbeing, and as such even one aspects of the life could impact in a variety of ways. However, although this chapter has presented these different narratives and emphasised the complex nature of experiencing wellbeing in later life, a picture has also emerged in respect to the tone, plot and agency across these narratives.

In respect to tone, is seems that whilst first four narratives (Continuity, Proactivity, Opportunity and Recovery) are those which have an overall positive tone, the latter two (Acceptance and Disruption) have are more negative in tone. There is also a shift in tone from negative to positive in the Opportunity and Recovery narratives. Plotlines also vary between these narratives. A stability plot can be seen in the Continuity, Proactivity and to a degree Recovery Narratives, whilst one of progression is evident in the Opportunity Narrative. Regressive plots are present in the Acceptance and Disruption narrative as well as in the initial stages of the Opportunity and Recovery narrative. And finally agency can be seen to be high in the Proactivity, Opportunity, Recovery and to a degree the Acceptance narratives, but much lower in the Continuity and Disruption narratives. Table 5.1 provides an overview of the six 'narrative types' in respect to the narrative elements of tone, plot and agency.

Table 5.1: Overview of six 'narrative types' in respect to the narrative elements of tone, plot, and agency

| Narrative | Tone | Plot | Agency |
|---|---|---|---|
| Continuity | Positive | Stability | Low |
| Proactivity | Positive | Stability | High |
| Opportunity | Negative > Positive | Decline > Progressive | High |
| Recovery | Negative > Positive | Decline > Stability | High |
| Acceptance | Negative | Regressive | High |
| Disruption | Negative | Regressive | Low |

However, from considering these findings, a further two additional narrative elements appear to be present. The first is temporality, and this has been evident throughout the narratives in two ways. Firstly, in respect to the temporal location of the stories told, for whilst the past and future were cited at times, on the whole wellbeing stories were located in the present. And secondly temporality was evident in respect to linking the past, present and future, as in many of the stories continuing a sense of self or identity across time has been shown to be important for facilitating wellbeing in the present. The second element which was also strong throughout these narratives was that which relates to pace, and in respect to my findings this refers to the pace of life which was being lived by the participants as recalled in their stories. Throughout a busy pace of life appeared evident, as participants recalled that their wellbeing was associated with living active lives, being engaged with society and making a contribution. These five narrative elements will be given greater consideration in the discussion chapter which follows.

# CHAPTER SIX: DISCUSSION

## Introduction

The main aim of my study was to further explore older adults' perceptions and experience of wellbeing. From a review of the ageing literature, it emerged that two binary perceptions of later life are available. The first presents a negative view of ageing, as later life is seen as a time associated with challenges and losses (Cuddy, Norton and Fiske, 2005; Kite et al., 2005; Allan and Johnson, 2009). The second, active or successful ageing approaches, appears to be more positive, as the later years are seen as a time of opportunity, fulfillment and engagement (Havighurst and Albrecht 1953; Rowe and Kahn, 1987; Laslett, 1989; Baltes and Baltes, 1990). However, despite the prevalence of this more positive ageing approach throughout policy and theory, the findings that wellbeing levels are often high in later life (Horley and Lavery, 1995; Blanchflower and Oswald, 2008) have been described by some authors as a paradox (Brandstadter and Greve, 1994; Kunzmann et al., 2000).

This may in part be due to the fact that many of the studies which explore the notion of wellbeing in later life have generally only provided an exploration of the domains assumed to support or undermine wellbeing (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003; Bowling and Gabriel, 2004, Gabriel and Bowling, 2004; Wilhelmson et al., 2005; Bowling and Gabriel 2007), rather than gaining a more holistic picture of the experience of living in older age. In addition, when considering the stories told by older adults, within narrative gerontology the meta-narrative which is assumed to be dominant in the West is still that of decline (Gullette, 1997; Phoenix, Smith and Sparkes, 2010). As a result, more positive stories of ageing have not always been given due consideration, and on those occasions where these have been reported they are generally presented as counter-narratives of ageing (Feldman, 1999; Potts, Grace, Vares and Gavey, 2006; Phoenix and Smith, 2011).

In undertaking this study I was especially interested in seeing if older adults were able to tell wellbeing stories, or if the challenges of growing older meant that wellbeing was difficult to

narrate in the later years. I was also keen to explore whether any wellbeing stories which were told were predominantly presented as counter-narratives to those of decline, were aligned with the more active ageing approach, or recalled a variety of different ways in which one could live a positive later life.

Having carried out thirteen interviews with older adults and analysed their data using a narrative approach, I uncovered six 'narrative types' which appeared to be prevalent in their stories. In speaking about their wellbeing, participants told Continuity, Proactivity, Opportunity, Recovery, Acceptance, and Disruption narratives. In this chapter I did not seek to analyse the significance of each of these individual narratives as presented in my findings, but took a discursive approach to consider the implications of these as a whole in respect to the narrative elements of tone, plot, agency, temporality and pace. In this way I hoped to present an overall picture of wellbeing in later life as reported by the thirteen older adults in my study.

Throughout this discussion I have given consideration to the extent to which my findings are in harmony or counterpoint with the narrative of decline, the one which is assumed to shape the stories of ageing. I have concluded that there appears to be a new 'wellbeing' narrative present across my findings, and one which is having more influence over the stories told by my participants than that of decline. This 'wellbeing' narrative appears to align strongly with the more positive view of later life which is associated with notions of active or successful ageing (Havighurst and Albrecht 1953; Rowe and Kahn, 1987; Laslett, 1989; Baltes and Baltes, 1990).

Due to the concordance between the lifestyles which participants associated with their later life wellbeing and current political ageing agendas, I have reflected on the fact that the stories told by my own participants could be seen as responses to the policy direction of neoliberal governments (Foucault, 1997a, 1997b; Katz, 2000). When taking part in my study, participants may have been eager to present themselves as responsible, ethical citizens, who have not only been able to achieve and maintain wellbeing in later life but who have done so through the prescribed means of retaining their health, making a contribution to society and living busy and active lives. However, by examining my findings I noted that although the current normative

standards on 'ageing well' may have played an influential role, the tales told by my participants also reflected personal life experiences which emphasised the pleasure which was derived from these activities, the extent to which these related to the lifestyles lived in earlier life stages, and the need to retain balance between behaviours deemed healthy and those considered to be less healthy. Finally, I gave consideration to the fact that this wellbeing narrative may not be one which could be told by all older adults, and that whilst those who are willing and able to align their lifestyles with this message could be considered as 'winners', there will also inevitably be 'losers'.

Figure 6.1 below provides an outline of headings and subheadings included in my discussion chapter as a guide to the reader.

**Figure 6. 1: Outline of headings and subheadings included in my discussion chapter**
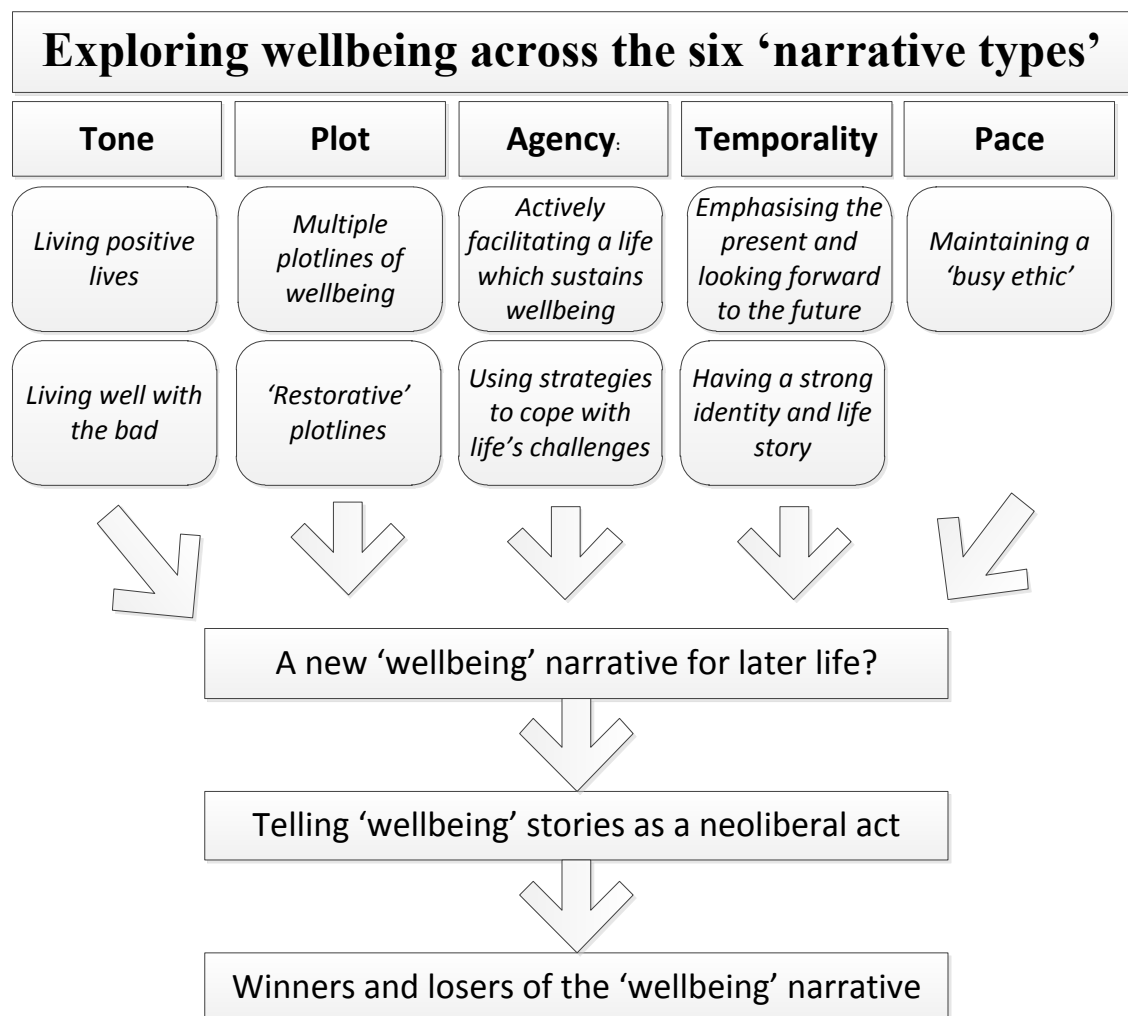
**Tone: Telling more positive tales**

The first narrative element which will be considered in relation to my findings is that of tone, and this concerns the participants' attitude towards the subject of their stories. Within the commonly told narrative of decline associated with ageing, stories are characterised by a negative tone, as the conditions of later life are expected to have an undermining impact on older adults. The findings of my study, however, indicated that older adults are in fact able to tell positive stories about their own wellbeing, and that although the negative tone traditionally associated with old age is present at times, this is not the one which dominates their stories. From my study it emerged that the assumed 'paradox' of wellbeing (Brandstadter and Greve, 1994; Kunzmann et al., 2000) can be explained to an extent by two aspects of later life.

Firstly, the older adults in my study recalled *Living positive lives*, and this was most evident in the Continuity, Proactivity, Opportunity and Recovery narratives. Across these four narratives, participants used positive phrases when telling their stories, and noted that there were many factors in their lives which supported their wellbeing. Secondly, although in the Opportunity, Recovery, Acceptance and Disruption narratives participants noted a number of challenges they either had experienced or were experiencing, the emphasis in their stories was not on the undermining impact of these. Instead, participants recalled how they were *Living well with the bad*.

*Living positive lives*

In my study, the tone which was present in many of the stories was generally positive. When talking about their wellbeing, the word 'happy' and other similar synonyms were used through many of participants' stories. Both subjective/hedonic (Ryan and Deci, 2001) and psychological/eudaimonic (Ryff, 1989a; Aristotle, 2009) notions of wellbeing are associated with a positive tone, and hence this is something which would be expected from wellbeing stories. In respect to ageing, the body of literature which explored older adults' own perceptions of wellbeing have likewise reported that, on the whole, later life is a fairly positive time and the majority of older adults in these studies rated their wellbeing in positive or at least neutral terms (Farquhar, 1995; Xavier et al., 2003; Bowling and Gabriel, 2004). The largely positive tone

across my findings, alongside the results of these previous studies, suggests that experiencing good levels of wellbeing is possible in later life.

Some theorists have suggested that wellbeing may improve with ageing due to changes in cognitive processes connected with emotional regulation. According the Socioemotional Selectivity Theory (Carstensen et al., 1999), older people perceive the future as being more bounded than younger adults. Thus they shift their focus towards maximising positive and minimising negative affect. As a result older adults may wish to tell more positive stories, even if the conditions of their lives do not appear to support these. Similarly, a number of studies which have explored those factors older adults believe give quality to life have emphasised that having a positive outlook and looking on the bright side can be a way of sustaining wellbeing in the face of challenges and losses (Hendry and McVittie, 2004; Borglin, Edberg and Hallberg, 2005; Puts et al., 2007). However, in my study there was little evidence of people shifting their perspective to view life in a more positive light than the external circumstances would suggest, except for a small number of stories. On the whole, my findings indicate that later life was a time when the older adults were able to tell positive stories because they were actually experiencing a range of factors which supported their wellbeing.

These positive factors were apparent across four out of the six 'narratives types'. Within the Continuity, Proactivity, Opportunity and Recovery narratives, storytellers spoke about the range of conditions in their lives which sustained their wellbeing. These included strong and loving relationships, good health and vitality, comfortable living conditions, and a range of enjoyable hobbies and pastimes. Although these life domains largely mirror those which have been cited by older adults as giving quality to later life (Browne et al., 1994; Bowling et al., 2003; Xavier et al., 2003), my study provides confirmation that these conditions are possible in older age. For in some of these earlier studies, participants were only asked about the factors which they believed added quality to life. It is not always clear whether the older adults actually experienced these themselves or if they were speaking about wellbeing in more general terms.

Out of the supportive factors identified in my study, the one which is often assumed to be essential for wellbeing in later life is having a good level of health. One of the reasons why good health is believed to support wellbeing in older age is that poor health is assumed to have a considerable undermining effect. The presumed link between health and wellbeing in an older population is evident by the fact that health scales are often used as proxies for wellbeing and quality of life (Halvorsrud and Kalfoss (2007). In fact older adults themselves consistently ranked good health as one of the most significant factors which gave quality to life (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003; Bowling and Gabriel, 2004; Wilhelmson et al., 2005; Bowling and Gabriel, 2007).

The findings of my study further support the association between good health and wellbeing. All of my participants appeared to be free from any serious illness and all appeared to have good levels of physical, cognitive and emotional health. Within the Proactivity narrative, storytellers overtly linked their wellbeing to being able to sustain healthy bodies and minds, and in many of their stories, participants emphasised that they lived their lives in ways which would only be possible if their health was maintained. The main ways in which a link between health and wellbeing was either implied or explicitly stated was by associating their wellbeing to a range of hobbies and activities which were reliant upon sustaining health and mobility. These included taking long walks, playing tennis and swimming, reading, doing crosswords and playing bridge. And although it is not possible to say how representative this sample is, it shows that the experience of good health is possible during the latter years of life and that this good health can in turn facilitate wellbeing. However, it should not be overlooked that a number of my participants did recall specific health complaints they were experiencing, although most of these were fairly minor and did not appear to have a significantly undermining impact. This implies that one is still able to maintain wellbeing alongside a degree of decline, and this will be considered in more detail below.

### *Living well with the bad*

When considering the findings of my study it should be noted that, despite the largely positive tone, narratives were also told where this was more negative. Yet across many of these more

negative stories, participants talked of how they were still able to live well and have good lives, even when 'bad' things occurred. Those narratives in which the narrators recalled the difficulties they were experiencing, such as those of Opportunity, Recovery, Acceptance, and Disruption, highlighted the range of circumstances and events which did, to some extent, undermine their wellbeing. Having poor health and losing one's partner were spoken about most frequently, and in previous studies older adults have likewise suggested that these can be risk factors associated with ageing (Farquhar, 1995; Xavier et al., 2003; Bowling and Gabriel, 2007). These finding may at first appear to closely resemble those of the narrative of decline, and as such confirm the suggestion that wellbeing is likely to be low in later life. However, four things are noteworthy in relation to the narratives in my study which have a more negative tone, and suggest that poor wellbeing does not necessarily result from challenging life experiences.

Firstly, although my participants recalled that there were indeed unfavourable aspects in their lives, these conditions did not automatically lead the storyteller into despair. For, even when speaking about these challenges, participants still appeared able to retain or regain a reasonable level of wellbeing. This finding in itself is not without precedent. In fact within the wider wellbeing literature it has been reported that humans have relatively stable levels of happiness, and that their baseline levels quickly resume following positive or negative life events (Brickman and Campbell, 1971). This notion has been coined as 'hedonic adaptation' and may in part explain how wellbeing can still be experienced in later life, or in fact at any time of life, even in the face of difficult circumstances. It should not, therefore, be automatically assumed that wellbeing can only be sustained when all aspects of life are going well.

Secondly, it was evident from my findings that wellbeing appeared to be evaluated at a holistic level, and that difficulties in one aspect of life could be counterbalanced with positivity in others. None of the storytellers only told stories which were negative in tone, as all also emphasised aspects of their lives which both supported their wellbeing. So whereas a storyteller may tell a Disruption narrative about their health, a Continuity narrative could be recalled in regards to their relationships. In addition, even within one life domain one could experience both supportive and undermining aspects. For example, in my study, whilst two of the

participants noted that they were suffering from a decline in their hearing both also told stories about the physical and cognitive activities they were still able to enjoy and which their overall good health still allowed. Similar findings were reported in a study by Hendry and McVittie (2004). Their phenomenological analysis of interviews with ten older adults revealed that not only was wellbeing viewed in a holistic way, but that they could hold both positive and negative views in relation to one particular life domains. These findings also suggest that a cautious approach is needed when assessing wellbeing in relation to objective life domains.

Thirdly, on no occasion did my participants recall feeling a low mood in general, without being able to locate the specific cause. In each case they could pin point the undermining cause and tell clear stories about this. In his study on illness stories, Frank (1995) found that, for some people, their experiences had been so overwhelming that they could not recount cohesive stories. Consequently he suggested that a 'chaos' narrative was prevalent for those individuals for whom this experience of illness had left them bewildered. However, within my study this lack of comprehension was not evident. This suggests that the experiences of growing older were ones which were mainly within the boundaries of factors which my storyteller were able to cope with.

And fourthly, it should be noted that many of the difficulties which were recalled in my study do not impact on older adults exclusively. For although the experience of bereavement and reduced health are generally more prevalent in the later years of life they could, in fact, occur at any time throughout one's lifespan. In addition, some of the factors which were highlighted as having an undermining impact on wellbeing were those which were not associated with ageing, such as those recalled in the Disruption narrative. In these, storytellers highlighted factors such as poor weather and the frustrations of heavy traffic, aspects of life referred to in the coping literature as 'everyday hassles'. One study has in fact suggested that these daily hassles can have a more significant and negative impact on wellbeing in older adults than major life events (De Longis et al., 1982). However, these are typically overlooked in the wellbeing literature. This suggests the importance of looking past the assumptions of ageing and viewing the experiences of older adults in a similar frame to those of younger and middle adulthood.

By considering the tone of the narratives in my study, it seems that not only should greater consideration be given to the factors which can protect or support wellbeing in later life, but that losses should not be automatically assumed to have a substantial or long-term negative impact on wellbeing.

## Plot: Moving beyond regressive plotlines

The second narrative element which will be considered is plot. Plot refers to the course of action in a story and the journey it takes to move from beginning to end. Although there are a wide range of potential plotlines available to support storytelling, at the most basic level are those of stability, progression and regression (Gergen and Gergen, 1983). Gergen and Gergen (1983) explored these plotlines in relation to narratives of the self, and stated that, within a stability plotline, an individual remains essentially unchanged throughout the story; in a progressive plot there is an increment or gain for the individual; and in the third, regressive plotline, the storyteller experiences a decrease or loss in their character.

Within the narrative of decline, the dominant plotline is traditionally perceived to be a regressive one, as older adults are assumed to experience loss across a number of areas. This, in turn, is expected to lead to lower levels of wellbeing. Yet from my findings it emerged that the regressive plot was not the one which was most frequently told, and as such stories were recalled where wellbeing was high. Firstly, I identified that across the six narratives in my findings, *Multiple plotlines of wellbeing* were present. Within the Continuity, Proactivity and Recovery narratives plotlines of stability were evident. As such, the experience of later life was seen to be in many ways the same as that of earlier years. A progressive plotline was also present in my findings, most notably in the Opportunity narrative. Where this plot was used, participants recalled that the conditions of later life had allowed them to grow or flourish in a way which was not possible in earlier years. A more regressive plot, which cited losses in later life, was, however, evident in the Acceptance and Disruption narratives, as well as being initially cited in the Opportunity and Recovery narrative.

Secondly, alongside locating the plots of stability, progression and regression in my findings, I also identified *Restorative plotlines* in the Opportunity and Recovery Narratives. In both instances, participants noted that they had experienced a change in circumstances which either had the potential to challenge their wellbeing or, in fact, did have an undermining effect. Yet in both instances, the initial regressive plot was followed by a more positive one, either that of progression in the case of the Opportunity narrative, or one of stability in the Recovery narrative.

### *Multiple plotlines of wellbeing*

There is an assumption that with ageing there will be a disruption to the life course and that as one transitions from middle age into later life a regressive plotline will emerge. Hence, when approaching my study, I had some expectation that the stories participants told me would have a regressive plotline and that the majority of these would emphasise the ways in which their wellbeing had been undermined with advancing years. In addition, in a study undertaken by Tulle (2012) where older adults were encouraged to express their feeling in respect to growing older through photography, a number of the objects which older participants brought in to represent this experience related to their physical impairments. However, it first came to my attention that this may not be the main plotline which would be cited when my participants returned their wellbeing photographs. For although two participants had taken images of hearing aids, one of reading glasses, and one of his wrist which I suspected would relate to an injury, on the whole any notion of decline was almost invisible. Therefore when going to elicit stories at the interview stage I had less anticipation of hearing ones with a regressive plotline. And indeed this was the case. Many of the storytellers recalled the consistency they were experiencing in their lives from past to present, or indeed the ways in which their lives were in some respects better than they had been in earlier years.

The stability plotline was one which was most explicitly present in the Continuity narrative cited in my study. In the stories told in this narrative, participants noted that their wellbeing was supported by aspects of their lives remaining unchanged. Continuity was spoken about as taking place across a number of life domains, specifically roles and responsibilities, skills and

activities, relationships, place, and health. In this way, growing older appears to have had little impact on these individuals, as when telling these stories later life was represented as a continuation rather than being distinct from previous life stages. A plot of stability was also implied in both the Proactivity and Recovery narratives, as in both instances wellbeing was supported in later life when the conditions were in some ways the same as in earlier years.

This stability plotline was seen to be present across some of the stories told in a study by Sherman (1994). From his findings, it emerged that a positive-stable plot was identified by the author as the one which was told most frequently by the forty older adults whom he interviewed. In addition, Sherman reported that this plotline was associated with the highest levels of positive emotion, suggesting a link between continuity and wellbeing in later life. Yet whilst Sherman identified three types of stability plotlines, namely positive-stable, neutral-stable and negative-stable, in my study all the stability storylines were those which were positive in tone. Participants recalled the conditions of their life which had supported their wellbeing in earlier years, and noted how the continuation of these factors still sustained their wellbeing in the present.

Despite the fact that later life is traditionally associated with disruption and decline rather than stability, there is additional evidence of this plotline in the theoretical literature on 'positive' ageing. The notion of continuity in later life has been suggested as a way in which one can age 'well' in Havighurst's (1961) Activity Theory, and is also prevalent in Continuity Theory as proposed by Atchley (1971). These theorists base their claims on the assumption that the psychological and social needs of older adults are essentially the same as those of people in middle adulthood. As a result, the things which supported wellbeing in earlier years are expected to still be important in older age. However, it should be noted that in telling these stories, my narrators emphasised only certain aspects of their lives which sustain their wellbeing by remaining constant. My findings also show that alongside these stories of continuity there are also ones of change and disruption.

Despite my findings and the resonance these have with two psychosocial theories of ageing, there is little mention of continuity in previous studies which have explored older adults' perceptions of wellbeing. One exception is a study by Xavier et al. (2003), who undertook interviews with octogenarians living in rural Italy. The findings of Xavier et al's (2003) study suggest that many of the aspects which were seen as giving quality to life in the present varied little from those which participants had been involved with throughout their earlier years. However, Xavier et al. note that the rural setting of their study may have facilitated the continuity of working roles into older age, and that this could be harder to achieve in industrialised areas. Yet the fact that my participants were able to report continuity suggests that for at least some older adults it is possible to maintain certain lifestyles from earlier years.

Another plotline, one of progression, was evident in the Opportunity narrative in my findings. In these stories, participants emphasised how later life was in some ways favourable to the years which had gone before. Participants now had the opportunity to enjoy new hobbies and activities, to develop new relationships, to have new life experiences and to have a greater degree of independence. The emphasis in these stories, however, was on the fact that this level of fulfilment was only now possible in the later years of one's life due to a change in circumstances or external conditions. This could be retirement from work or the death of one's spouse. And although this change could have some undermining effects, in this respect they were spoken about as being catalysts to enhanced wellbeing.

These findings are contrary to the expected narrative of decline, as the progressive plot goes in the opposite direction to the anticipated one of regression. Yet there is evidence from earlier studies that a progressive plotline is available in later life, and a paper by Bauer and Park (2013) emphasised that personal growth is not something which is only possible for younger adults but can be equally applicable to those in later years. Linking their findings with the notion of eudaimonic wellbeing and flourishing, the authors dismissed the assumption that only loss is associated with older adults. They stated that, in fact, personal growth or progressive narratives are common in older adulthood. Sherman (1994) likewise found that 20% of the forty older adults in their study told life stories with a progressive structure. So the Opportunity narrative I

identified has some resonances with existing findings and should be more consistently acknowledged as an available plotline for older adult's stories.

But again there is little mention of this in the literature which explores wellbeing from the perspective of older adults, as any possible notions of personal growth have been hidden behind the life domains which were reported. The notion of later life being a time of opportunity is, however, evident in the work of gerontologist Laslett (1989) whose book *A Fresh Map of Life* noted that, far from being a time of despair and decline, the earlier post-retirement years could be positive. In fact he went on to state that this could be a period where one had the greatest chance to fulfill one's ambitions, labelling these years as 'the crown of life'.

But it must be noted that there was evidence of some elements of a regressive plotline in my study, as storytellers spoke about a number of losses which they experienced in later life. In this study, a regressive plotline was noted in the Opportunity, Recovery, Acceptance and Disruption narratives, as the participants spoke about a decline in health, a loss of relationships, and having to relinquish working roles. To an extent, this regressive storyline appears to mirror the emphasis on decline which is assumed in later life. As would be expected, in my study participants often made a link between this regressive plot and lower levels of wellbeing, an association which has likewise been reported in the literature. In a quantitative study of the life stories of eighty-eight adults aged between seventy and ninety, Wilson (1996) recalled that the lowest levels of wellbeing were associated with a regressive plotline. Sherman (1994) also noted that this plotline was correlated with lower emotional affect.

However, on the whole, the regressive plot is not the one which dominates the narratives in my study, as the progressive and stability plotlines are frequently utilised across the stories told by my participants. This supports the findings of Sherman's (1994) study, as the author noted that life stories with a regressive structure accounted for only 8% of participant's narratives. In addition, even where a story with a regressive plot was recalled in my study, the storytellers frequently noted how wellbeing could still be achieved despite experiencing these losses. This was evident in the Acceptance narrative as older adults spoke about the ways they could

accommodate the challenges they faced. Finally, as apparent in the Opportunity and Recovery narratives, a regressive plot could change course and shift to one of stability or progression. This will be considered in the section to follow.

### *Restorative plotlines*

Alongside the plotlines of stability, progression and regression, a further two 'restorative' plots were evident in my study. In these restorative plotlines, as illustrated in the Opportunity and Recovery narratives, an emphasis was placed on how wellbeing could be restored after experiencing a change in life conditions. This change was spoken about as either initially undermining wellbeing or having the potential to have a negative impact. Yet in both narratives, storytellers were able to shift the direction of the plot away from one of regression and towards one of progression or stability. These 'restorative' plotlines are often overlooked when considering the life experiences of older adults, as it is traditionally anticipated that once challenges become apparent, these will overwhelm the elderly individual. However, the participants in my study emphasised that many difficulties could be overcome and that after a period of disruption one could once again achieve a good level of wellbeing.

The notion of 'restoration' is one which is largely absent from the literature which explores older adults' perceptions of wellbeing, as within this the emphasis has been mainly placed on life domains as either being supportive or undermining (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003; Bowling and Gabriel, 2004; Gabriel and Bowling, 2004; Wilhelmson et al., 2005; Bowling and Gabriel, 2007). Yet there are studies which have highlighted that in later life one may have greater levels of resilience than in younger years. As such, the 'restorative' plotlines evident in my study should not be considered surprising. In a study which compared psychological resilience in younger and older adults, Gooding et al. (2012) reported that participants aged 64 and over were more resilient than their younger counterparts. Furthermore, Tomas et al. (2012) found that across a sample of non-institutionalised elderly living in Valencia, resilient coping was the most significant factor which explained variances in wellbeing, and that higher levels of wellbeing were predicted by greater resilience. It seems that there is a need for this literature on resilience in later life to be

linked with that which pertains to wellbeing in an older population, as this may make alternate narratives to that of decline seem more appropriate in gerontology research.

Despite the fact that a narrative of 'restoration' is not prominent in the ageing literature, there are resonances between this as found in my study and narrative types available in respect to illness. In his book, *The Wounded Storyteller* (1995), Frank identified three 'narratives types' dominant in the stories told by people with cancer. Two of these, the narratives of 'restitution' and 'quest' have parallels with the Recovery and Opportunity narratives in my study. In my Recovery narrative, participants noted that after a challenging experience wellbeing was restored by resuming their lives to one which was similar to that before this difficulty. Similarly in Frank's (1995) narrative of 'restitution', storytellers noted that after surviving cancer, the aim was to return to the person they were before this period of illness; the 'restitution' narrative being summarised by Frank as "yesterday I was healthy, today I am sick, tomorrow I'll be healthy again" (1995 p. 77).

Yet in the 'quest' narrative identified by the same author (Frank, 1995), storytellers strove to not only overcome their illness, but sought to *use* the experience of illness to be in some way better than they were before. This resonates to a degree with the Opportunity narrative in my study, as participants drew on the challenges in their lives, and instead of being overcome by these managed to see the potential which these could offer them. It should be noted however, that unlike in Frank's narrative, my storytellers did not speak about having gained strength from their experiences. They did, however, note that this was the catalyst which facilitated new, positive experiences and in this way they used it to enhance their wellbeing. Similarities can also be seen between two personal narrative constructs identified by McAdams (2013), as his redemptive narratives of 'recovery' and 'growth' closely mirror those of Recovery and Opportunity respectively in my study. The identification of these plotlines by other authors suggests that they are ones which are available within Western culture, and their presence in my study implies that they can potentially be told by older adults.

By identifying various plotlines across the narratives in my study, these findings provide further evidence that the regressive plot is not the only one available for older adults, even in the face of difficulties. In fact the availability of two 'restorative' narratives suggests that even if a regressive plot is cited it can be transformed into one of stability or progression.

**Agency: Taking control of the action**

Agency is the third narrative element which will be discussed in relation to the narratives I presented in my findings. This element is linked to the role of the protagonist in a story and the extent to which they appear to have power to affect or control their own life. According to the narrative of decline, older adults are portrayed as having low levels of agency and hence unable to address the challenges which are associated with this period. The presumed result of this is that they will be overwhelmed by these challenges and their wellbeing will be reduced. However, from the findings of my study it seemed evident that many of my participants had high levels of agency, managing their lives in ways which enabled them to sustain their wellbeing. As a result they rarely reported being overwhelmed by any difficulties they were experiencing, and thus their stories did not descend into ones of decline.

From across the narratives identified in my study, there appeared to be two ways in which the older adults displayed high levels of agency. Firstly, within the Proactivity, Opportunity, Recovery and Acceptance narratives, participants recalled *Activity facilitating a life which sustains wellbeing*. In particular, the emphasis in these narratives was on how the storytellers were able to gain or maintain conditions in their lives which supported their wellbeing. Secondly, participants highlighted *Using strategies to cope with life challenges*, and this approach was also present in the Recovery and Acceptance narratives. The benefit of these coping strategies was that they minimised the undermining impact which difficulties and losses had on wellbeing.

*Actively facilitating a life which sustains wellbeing*

When discussing the first narrative element in this chapter, tone, I emphasised that the largely positive tone in participant's stories largely resulted from the presence of a range of supportive

factors in their lives. Yet what was also apparent from my findings was that although in some instances these conditions were achieved with little deliberate action on the part of the storyteller, in many of their stories they recalled the steps they took to actively facilitate these positive aspects. This implies that the older adults in my study felt able to control their lives in ways which had a positive impact, and thus had a reasonable level of control, over their own wellbeing.

Believing that one has the ability to control one's own life, or high levels of agency, relates to the psychological concept of locus of control. According to this notion, individuals with an 'internal locus of control' believe they have a high degree of influence over their own lives, whereas those with an 'external locus of control' assume that this is largely out of their power (Rotter, 1966). A recent study reported that individuals with high 'internal local of control' and low 'external locus of control' were found to have significantly better levels of life satisfaction, positive emotions and psychological wellbeing than those with high 'external' and low 'internal' locus of control (Quevedo and Abella, 2014). On the whole it appears that the findings of my study with an older population mirror these, as many of the stories suggest a link between high 'internal locus of control' or agency and wellbeing in later life. This was most apparent over three of the narratives, namely those of Proactivity, Opportunity and Recovery.

In the Proactivity narrative, my participants recalled that their wellbeing was sustained in later life by being able to maintain a good level of physical, cognitive and mental health. However, unlike stories in the Continuity narrative, where being healthy was spoken about in a way which gave little indication that it had to be actively achieved, the main emphasis within the Proactivity narrative was on the need to act in certain ways if one was to remain free from illness. Those studies which reported the factors older adults associated with life quality noted that participants frequently ranked poor health as the most significant undermining factor (Xavier et al., 2003; Bowling et al., 2003; Bowling and Gabriel, 2004; Gabriel and Bowling, 2004), whilst having good health could facilitate life quality (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003; Bowling and Gabriel, 2004; Gabriel and Bowling, 2004; Wilhelmson et al., 2005; Bowling and Gabriel, 2007). Yet what these studies do

not show is that older adults are in fact able to have a degree of control over their own health and, as such, protect their wellbeing.

In my study, participants recalled a range of ways in which they actively facilitated their own health. These included eating healthy foods as well as avoiding those which are deemed unhealthy; undertaking hobbies and activities which facilitate physical and cognitive health; and taking steps to protect ones emotional health and thus reduce or avoid symptoms of anxiety and low mood. In these ways, the older adults in my study both supported their health in the present and sought to preserve it as best they could for the future. These findings have a degree of resonance with Rowe and Kahn's (1987; 1997) suggestions on the ways in which one can age 'successfully, as they likewise place an emphasis on the importance of prevention in middle-adulthood as well as health promotion in older age.

The need to take a proactive and preventative approach to one's health in later life has also been included in recent government policies on ageing (Department for Work and Pensions, 2005; Office of the Deputy Prime Minister, 2006; Department of Health, 2006; Department of Health, 2007; HM Government, 2007; HM Treasury, 2007; Audit Commission, 2008; Department of Health, 2008; Local Government Association, 2008; Department for Work and Pensions, 2013). Due in part to the assumed costs associated with an ageing population, health and social care services were encouraged to shift resources upstream away from the treatment of illness and towards prevention and promotion (Audit Commission, 2008; Department for Work and Pensions 2005). As part of these policies and the resulting interventions, older adults were expected to take a level of responsibility for their own health. The evidence from my study, combined with advice from ageing theory and policy, suggest that one can have a degree of control over one's health in later life. Thus the undermining impact on wellbeing of any poor health which is experienced can be reduced.

Yet it is also important to emphasise that in the stories recalled in the Proactivity narrative the main impetus for acting in ways to sustain health were related to previous life experiences, and not simply to prevent decline associated with ageing. In addition, although a healthy lifestyle

was promoted by my participants on the whole, they also stressed the need for balance to support their wellbeing. In this way, one could still sustain a good degree of health by acting in ways which facilitated this most of the time, but could also enjoy less healthy activities which gave them pleasure such as smoking cigarettes, enjoying alcohol and eating less healthy foods. These findings suggests that the older adults in my study are not doggedly obeying health promotion messages out of a strong fear of future decline, but that good health is the result of a combination of these messages, one's personal life experiences and moderation in respect to less healthy behaviours.

In addition to being able to facilitate their own health, the finding from my study revealed additional ways in which older adults were able to gain resources which sustained their wellbeing. This was most evident across the Opportunity and Recovery narratives. In the Opportunity narrative, although each participant had experienced a loss of either working role or their spouse, in their stories they placed an emphasis on the gain they had subsequently made. For these storytellers, their wellbeing was associated with being able to find new activities to enjoy, building new friendships, and being able to gain new life experiences and independence. In addition, when recalling stories in a Recovery narrative, my participants highlighted the factors which facilitated this, including the friendships they made, the independence they gained, the activities they enjoyed and the ways in which they could alter their behaviour or perspective.

Taking this proactive stance has resonances with wider wellbeing initiatives, such as the now ubiquitous 'Five Ways to Wellbeing', as developed by the New Economics Foundation (Aked and Thompson, 2011). These 'Five Ways to Wellbeing' are a set of evidence based actions which are expected to enhance wellbeing at a population level. These five actions are to 'connect with others', 'be active', 'keep learning', 'take notice', and 'give', and there are resonances between these and the life domains which participants in my study sought to gain. Hence my findings have suggested that older adults are capable and willing to facilitate the conditions of their lives, and thus it is important that the message of being able to change or control one's wellbeing is made available to an older population.

### *Using strategies to cope with life's challenges*

Another way in which the participants in my study appeared to have high levels of agency was through their ability to cope with life's challenges. This was most prevalent within the Recovery and Acceptance narratives, where storytellers emphasised they were able to act in ways to reduce the impact of undermining life events and conditions. Parallels can be drawn between my findings and the literature on coping, as according to leading authors in this field, "coping influences the adaptational outcomes of a person's struggle to get along or live well" (Lazarus and DeLongis, 1983; 248). And although a range of different coping styles have been suggested across the literature (Lazarus and Folkman, 1984; Weiten and Lloyd, 2008; Brannon and Feist, 2009), within my study there is evidence of participants mainly using both problem-focused and appraisal-focused strategies.

Problem-focused approaches to coping are those where an individual acts in specific and practical ways in order to address a stressor and to manage or change this (Weiten and Lloyd, 2008). This approach was most prominent in the Recovery narrative, where the storytellers recounted the loss they had experienced in recent years. In the majority of cases, this was the death of one's spouse, but stories were also told about retirement or a decline in health. Yet despite the initially undermining impact which this life event had for the individual, the emphasis in these stories was the ways in which recovery was achieved. From my findings, it emerged that participants were able to regain their wellbeing through a variety of means, including friendships, activities, appreciating being independent and changing behaviour. This suggests that not only do older adults have the range of resources frequently cited as giving quality to life,  but that they were able to use these effectively to sustain their wellbeing in the face of difficulties.

A second way in which older adults responded to loss by using a problem-focused approach was by being able to adapt those aspects of life which sustained their wellbeing. This was again evident in the Recovery narrative but also in that of Acceptance. Across these two narratives, my participants noted a change in their status quo. But instead of expecting a degree of unhappiness that they had to possibly give up one aspect of their life, they emphasised the ways

in which they had sought suitable alternatives. Thus they were able to reduce the negative impact this had on their wellbeing. For example, in the Acceptance narrative, participants spoke about how they had relinquished an activity which was no longer possible since their health had reduced, yet noted that they had now taken up a new one which had many of the same benefits. Another way in which a suitable replacement was found was in the Recovery narrative, as in some respects the friendships which had assisted this recovery supported participant in ways which were previously undertaken by one's spouse. In fact one study suggested that new friendships are often preferable for older adults who have been bereaved than finding a new partner, as this latter course of action may lead one to feel a sense of guilt that they were replacing their spouse (Hartup and Stevens, 1997).

The link between being prepared to adapt and ageing well is evident across a number of ageing theories. Proponents of Activity (Havighurst and Albrecht 1953; Neugarten, 1964; Lemon et al 1972) and Continuity (Maddox, 1968; Atchley, 1971, 1989) theories emphasised that in order to age well one should strive to maintain a lifestyle in older age which is similar to that of earlier adulthood. However, these authors acknowledged that with ageing, one is more likely to experience a number of losses, hence they proposed that one should be prepared to make adaptations and where possible to be able to replace losses with appropriate substitutions. Similarly one of the components of Baltes and Baltes (1990) theory of 'successful' ageing was the need to compensate for losses which have occurred. Hence the need to be flexible and shift the conditions which support wellbeing can be seen as important when faced with difficulties in later life.

In addition to the use of problem-based coping, there was also evidence from my findings that older adults used appraisal-coping (Weiten and Lloyd, 2008). In using this approach, participants altered the way in which they perceived a particular difficulty, and thus reduced the undermining impact which this had on their wellbeing. Within the Acceptance narrative, storytellers recalled how they were able to change their perspectives on the challenges they had experienced. This included becoming more aware of the impact of the past on their present behaviour, as well as being able to accept the current circumstances of their lives. In addition,

being able to change one's perspective was one way in which wellbeing could be restored, as two participants recalled in Recovery narratives that they were able to reduce the extent of the grief they were feeling at the loss of their spouse, by seeing their bereavement and the way they were coping with this, in a different light.

To an extent this mirrors the findings of some 'lay' accounts of wellbeing, where psychological outlook is considered to be an important factor which mediates the effects of external life conditions (Hendry and McVittie, 2004; Borglin, Edberg and Hallberg, 2005; Puts et al., 2007). Ranzijn and Luszcz (1999) proposed that in fact acceptance could be the 'key to wellbeing' in later life, and the findings of their study suggested that alongside self-rated health, acceptance was a significant predictor of wellbeing. Additionally, in Ryff's (1989b) study which compared views of psychological wellbeing in middle aged and older adults, the author reported that for the older group, wellbeing and positive functioning was associated with accepting age associated changes. However, the use of appraisal-coping and acceptance in my study should not be over emphasised, as in most cases either external conditions were favourable or the storyteller took problem-focused approaches to resolving or minimising these.

Finally it should be noted that other prominent coping styles did not appear to be used by the participants in my study. There was no evidence of denial, which suggests that older adults were effective at using more proactive approaches. This mirrors the findings of a study by Blanchard-Field et al. (1995) who reported that older adults were more likely to use problem-based solutions than their younger counterparts. The authors put this down to the advantage of experience gained over the life course, as older adults had been able to try various coping techniques and identity those which they considered to be most effective. It is also worth noting that none of the participants talked of using religious or spiritual coping to protect their wellbeing, even though this has traditionally been cited as coping methods frequently used by the older generation (McFadden, 1995).

From these findings it seems that a greater emphasis should be placed on the control which older adults appear to have over the conditions of their lives, and thus over their wellbeing. Not

only are they able to facilitate positive conditions in their lives but they are able to use a variety of coping methods to sustain their wellbeing even in the face if challenges.

**Temporality: Locating wellbeing in the past, present and future**

The fourth narrative element which will be considered in relation to the findings of my study is temporality. The notion of time is linked with stories in a number of ways, for example in regards to the structure of a tale and its movement across time (Labov and Waletsky, 1967). In respect to my findings, however, firstly, I will consider the significance of time to explore the temporal location of the stories which were told in my study, i.e. in the past, present and future. And secondly, to consider the extent to which my participants were able to link these three temporal aspects within their own life story to create a strong sense of personal identity.

When thinking about stories told by older adults, these are traditionally represented as placing an emphasis on a 'golden past' where life conditions were more favourable. The expectation is that the present and future will be viewed with less satisfaction, as one is expected to be experiencing losses associated with decline, whilst anticipating more in the future. However, in respect to the narratives in my study, on the whole wellbeing stories were told when my participants recalled *Emphasising the present and looking forward to the future*. In addition, despite suggestions that people in later life have difficulties in creating a coherent sense of self (Bohlmeijer et al., 2011; Frits de Lange, 2011), my findings indicate that the older adults in my study associated wellbeing with *Having a strong identity and life story.*

*Emphasising the present and looking forward to the future*

During the data collection stage of my study, participants were informed that when considering those aspects of their lives which supported or undermined their wellbeing, they could cite events and life conditions from the past, present or future. Based on the traditional view of ageing, I had anticipated that a reasonable percentage of these stories would focus on the past as a place where wellbeing was most prominent. Consequently I expected to hear that the present would be viewed less favourably and thus be less conducive to wellbeing. Yet what was striking about the stories I heard, was that across many of these the emphasis was placed firmly in more

recent years. For many, the conditions of their current lives were able to support their wellbeing, and were not viewed as being inferior to their experience of the past. This included remaining in supportive relationships, feeling safe, secure and proud in their homes, being able to enjoy a good level of health, and gaining a range of benefits from the hobbies and activities they pursued. And although their stories often made reference back to earlier years, the resolution to these and the location of the wellbeing experience was largely in the present day. This resonates with the findings of a study by Tulle (2012) who noted that when selecting material for use in an exhibition intended to illustrate the experience of growing older in contemporary Scotland, an emphasis was more frequently place on the present day with only one participant opting to emphasise the past.

At this stage in the discussion, is it important to make a distinction between the notion of living in the present and the concept of taking one day at a time. For example, in a study of the experience of quality of life in Swedish adults aged eighty and above, Borglin, Edberg and Hallberg (2005) reported that contained within the theme labeled 'anchorage to life' was the notion of living in the present. However, further explanation revealed that this related to living day-to-day, as participants in Borglin, Edberg and Hallberg's (2005) study felt unable to make plans for the future due to fear of decline and ultimately death. Yet within my study, living in the present was more akin to taking pleasure in life and gaining enjoyment from the way in which it was currently being lived. What should be noted, however, is that the difference in my findings from those of Borglin, Edberg and Hallberg's (2005) could relate to variances in participant age. For whereas all those in the Swedish study were octogenarians or older (Borglin, Edberg and Hallberg, 2005), the average age of my participants was seventy-two, with the youngest being fifty-six. It may be that the notion of living one day at a time is more applicable to those in older-old age, especially if they are experiencing a considerable degree of poor health and mobility.

In regards to the past, this was rarely 'glorified' in my study and within certain stories in the Acceptance narrative, the past was actually spoken about disparagingly. Traditionally older adults are assumed to find pleasure in reminiscing over their earlier years, and in fact this has

been associated with life quality in older age by a number of authors (Borglin, Edberg and Hallberg, 2005; Bohlmeijer et al., 2007). Yet in my study, three of the storytellers recounted how they had been treated unfavourably in their earlier years, and that the impact of this had continued into the present day. There is evidence to suggest that when older adults dwell on the past and continue to view this in a negative light this can have an undermining effect. For example, in their study on styles of reminiscence associated with 'successful' ageing, Wong and Watt (1991) found that negative ruminating on the past was associated with ageing 'unsuccessfully'. Yet it should be noted that where unhappy reminiscence stories were told in my study, the narrators went on to emphasise that growing older has allowed them to gain a greater degree of self-knowledge from these events. In this way, ageing is seen as beneficial, as the individual is more at ease within themselves in the present and subsequently the undermining impact on their wellbeing has lessened.

Having considered the past and present, the notion of the future was also discussed to an extent in my study. Within the narrative of decline the future can be seen as something to fear, as one expects to experience a range of losses assumed to be associated with ageing. There is also evidence to suggest that this view is shared by some older adults themselves, for in a study by Puts et al., (2007) one factor identified by older participants as undermining their psychological wellbeing was a fear of decline in the future. And indeed this was also apparent in my study, as in some of the stories in the Disruption narrative, participants expressed concern that future life conditions and circumstances may have a negative effect. However, whereas participants in the Puts et al., (2007) study emphasised general concerns in regards to developing dementia or being admitted to a nursing home in the future, within my study the anxieties were more personal and less extreme. Furthermore, these stories where the future was seen as a source of anxiety were only recalled by a handful of my participants, and on the whole the future was either not mentioned or was spoken about in positive terms.

### *Having a strong identity and life story*

Another way in which temporality is evident in my study and associated with later life wellbeing is in respect to how participants were able to link their past, present and future

together to create their own individual life story. Within Western societies there is a tendency for older adults to be viewed as a homogeneous group with needs and challenges, and to overlook the fact that each older adult has their own lived experience and individual identify. In fact, an article by Frits de Lange (2011) in a collection of essays on Narrative Gerontology suggests that due to the fact that it is a relatively new concept, older adults have difficulty with the very notion of identity construction. The author went on to state that "often, older adults don't succeed in articulating their life story" (p. 51) and that consequently this can lead to a sense of meaninglessness and depression. However, this suggestion appears questionable, and my findings indicated that the older adults who took part in my study did indeed have their own sense of self. In addition, whilst none of my participants explicitly spoke about the importance of having a coherent life story, their stories suggest that individual identity was important for experiencing wellbeing in later life.

Throughout their stories participants made a clear link between their own past, present and sometimes future. This suggests that identity construction is both possible and important in later life. Within my study, wellbeing as reported in the Continuity narrative inevitably rested on maintaining a sense of consistency between who one was in earlier years and who one is today. This link between a sustained sense of identity and wellbeing was likewise pertinent throughout the Proactivity and Recovery narratives, as in both these narrative participants appeared to place value on being able to retain or regain aspects of their lives which they found personally meaningful.

Being able to sustain a sense of self is an idea which has been cited in a number of studies which have explored older adults' experiences of wellbeing. In a study which compared views of psychological wellbeing in middle-aged and older adults, Ryff (1989b) reported that maintaining a sense of stability within one's personality was actually more important for older than middle-aged participants. Additionally, Borglin, Edberg and Hallberg (2005) recalled that preserving a sense of identity and meaning in life contextualised the findings of in-depth quality of life interviews with eleven men and women aged eighty and above. In fact, the authors noted that being able to tell one's own life story in a way which was "logical, meaningful and

coherent" (p. 215) was highly valued by the majority of their participants. Similarly Continuity Theory also suggested that one could age well in the face of losses by adapting in ways which allow one to retain an internal notion of stability (Atchley, 1971), and these findings, alongside those from my study, refute the notion that older adults lack a sense of personal identity.

However, similar to my study, Atchley (1971) suggests that maintaining continuity in external life conditions can also be seen as facilitating a positive experience of ageing. Hence another way in which the importance a personal life story was evident in my study was through the emphasis which was placed on life domains being personally meaningful and applicable to each individual. In the Continuity narrative, the external conditions of life such as hobbies and relationships were seen as supporting wellbeing as they had been meaningful to that individual since earlier adulthood. And across the Opportunity narrative, although new life circumstances were seen as having a positive effect, these new circumstances were ones which the participant recalled having a particular wish to experience or achieve.

In addition, participants also emphasised that when undertaking a range of activities they enjoyed mixing with 'likeminded people', where other were perceived to be likeminded when they shared the same interests as themselves or when they had a common life experience. This included a mutual love of art or reading, understanding the experience of widowhood and bereavement, and having similar personality traits or sense of humour. Hence it was not simply having social interaction *per se* which was deemed important, but socialising with people with whom one had a connection.

Conversely, in the some of the stories in the Disruption narrative, participants highlighted how their wellbeing was undermined by those who displayed actions and characteristics which were contrary to their own standards and ideals. This included those who were cruel to animals or children, the amoral behaviour of celebrities, the sanctimonious nature of the British public, and people who dropped litter. This aspect of life experience has been rarely considered in the existing wellbeing literature. However, it may be that this is hidden behind life domains which

have been cited as taking quality away from life, including poor relationships with others as well as social and political aspects (Bowling et al., 2003).

In fact, on the whole, the individual preferences of participants are often overlooked in the wellbeing literature, where the factors associated with life quality are reduced to protective or undermining domains. From these studies a sense of homogeneity is presented in regards to wellbeing in later life, and subsequently they have the potential to both further ignore the unique experience of elderly individuals and thus sustain societal and individual ageist attitudes. However, the challenge of maintaining wellbeing when one is unable to have one's own tastes met was highlighted in the comments of one of the ten interviewees in a study by Hendry and McVittie (2004). This lady noted that she had mixed feelings in regards to the assistance her sister provided, for although she appreciates her help, the difference in their tastes meant that she often could not obtain things, such as food and clothing, which she personally favoured. The importance of being able to retain one's own identity as separate from those of others was also evident in those stories in my study where participants spoke about the importance of maintaining a sense of distance alongside the closeness they had to spouses and children, implying the need to retain their individual sense of self.

As well as the suggestion that older adults have difficulties in creating a coherent life story, it has been claimed that many living in later life effectively speak as if their story is already closed and their identity can no longer be developed. Within Narrative Gerontology, this notion is known as 'narrative foreclosure' and has been found to permeate some of the life stories relayed by older adults (Bohlmeijer et al., 2011). In respect to this, the assumption is that when one is in old age, the best of life has already been lived. There is also little expectation of new experiences in the present or future. The fact that this is the assumed view of later life was reflected in the comments by Sandra, one of my storytellers, who recalled *"you tend to think when you get older that all the exciting things in life will stop"*. However, she then went on to emphasise that her own life story had remained open in older age, as she noted that she had recently taken a holiday to Palestine for the first time. Having new experiences in later life was in fact the thread which linked together stories in the Opportunity narrative in my study, as the

later years were spoken about as a time when one could fulfil aspects of the self which were not possible in earlier adulthood.

By viewing the notion of temporality in this way, my findings suggest that people in later life do not live mainly in the past, but that they can locate wellbeing in the present and future. In addition, they are able to make links between all three temporal locations to sustain a sense of personal identity, and hence the individuality and potential of older adults should not be overlooked.

## Pace: Not slowing down

The fifth and final narrative elements which will be explored in respect to the stories in my study is that which relates to pace. In regards to my findings, this concept refers to the pace of life recalled and experienced by my participants as the one which best supports their wellbeing. Traditionally older adults are portrayed as leading sedentary lifestyles, with retirement either being viewed as a chance to rest as reward for a lifetime of working, or due to the fact that the body and spirit assumed to have gone into decline. As a result, I initially approached this study anticipating that the lifestyles lead by my older participants would be relatively inactive. However, far from being sedate, participants in my study talked of leading lives which were vibrant and full of vitality, and across my findings, *Maintaining a 'busy ethic'* was associated with wellbeing in later life.

### *Maintaining a 'busy ethic'*

I first gained the sense that my participants lead active lives as we sought for a mutually convenient time with which to meet. As we tried to arrange both the first and second stage of the research process, I was often told that I would have to wait a week or two before they could make some time available. This sense of busyness was carried through into their interviews, for as participants emphasised the numerous activities they enjoyed the constant pace of their lives was made apparent. This was subsequently evident across all six of the narratives in my study, although the pace did vary to a degree between them. In the Continuity, Proactivity, Opportunity, and Recovery narratives, and to a lesser extent, Acceptance and Disruption

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narratives, participants recalled that they were enjoying a range of hobbies and activities which supported their wellbeing. Activities included walking, bowls, bridge, swimming, tennis, art classes, learning languages, becoming computer literate, volunteering, and remaining in paid employment.

A number of other studies have likewise reported that remaining active in hobbies and pastimes was a factor identified by older adults as adding quality to their lives (Browne et al., 1994; Farquhar, 1995; Xavier et al. 2003; Bowling and Gabriel, 2007). Yet what seemed evident from my findings was that these were not undertaken simply because they enjoyed the hobbies in themselves but that they were an essential way of keeping busy on a daily basis. In fact my storytellers seemed to associate wellbeing quite strongly with remaining in a constant state of motion, or being always 'on the go', and implied that wellbeing could in fact be undermined if one becomes more sedentary.

One explanation for the need to remain busy in later life was suggested by Ekerdt (2006), who, drawing parallels with the 'work ethic' which is applicable for those in paid employment, proposed a concept of the 'busy ethic' for people in retirement. Accordingly, he suggested that this ethic has three main functions for the older adult. Firstly it 'legitimates the leisure of retirement' (p. 255) by allowing older adults to perpetuate lifestyles which mirror those of their working lives. Secondly it defends retirees against traditional views of ageing, by moving away from the associations of senescence and towards those lifestyles associated with a middle aged population. And thirdly, being busy across aspects of one's life was found to subsequently allow the older adult to enjoy some degree of true leisure without feeling lazy. Again this final function is similar to the work/relaxation balance which is often promoted for those in paid employment. Yet it is interesting to note that on the whole the participants my study did not comment on their own busy lifestyles. What was apparent, however, was that participants emphasised that in later life a sense of wellbeing can be gained by living lives in which they are active and busy, and did not see ageing as a reason to slow down the pace of their lives.

An emphasis on remaining busy is also one of the central tenants of Activity Theory of ageing, (Havighurst and Albrecht 1953; Havinghurst, 1961; Neugarten, 1964; Lemon et al 1972) as this approach proposes that 'successful' ageing occurs when older adults remain active. Proponents of this theory believed that by being active rather than inactive, older adults could delay the effects of ageing. As a result is was assumed that their quality of life would be enhanced. The notion of 'active' ageing is one which has recently moved from theory into practice, as a number of governmental policies have emphasised the importance of this approach for supporting health and wellbeing in later life (Department for Work and Pensions, 2005; Office of the Deputy Prime Minister, 2006; HM Treasury, 2007; Audit Commission, 2008; Department for Work and Pensions, 2013). However, whereas these policies emphasise the assumed health benefits of remaining active, this was only cited in a small number of the stories told in my study. On the whole the social benefits and enjoyment of the activity, as well as wishing to remain busy, were seen as paramount.

In addition to speaking about the numerous activities they enjoyed, participants also linked their wellbeing to undertaking roles in which they could make a contribution to society. This appears to link in with Ekerdt's (2006) 'busy ethic' as older adults seek to both replicate their working lives post-retirement, as well as protect themselves against ageist assumptions of senescence. Within the Continuity narrative two of the narrators actually noted that they were still in paid employment and continued to enjoy the working roles which they had done in their earlier adulthood. Across the narratives, an additional number of participants emphasised that they were undertaking voluntary work, as one was heavily involved in local politics, another assisted in military organisations and a further participant was working in a charity shop.

Again there are resonances between these findings and recent government legislation aimed at an older population. Whereas for many years older adults have been portrayed as having little role to play in society, more recently their potential contribution has been identified. A Foresight report by the Government Office for Science entitled 'Mental Capital and Wellbeing' (2008) emphasised that alongside negative stereotyping there was a "massive under-utilisation" of the mental capital of an older population (p.205). As a result, it stated that there should be

greater recognition of the considerable resources of older adults, and that unlocking these would be beneficial not only to older adults themselves but to society at large. Hence it seems that by recognising this potential the Government is taking further steps to encourage older adults to remain busy rather than becoming inactive. Yet whilst this report noted that older adults played an important role as grandparents, the link between wellbeing and a grandparenting role was only mentioned briefly by a small number of the participants in my study.

By considering the pace of the narratives in my study, it seems that not only should it no longer be assumed that older adults are all leading sedentary and dependent lives, but the busy, vibrant and useful lives which they are able to lead should be acknowledged and the potential contribution they can make to society should be utilised.

## A new 'wellbeing' narrative for later life

From the discussion of my findings in relation to five narratives elements, three things became apparent. Firstly, in respect to the tone, plot, agency, temporality and pace of these stories, it was clear that these often did not align themselves with the expected narrative of decline. Traditionally stories told by older adults are assumed to be negative in tone; to have a regressive plot of decline; to emphasise the lack of control or low agency older adults have over their lives; to be set in the past with little positive recourse to the present or future; and to evoke a slow pace associated with a sedentary lifestyle. When later life is represented in this way it is clear that positive wellbeing stories may be hard to tell. However, this traditional view of later life was rarely cited by the participants in my study and the narrative of decline does not seem to be having a strong influence over the stories which they told. This suggests that at least these thirteen individuals were able to tell wellbeing stories about their later lives without drawing on a narrative which has been previously assumed to dominate.

Secondly, it also became clear that when telling stories about wellbeing in later life, many of the conditions and experiences of my participants were in fact contrary to those of the narrative of decline. Again, considering the narrative elements, the majority of the stories in my study were positive in tone, and where the older adults did face challenges these did not significantly

undermine their wellbeing. Plotlines of both stability and progression were found alongside the small number of regressive one, and the availability of 'restorative' plots after difficult life experiences meant that the narrative of decline was often avoided. The findings from my study also emphasised that older adults took an active role in facilitating the conditions of their own wellbeing, and that they used a variety of coping mechanisms to maintain their own wellbeing when life conditions were less favourable. In respect to temporality, the majority of the stories emphasised that wellbeing could be achieved and experienced in the present, and that there was a clear personal narrative which linked the past, present and future of each individual participant. Finally, the pace of the stories highlighted an association between remaining busy and sustaining wellbeing, as older adults recalled the benefits of enjoying a range of activities and making a positive contribution to society.

There are a small number of studies which have explored the stories told by older adults which appear to be contrary to the narrative of decline (Feldman, 1999; Potts, Grace, Vares and Gavey, 2006; Phoenix and Smith, 2011). Known as counter-narratives, these are stories in which the narrator acknowledges the dominant narrative or the story they believe they are expected to tell, but then consciously tell their own stories as being contrary to these. Taking the study by Phoenix and Smith (2011) as an example, these authors undertook in-depth life story interviews with thirteen natural bodybuilders between the ages of 50 and 73. Phoenix and Smith suggested that as many of the tales which the older athletes wished to tell about their health and bodies did not fit with the assumptions of decline, they were instead required to tell counter-narratives of ageing (Phoenix and Smith, 2011).

This does not however, appear to be the case for the majority of the wellbeing stories told in my study, and my findings differ in two ways from the counter-narratives found in Phoenix and Smith's (2011) study. Firstly, although my thirteen participants cannot be seen as representative of all older adults, these were recruited from a general population of elderly people. I did not specifically target a group such as the natural body builders who are evidently leading lives which vary greatly from most other older adults, or in fact most adults in general, and whose stories would be expected to reflect this. And secondly, my participants did not appear to be

telling counter-narratives of ageing, as for many of these older adults, the lives they were living seem to be those which they considered as normal and expected for people in their age group.

A third factor which was evident in respect to my discussion of the narrative elements was that, when taken as a whole, there appeared to be a considerable level of resonance across the wellbeing stories my participants told. For not only did the tone, plot, agency, temporality and pace appear to be contrary to the narrative of decline, in general they seemed to indicate that later life could be a time of vitality, opportunity, personal growth and positivity and one over which older adults had a reasonable degree of control. The fact that they did not appear to be told as counter-narratives suggests that the lifestyles the participants in my study recalled in their stories may in fact be the ones which they most closely associated with later life. As a result it may be that in fact there is a new overarching 'wellbeing' narrative available for later life, and one which has the potential to shape the stories told by some older adults as an alternative to that of decline.

From the previous literature there is also evidence to suggest that there are two seemingly opposing images of ageing. And whilst one of these is more closely associated with the traditional, negative perception of ageing and the narrative of decline, the other paints a more positive picture of growing older and resonates with many of the stories in my study. Laslett (1989) suggested that there are two distinct phases of later life, and whilst in the 'fourth age', or older-old age, one may indeed experience the losses and declines associated with advancing years, the 'third age' could be seen as a time to flourish. He emphasised that that for those in the 'third age', post retirement lifestyles could be seen as providing the opportunity to pursue hobbies and interests which, due to the earlier responsibilities of work and family, were not possible in earlier years. Other authors have since acknowledged that a distinction can be made between those in the earlier, and those in the later years of older age (Suzman, Willis and Manton, 1992; Baltes and Smith, 2003). In addition, media representations of older adults have seen a shift in line with the young-old and old-old distinction, as the former of these are often portrayed as taking energetic holidays, supporting their health through vitamins and yoga, and

maintaining a level of youthful attractiveness, whilst the latter are still associated with poor health and disability (Bradley and Longino, 2003; Hodgetts et al., 2003).

This notion of later life as a time when one is active and engaged can also be seen in a number of theories which suggest ways in which one can age well or 'successfully'. Both Activity (Havighurst and Albrecht 1953; Havinghurst, 1961; Neugarten, 1964; Lemon et al 1972) and Continuity (Maddox, 1968; Atchley, 1971, 1989) theories of ageing went against the notion of later life as a period of disengagement and decline as prominent in an earlier theory (Cumming and Henry, 1961), and emphasised the benefits of remaining active and engaged in one's later years. In addition, notions of 'successful' ageing as proposed by Rowe and Kahn (1987; 1997) and Baltes and Baltes (1990) have suggested that older adults are able to take control over the conditions of their own lives and that as such growing older can be a positive experience.

This literature has, however, been largely overlooked in those studies which have previously explored older adults own perspective and experiences of wellbeing, where this is often reduced to those life domains assumed to give or take away quality of life (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003; Bowling and Gabriel, 2004, Gabriel and Bowling, 2004; Wilhelmson et al., 2005; Bowling and Gabriel, 2007). But the degree of resonance between my findings and some of the 'successful' ageing literature suggests the need for these more positive experiences of later life to be acknowledged.

In recent years, a number of researchers have indeed recognised that this more positive approach to ageing is becoming dominant, both in academic and policy literature as well as in society. Holstein and Minkler (2003, 2007) for example, referred to this as the 'new gerontology' or 'new paradigm of ageing'. These authors placed a particular emphasis on the notion of 'successful' ageing as proposed by Rowe and Kahn (1998) which suggests that older individuals have the power to sustain their own health and positive life quality. Further, Andrews (2009) identified that there is a new cultural narrative of ageing for the baby-boomers, i.e. those born during the post-World War II years, which is in line with notions of 'successful', 'productive' or 'positive' ageing.

However, it also seems that many researchers of narrative gerontology have yet failed to take this 'new paradigm of ageing' on board, as within this discipline the assumption remains that the dominant narrative of later life is one of decline (Gullette, 1997; Phoenix and Smith, 2011). From the findings of this thesis, and supported by the literature (Holstein and Minkler, 2003, 2007; Andrews, 2009), I propose that a new 'wellbeing' narrative should also be seen as an alternative to the narrative of decline and one which is available at least for the 'third age' or younger-old adults.

**Telling 'wellbeing' stories as a neoliberal act**

As noted in the previous section, the majority of the stories told by the older participants in my study appeared to be aligned with notions of active (Havighurst and Albrecht 1953) or successful ageing (Rowe and Kahn, 1987; Baltes and Baltes, 1990), as well as lifestyles associated with the Third Age (Laslett, 1989). When embarking on this study, although I was aware of policies which emphasised activity and engagement in the later years (Department for Work and Pensions, 2005, 2013; Office of the Deputy Prime Minister, 2006; HM Treasury, 2007; Audit Commission, 2008), I was unsure as to the extent to which these would reflect the reality of people's lives.

These ageing theories and policies placed an emphasis on 'ageing well', whereas my study was looking at 'wellbeing in later life'. From my understanding these are two separate, if potentially related concepts. For example, one could be deemed as 'ageing well', i.e. having good health, remaining busy and making a contribution to society, but still describe their personal wellbeing as low if they remained unfulfilled and place a relatively low value on these aspects of life. Conversely, a person could be considered to be ageing badly or unsuccessfully - in respect to theoretical and political definitions - but could still be deriving a great deal of pleasure and meaning from life and thus their wellbeing could be good. However, my findings indicated that for the thirteen older adults who took part in my study, the notion of wellbeing in later life appeared to be in line with notions of 'ageing well' prevalent in policies and ageing theories.

One possible explanation as to why there was such a degree of concordance between my findings and policy priorities which emphasise activity in the later years is the influence of neoliberal styles of governing. The notion of 'neoliberal governmentality' was developed by Foucault (1997a, 1997b, 1998), who proposed that through 'technologies of the self' people play an active role in their own 'self-government'. However, the ways in which one acts and the goals which one strives to attain are, according to Foucault, enabled or constrained by available societal discourse. In respect of ageing, a number of authors have highlighted that current policies in respect to ageing have shifted the onus of responsibility away from the government towards older adults who are now expected to live as ethical citizens and in accordance with these guidelines (Tulle-Winton, 1999; Katz, 2000; Biggs and Powell, 2001; Walker, 2009; Rozanova, 2010).

One way of seeing the 'wellbeing' stories which were told by my participants is that they were 'neoliberal acts' and the people in my study did, in some ways, appear to be demonstrating a degree of self-governance as they told stories about their lives. These older adults may have wished to portray themselves as being responsible, ethical citizens, and by speaking about their wellbeing in terms of health, activity and participation, and asserting a link between these lifestyles and their wellbeing, the stories they told may be those which they believe they are expected, even possibly obliged to tell.

However, it is important to note that the influence of neoliberalism may only in part explain my findings, as the stories which my participants told appear to be more than purely 'neoliberal acts'. For when telling their tales, details of the active lifestyles they were leading were seamlessly integrated into their personal narratives. At no point did participants say that they were acting in certain ways as they believed it is what they were expected to do, and rarely recalled an explicit fear of being considered as 'old' or experiencing decline. Each storyteller spoke as though they were living their life in a way which best suited them and they appeared to genuinely derive a degree of happiness, fulfilment and pleasure from their lifestyle choices. In addition, for many of the participants, the lives they were living in their older age were often a continuation of the years which had gone before, and the things which supported their wellbeing

in the later years were those which had been meaningful to them at earlier life stages. These were a part of their on-going identity, not just their aged identity. In fact when speaking about the activities they enjoyed, an emphasis was placed on these being personally meaningful and the people they chose to spend their time with as being 'likeminded'.

Yet it should be noted that the emphasis in their stories was not always on acting in ways which were strictly in accordance with notions of 'ageing well' or 'successfully'. Alongside their positive tales of activity and health, were also stories of challenges such as a reduction in health or mobility, retirement, and the death of one's spouse. In some instances they were able to overcome these and regain a sense of wellbeing, but in others they had to negotiate a good quality of life alongside losses and difficulties. In addition, when talking about their lifestyles, participants at times placed an emphasis on maintaining a balance between what they may consider to be the 'expected' way of living and unhealthier lifestyles. They recalled that alongside taking care of their diets and keeping physically fit, they also indulged in less healthy behaviours such as eating unhealthy food, consuming alcohol and smoking cigarettes. This suggests that for these participants, personal wellbeing resulted from a combination of striving to 'age well' whilst retaining additional behaviours which potentially undermining health yet provided a degree of pleasure to that individual.

So whilst neoliberal government messages, or a meta-narrative of 'ageing well' most likely does in part explain my findings, there is no reason to doubt that the active lifestyles undertaken by my participants were those which genuinely did support their wellbeing. Remaining active, taking care of one's health and making a contribution to society are all ways which logically could promote a happier later life, especially if this is balanced with tales of life challenges, loss and indulging in some unhealthy behaviours. Inevitably living in this way will not be appealing for all, as some older adults may achieve a greater sense of wellbeing from leading more sedentary and less social lives. Of course it is impossible to know from my findings the degree to which these stories of activity do accurately reflect the lives which these individuals lead, and whether they felt it was necessary to mask some of the realities of ageing or more sedentary lifestyles, choosing to favour those parts of their lives which are in line with more positive

images of 'ageing well'. However, narrative inquiry does not claim to uncover an unchanging truth from stories, instead it acknowledges that socially constructed 'meta-narratives' are always going to be influential.

So whilst it is important to reflect on the potential influence of neoliberal governing, it is only one factor which may have shaped the stories told in my study. It should also be noted that the influence of policies on populations is not a one way relationship, as citizens also play a role in incorporating, shaping and rejecting their underpinning messages. Furthermore, representations of active ageing, prominent not only in policies but disseminated in the media, may have opened up more opportunities and possibilities for a new generation of older adults. These expectations may have provided greater access to community resources, employment and voluntary opportunities and made it easier for these stories to be told and heard.

## Winners and losers of the 'wellbeing' narrative

My findings have suggested that there is a new 'wellbeing' narrative available for later life; a new narrative which was more prominent for my participants than that of decline. By presenting later life not solely as a time of idleness, loss and challenge, but as one which can incorporate activity, growth and opportunity, it is hoped that societal perceptions of older adults may become more positive thus going some way to reducing the prevalence of ageist assumptions and attitudes (Nosek et al., 2002). However, it is also important to note that whilst the thirteen older adults who took part in my study appeared able to align this 'wellbeing' narrative with their own lives, this story may not be one which is available for all older people to tell. In fact it could be that for some people this seemingly positive narrative has an undermining impact and could make the experience of growing older even more challenging. As such a contrast can be seen between those who are considered to be the 'winners' of this more positive notion of ageing, i.e. those who feel able to tell these stories, and those who may lose out by being unable to align their own experience of ageing with this 'wellbeing' narrative.

The first way in which people can be seen to be the losers of this 'wellbeing' narrative is that they may feel obliged to speak about their own lives in terms of ageing successfully when in

reality they are experiencing a degree of decline. This in turn could lead them to deny or feel the need to hide the difficulties they are facing, rather than being able to share these. It appears that with the 'wellbeing' narrative of ageing there may now be additional shame related to the experience of decline, for although this is a natural part of ageing, some older adults may feel a need to vehemently associate with a more positive image of later life. This finding was illustrated in Hurd's (1999) study where the researcher became aware of the various health difficulties of the women she was studying in one senior centre. However, the members often chose not to disclose their ill health to their peers as they feared that they would be perceived as old and thus rejected by the group. So whilst the 'wellbeing' narrative may be one which is supportive of those who are facing little in the way of deterioration, for those who are experiencing the realities of challenging decline, the strain of trying to age successfully may have an undermining effect.

The second way in which the tensions between the opposing narratives of 'decline' and 'wellbeing' could have an undermining impact is that it may lead to a degree of separation between the third and fourth ages. The distinction which these narratives appear to have created between a healthy and vibrant third age, and a declining and dependent fourth age, may result those in the former category wishing to distance themselves from those in the latter. This was found in Roth et al.'s (2012) study where incoming 'baby-boomers' appeared to wish to remain separate from the older members, emphasising the fact that they themselves were 'not old'. Hence whilst those who are able to align themselves with the more positive narratives of later life may be able to overcome a degree of ageism, those who are seen to be in the older-old category may experience greater levels of discrimination, even from those whom they may have previously considered to be in the same age category as themselves.

The third potential difficulty of the 'wellbeing' narrative is that this may be one which some older adults are unwilling to tell. Evident across my findings was the fact that storytellers placed an emphasis on the importance of maintaining a continued sense of identity, and the lifestyles they enjoyed were those which they considered to be personally meaningful and worthwhile. For the participants in my study, leading an active way of life was something which supported

their wellbeing as they had either been equally active in their earlier adulthood, or were keen to take on new activities in later life. However, for a different group of participants, it is possible that more sedentary activities such as reading, watching television and spending time with pets, could provide them with their preferred and best quality of life. However, they may feel that they are ageing 'unsuccessfully' if they choose to lead their later life in this way.

This was in part a reason why Andrews (2009) cautioned against a narrative of 'successful ageing'. She believed that, like that of decline, it may restrict the narratives one is able to tell about one's own experience of later life, neglecting especially the more personal and contemplative aspects of growing older. In addition, for some people older age is considered to be a period of rest and relaxation after a lifetime of hard work, and they may now wish to have a degree of disengagement from the world. Having raised children and made a contribution through paid employment, some older adults may be reluctant to remain busy and engaged in their later years. Again for these individuals the 'wellbeing' narrative with its emphasis on the 'busy ethic' (Ekerdt, 1986) may actually have the potential to undermine their enjoyment of a slower paced retirement (Tulle-Winton, 1999).

The fourth possible way in which this narrative could be detrimental is that it may be one which many older adults are in fact unable to tell. The notions of positive and active ageing have been criticised for promoting a lifestyle which is aligned to a white, middle class ideal, and one which requires both good health and reasonable levels of income in order to pursue. As such, those from lower social-economic backgrounds, ethnic minorities and those experiencing illness or disability are less likely to be able to achieve this way of living, and as a result they could face further marginalisation (Holstein and Minkler, 2003). In fact, by seeing their conditions as being somewhat inevitable and expected in old age, a degree of comfort may have been previously gained from the narrative of decline for those who have experienced loss and deterioration. Yet if comparisons are more frequently drawn with the 'wellbeing' narrative, feelings of despair and the view that one has aged 'unsuccessfully' could result.

Hence, although the 'wellbeing' narrative of ageing which has been proposed in this study is, in general, one which is perceived as being more positive than that which associates ageing with decline, it is important to acknowledge that alongside the 'winners' of this narrative there are also potential 'losers'. The realities of ageing mean that for some a reduction in faculties, resources and relationships are inevitable, and it is important that a 'wellbeing' narrative is able to accommodate these, and does not confirm to rigidly to notions of 'ageing well'. In addition, an emphasis on active ageing must not ignore the rich, individual narratives which were also found to be prevalent across the stories told in this current study. An allowance must be made for people to define the ways in which wellbeing is experienced in later life by their own terms and to live their lives accordingly. Finally, society itself must adapt to these changes, by allowing older adults to become active and useful members of society if they so desire. However, whilst ageist attitudes continue to exist it may be harder for this 'wellbeing' narrative to be actualised.

## Conclusion

Inevitably my study only represents the views of thirteen older adults, all of whom self-selected to take part. As a result it is not possible to say the extent to which a 'wellbeing' narrative could potentially shape the narratives told by a different group of participants. However, taking this into consideration, the older population should no longer been represented in Western Society as a homogenous group who are heading towards the grave. Instead they should be portrayed as individuals, many of whom are still living active and meaningful lives, and making a positive and important contribution to society. It is hoped that the emergence of a 'wellbeing' narrative will enable later life to be seen not as a time of inevitable decline, but one which can be associated with continuity, enjoyment and growth. As such it may be that not only is it easier for older adults to be able to tell wellbeing stories, but also for these to be anticipated, heard and acknowledged. However, caution is needed to ensure that researchers are willing and able to hear wellbeing stories which are not aligned with the active ageing agenda, and there is a need for a wider variety of later life experiences to be revealed.

## Reflexive entry

As noted in earlier the reflexive entries I have included in my thesis, I had initially hoped that my study would uncover that wellbeing could be experienced in later life, but that this could be achieved in a way which did not conform to the active ageing agenda. For although I was aware that a number of ageing theories and policies encouraged older adults to lead busy and engaged retirements, I felt that in reality the lifestyles of my participants may have been more sedentary and varied. However, my findings revealed that for the thirteen participants in my study, on the whole wellbeing in later life was associated with accounts of 'ageing well' and that this notion appeared to be having a greater influence in shaping their stories than that of decline.

Initially a little disappointed with this outcome, I questioned whether the emphasis I had placed on wellbeing could have been responsible for the overarching similarities between these stories and notions of active ageing. I had already noted that neoliberal governing may, in part, have disseminated the view that older adults should take responsibility for their own welfare through living in ways which are aligned with this agenda. As these messages are often tied in with the notion of wellbeing in ageing policies, using the very term may have, to a degree, made the telling of these stories inevitable.

Talking to colleagues and friends about my work triggered questions from them about why it was that I had initially chosen to place an emphasis on wellbeing in later life, as opposed to the broader topic of ageing, ageing well or aged identities. In response I explained to them that I had been especially interested to explore the factors which enabled one to flourish and experience positive emotions in later life, rather than focusing on ageing in general. Older age has traditionally been portrayed as a negative period in the life course where one faces loss, poor health and discrimination. In reality, the conditions of later life do mean that the likelihood of illness, bereavement, poverty and isolation are higher. But these certainly are not experienced by all older adults, nor are these difficulties exclusive to later life.  As with the earlier years, later life is likely to include challenges and opportunities, gains as well as losses, and hopes as well as despair. What I was especially interested in was exploring those things which gave a degree of quality to later life and how, or even whether, this could be achieved alongside the assumed difficulties of growing older.

I did, however, consider the need for a more holistic picture of wellbeing to arise, for alongside wishing to find out what allowed older adults to flourish I was also interested in uncovering the factors which had the opposite effect. Therefore, when

asking my participants to tell stories about their wellbeing, I requested that they focused on both the things which had a supportive, as well as those which had an undermining impact. As a result, many of the participants' stories were told within the context of challenges, some of which they were able to overcome or accept, whilst others caused a degree of continued disruption. In addition, although there was there a thread that ran through my findings which emphasised active ageing or ageing well, each participant told stories which were unique and had a degree of personal meaning.

Another factor in my research which I reflected on was that my study appeared to attract a certain type of participant; as all were healthy, had sociable personalities and the financial means to support their lifestyle. It may be that my focus on wellbeing appealed most to people who felt that not only were their lives especially positive, but also those who lived a certain type of 'active ageing lifestyle. However, it could also be that these are the people who are most likely to see the advertisements, respond to these and feel comfortable taking part in academic research.

This does of course raise the question as to how one can uncover the stories of those who are deemed the 'hard to reach' or those who are less willing to participate in a study of this nature. It is obviously important that these tales are not overlooked. Yet what this study has shown is that the link between an active lifestyle and wellbeing in later life does appear to be strong for at least some older adults. From these findings I am not suggesting that this is the only way or the best way in which the majority of older adults live their lives and achieve a sense of wellbeing. However, my study does present a fuller picture of how some older adults are able to flourish in their later years from that which is present in the established wellbeing literature.

# CHAPTER SEVEN: CONCLUSION

## Original Contribution to Knowledge

At the start of my thesis I suggested that the notions of wellbeing, ageing and, wellbeing in later life appeared elusive, and having reviewed the relevant literature I felt that there was still a need to further explore older adult's perceptions and experiences of wellbeing in order to make this seem less evasive. From my findings I believe that I have made an original contribution to knowledge in a number of respects.

Firstly, I identified that wellbeing in later life can potentially be narrated in a number of ways, and in my findings chapter I provided support for six 'narrative types'. Previously the narrative of decline has been assumed as the one which shapes the stories told by older adults, but my study suggested that in fact multiple narratives are available. Later life can also be storied in respect to Continuity, Proactivity, Opportunity, Recovery, Acceptance and Disruption. In addition and as evident by the repetition of topics across the story groupings, the fact that multiple narratives could be recalled in respect to particular life domains - such as relationships, health and hobbies - adds further evidence to suggest that wellbeing in later life is more complex than that which can be reduced to the factors which support or undermine this (Hillerås et al., 2000; Bowling et al., 2003; Hendry and McVittie, 2004; Borglin, Edberg and Hallberg, 2005; Puts et al., 2007).

Secondly, from a consideration of the narrative elements of tone, plot, agency, temporality and pace, I found that the narrative of decline is almost absent from the stories told by the older adults in my study. As such, the notion of wellbeing in later in later life was found to be less of a paradox than previously assumed (Brandstadter and Greve, 1994; Kunzmann et al., 2000). Participants recalled that they were able to enjoy and embrace many positive aspects of their lives, as well as being able to retain a sense of wellbeing despite some negative circumstances. A range of plotlines were shown to be available for older adults, and far from only telling stories of regression, they told ones of stability, progression and recovery. Participants also

spoke about being active agents in their own stories and able to both facilitate their lives to sustain their wellbeing as well as using coping strategies to cope with challenges. In addition, notions of temporality were used to place stories and experience of wellbeing mainly in the present, but to link their past present and future to associated wellbeing with a sense of continued identity. Finally throughout the stories the pace suggested that wellbeing in later life was associated with maintaining a 'busy ethic' as opposed to slowing down and leading a sedentary lifestyle.

And thirdly, in respect to these findings, I noted that not only was the narrative of decline largely absent from these narratives, but in fact in many ways my participants' perceptions and experiences of wellbeing in later life appeared to be contrary to those of the traditional, negative stereotype of ageing. Yet I also suggested that they did not appear to be consciously telling their stories as ones which were opposed to the expected tales, or could only tell their wellbeing stories as counter-narratives of ageing (Feldman, 1999; Potts, Grace, Vares and Gavey, 2006; Phoenix and Smith, 2011). In fact, it seemed that the lifestyles they were leading and the ones which sustained their wellbeing were those which they associated with this time in their lives. As such I proposed that there may be a new 'wellbeing' narrative of ageing. Furthermore, due to a degree of congruence between my findings and those from the literature which emphasise the influences of notions of positive ageing (Holstein and Minkler, 2003, 2007; Andrews, 2009), I proposed that the narrative of decline should no longer be automatically cited in narrative gerontology as the one which can shape the stories told by older adults. Instead the availability of a more positive 'wellbeing' narrative should be acknowledged, at least for those in the early post-retirement years.

## Strengths and Limitations

The potential limitation of placing an emphasis on the notion of wellbeing has already been considered. In this section, however, I will focus on the merits and disadvantages of the methodological approach which I chose in order to explore older adults' perceptions and experiences of wellbeing. The contribution which my study has made was obtained through a combination of narrative inquiry and photographic methods. In undertaking this study I sought

to work in ways which would establish rigour and quality in my work, and as such a good degree of confidence can be had in my findings. However, as with any study, a number of strengths and limitations became apparent in my methodology choices and research design, the implications of which will be discussed below.

**Strengths**

Firstly, I believe there were a number of benefits to utilising a narrative approach to explore older adults' perceptions and experiences of wellbeing. As this approach rejected the use of semi-structured interview schedules as giving too much control to the researcher, participants in my study were able to have a greater degree in respect to the ways in which they defined and talked about their wellbeing rather than having this restricted by a definition chosen by myself. I also believe that a narrative approach to interviewing helped to create a more relaxed interview environment, as my participants appeared both willing and able to talk about their lives in storied form. From my own perspective, this approach allowed me to relax and actively listen to these stories without worrying that I needed to keep on course with my interview schedule.

Secondly, I identified two main strengths in using photographic methods in combination with narrative inquiry in my study. In the introduction to my study I noted that the concept of wellbeing is one which is in many ways elusive. I also expressed concern that people may lack a degree of introspection into their own lives and thus have difficulty in talking about their wellbeing. By asking participants to take photographs prior to the interview, they were provided with the opportunity to give consideration to this notion in respect to their own lives. In addition, although the largely unstructured nature of narrative interviews could be beneficial, I did have some apprehension as the extent to which participants would be able to talk at length with only minimal input and direction from me. In this way the photographs appeared to successfully act as a way to provide this structure whilst allowing participants to retain the majority of control over the direction of the interview.

And thirdly, I believe that by utilising a narrative approach to analysing and discussing my findings I was able to uncover a richer account of later life than would have been obtained

through thematic analysis alone. By considering my data in respect to the 'narrative types' told by my participants, I was able to highlight the various ways in which older adults could speak about their wellbeing. In addition, by discussing these findings in regards to the narrative elements of tone, plot, agency, temporality and pace I was able to uncover the fact that the stories told differed from the expected narrative of decline and that in fact a new 'wellbeing' narrative appeared to be available for some older adults. This is something which has not been identified by those studies which have reduced wellbeing to domains assumed to give or take quality away from life.

## Limitations

In addition to the strengths outlined above, I also identified a number of limitations with the methodology I unitised for my study. Firstly, although the narrative style of interviewing appeared to create a relaxed and conducive atmosphere in the majority of my interviews, I felt that a more structured approach would have been better in those instances where my participants were less inclined to talk. In these cases I had to rely heavily on my prompts and probes, rather than taking a more passive role of active listener. I was also concerned that for a small number of participants this approach failed to meet their expectations of a research interview, where they would be asked a large number of questions to which they were expected to give fairly closed responses. As such it may have been that I looked as if I were under-prepared by not having this lengthy list at hand.

I also found the narrative style of interviewing slightly challenging from my own perspective. The narrative nature of the interview made it difficult for me not to engage the participants in standard forms of conversations, were we both took turns in speaking; provided similar amounts of information; and shared experiences in relation to a topic. (Goodwin, 1981). On many occasions I wished to tell my own stories as I would have if we were speaking outside of a research interview, and being unable to do this became frustrating at times. On occasions I did speak for longer than may have been desirable, especially where the participant was providing little information, but I was always conscious of doing this and tried to keep my contribution as minimal as possible.

Secondly, I believe that the use of photography in my study potentially posed some limitations in relation to participant recruitment. On the few occasions I was able to speak with potential participants when invited to do so by some of the organisations I contacted, the majority of people said that they were 'no good' at taking photographs. And although I explained that photographic skills were not needed for this study – and that I was a poor amateur at best - their lack of skills or interest in this area was definitely off putting for some. I also believe that the need to take photographs may have potentially excluded those who had restricted mobility or may have been physically unable to take photographs (e.g. severe arthritis in their hands), and my study did appear to attract the more fit and active older adults in particular.

It is also inevitable that by asking people to photograph both aspects that supported as well as aspects that undermined their wellbeing, I was to an extent placing some limitations on how they were able to define wellbeing. It may be that this encouraged participants to think about their wellbeing in terms of life domains, even though I was keen to move away from exploring wellbeing in this way. I did, however, anticipate this difficulty and informed my participants that anything which they were unable to photograph but still impacted on their wellbeing would be just as valid in the interview as the things which they had photographed. As such I advised them to take a note of any such things so that they could be spoken about in addition to the photographs. In fact this was the case for some of the participants, who went on to speak about more abstract concepts which related to morality and human behaviour.

Another limitation with using these approaches in combination was the logistical and time factors involved. Meeting with each participant on two occasions, whilst beneficial for establishing rapport, was also time consuming. The time it took participants to return their cameras also varied between two and seven weeks, which extended the data collection time considerably. For participants themselves a greater time commitment was also required, as they needed to meet with me on two separate occasions, take the photographs and undergo an interview. The time factor will inevitably have been off putting to some potential participants, and made recruitment more difficult.

And thirdly I believe that a final limitation in my study was the concept which I was exploring, as it may have been that it was too broad and not something which people felt especially invested in. As my research population was a large one, i.e. older people, I did not anticipate having difficulty in recruiting the relatively small number I needed for my qualitative study. However, only twenty two people replied to my original recruitment campaign and out of these only thirteen agreed to undertake my study. I believe that part of the problem may have been that people did not feel a sense of obligation or a strong desire to take part. If, for example, I had sought to recruit a much more specific research population, people who then identified themselves as belonging to this group may have felt a stronger impulse to take part.

It may also be that by inviting people to take part in a study which looked at wellbeing in later life, only those who felt that their own wellbeing was high were inclined to participate. This might then exclude those who felt that they were simply getting by the best they could, or who were struggling with challenging life circumstances. In addition as noted in my study, the term 'wellbeing' when linked with older adults is increasingly being associated with high levels of activity and engagement. As a result, it may be that only those who felt able to tell wellbeing stories which aligned with this image would feel able to take part. On reflection, it may have been that this study would have had wider appeal if at the recruitment stage I had asked older adults to talk about their life experiences, to tell their life story, or to talk about ageing. I could then have brought out factors which related to wellbeing through the interview. However, this inevitably would have shifted the focus of the study.

## Implications of the Findings

When considering the implications of these findings, it is necessary to bear in mind that due to the qualitative nature of this study, the wellbeing stories of only a small number of older adults were examined. In addition, these older adults self-selected to take part in the study and it may be that this attracted a certain type of person who was willing and able to take part. However, taking this into consideration, these findings have a number of implications for both theory and practice.

In relation to the academic literature which examines wellbeing in later life, a number of implications are evident. As the life domains which my participants associated with wellbeing largely mirror those found across a number of earlier studies (Browne et al., 1994; Farquhar, 1995; Bowling et al., 2003; Xavier et al., 2003; Bowling and Gabriel, 2004, Gabriel and Bowling, 2004; Wilhelmson et al., 2005; Bowling and Gabriel 2007), it seems that it would no longer be fruitful for additional studies to be carried out which seek to uncover these domains. It also seems that more emphasis should be placed on the ways in which older adults are able to negotiate the potential risk factors of later life, to recover from challenging life events, as well as being able to establish or maintain protective factors when necessary. Due to the extent of resonance between some of my findings and the literature on ageing 'well' or 'successful' ageing (Havighurst and Albrecht 1953; Havinghurst, 1961; Atchley, 1971, 1989;  Rowe and Kahn, 1987; Baltes and Baltes, 1990; Rowe and Kahn 1997), it is recommended that this is considered and cited more frequently in those studies which explore wellbeing in later life.

There are also implications for work in the field of narrative gerontology in which it is broadly still assumed that the dominant narrative relating to ageing is one of decline (Gullette, 1997; Phoenix, Smith and Sparkes, 2010). However, my study has shown that in fact multiple narratives can be told about later life and that the narrative of decline is not one which older people in good health and with sufficient circumstances readily draw upon when asked to tell stories of later life. As many of these stories were positive in tone it suggests that there is a greater need to collect stories which emphasise the benefits, rather than the challenges, of growing older. And my study has identified the fact that there appears to be a 'wellbeing' narrative available for older adults which promotes later life as a time of activity and enjoyment and one which is in many ways similar to that of middle adulthood. Subsequently I recommend that the narrative of decline is not automatically assumed to be the one which will most strongly shape the stories told by older adults.

Finally a number of implications can also be seen for policy and practice. The finding that wellbeing is much more complex than can be simply reduced to life domains suggests the need to consider the ways in which wellbeing is measured as a policy outcome. Standardised scales

which record health or quality of life levels only capture part of the story and thus interventions considered successful in terms of meeting service outcomes may not necessarily be improving wellbeing of older adults in a way which is meaningful to them.

In addition, the findings have suggested that the individual narrative is of high importance when telling wellbeing stories and as a result this should not be overlooked when devising wellbeing interventions for this population. For despite the resonances between many of the lifestyles which support wellbeing and the 'active' ageing approach seen to be prevalent in some ageing policies (Audit Commission, 2008; Department for Work and Pensions, 2005; HM Treasury, 2007; Office of the Deputy Prime Minister, 2006), the stories in my study highlighted the importance of doing activities which are personally meaningful to an individual and mixing with people whom one considers to be 'likeminded'. As a result interventions should not encourage the 'one size fits all approach' where the importance is placed solely on remaining active and engaged to support mental and physical health. Personal preferences of people should be taken into account to ensure that any recommended activities are ones which resonate with that individual.

Yet when considering the need for interventions to promote wellbeing, my study has also shown that in fact older adults are resourceful and are able to facilitate or negotiate the conditions of their lives in order to sustain a good quality of life. This is not to suggest that there is no value to those services which provide 'hand holding' or 'that little bit of help' (Department for Work and Pensions, 2009; 2013; Personal Social Services Research Unit for the Department of Health, 2010), but to be mindful that these may be unappealing to some older adults are they feel more than capable of managing the conditions of their own lives without the need for assistance or guidance. And finally, due to the presence of restorative plotlines in my study it may be that in the same way that medical literature presented to patients often emphasises a story of recovery, so too should older adults be assured that there is the possibility of experiencing a reasonable quality of life despite a decline in health, a loss of role identity through retirement, and the death of one's spouse. But it is important that the difference in time,

degree and extent of recovery between individuals is also acknowledged, and not to assume that all recovery stories will be the same as those identified in my study.

## Recommendations for Future Study

The findings of my study have suggested that older adults are able to tell a range of different narratives in respect to their wellbeing in later life, namely those of Continuity, Proactivity, Opportunity, Recovery, Acceptance and Disruption. It has also suggested that when considering these six narratives as a whole they paint a picture of later life which does not resonate with the assumed narrative of decline. In addition, it seems that there may be a 'Wellbeing' narrative which is potentially shaping some of the stories told by older adults, and that the availability and influence of this narrative should be acknowledged. The study I have undertaken, however, has only considered the stories told by thirteen community dwelling older adults who self-selected to take part in this study. In order to consider the relevance of these findings for a wider population, I have suggested three recommendations for future study.

My first recommendation would be to undertake a similar study with a different population. As the participants in my study could all be classed as younger-old adults, this could be carried out with an older-old population to see which narratives emerged for this group. Alternatively, as all my participants were community dwelling and living independently in their own homes, this study could be replicated on those in different locations such as with their families, in sheltered accommodation or in nursing homes. The purpose of the recommended studies would be to see if there are any resonances between the stories told by older-old adults or those in different settings, and the ones found in my study, as well as identifying different narratives told by these populations. It would also be worthwhile establishing not only the extent to which the narrative of decline appears to be present in their stories, but if they are shaped in any way by the 'wellbeing' narrative identified across the narratives in my study.

A second recommendation would be to use some of the specific narrative types which were found in my study as triggers for further research. This would allow a richer picture to emerge of the different ways in which these narratives are used by older adults and are relevant to their

lives. I consider the two 'restorative' narratives of Opportunity and Recovery to be of particular interest, as they emphasise how one can regain wellbeing after a change in life circumstances which is typically associated with decline. For example the stories of widows with both high and low wellbeing could be compared to look at both the factors which helped support this recovery and those which can be seen as barriers. The impact of retirement on wellbeing could likewise be explored, and again comparisons could be made between those who consider this to be a time of opportunity and those for whom retirement was associated with loss. However, any of the other four narratives, i.e. Continuity, Proactivity, Acceptance or Disruption could also be used to explore the lives of older adults in greater depth.

A third recommendation would be to especially seek to uncover stories of wellbeing which are not aligned with contemporary notions of active or successful ageing, and to explore the ways in which individuals engage in a variety of different, less physically and socially active lifestyles. However, it may be that those older adults who are not actively engaged in life are harder to reach, as the activities they enjoy may be undertaken within their homes or outside of easy to target social or leisure groups.  This is likely to require a more purposive approach to sampling rather than relying on people self-selecting to take part in the study. Recruitment could be via 'public spaces'- such as supermarkets and post offices - posted online, or in local newspapers. In particular, areas which include populations other than white, middle class adults should be targeted, such as those which have working class populations, those with a larger numbers of older-old adults or those with a greater proportion from Black and Minority Ethnic communities. This approach would potentially encourage a wider and more diverse set of experiences to be uncovered, and enable a different set of stories to be heard.

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# APPENDICES

## Appendix A: Table of studies

| Study, setting | Concept, who defines? | Scope, purpose | Design, methods | Sampling strategy, participation | Analytical strategy | Overview of findings |
|---|---|---|---|---|---|---|
| Borglin, Edberg and Hallberg (2005)<br><br>Sweden | Quality of life<br><br>Open-ended interview question about QoL. QoL defined by participant. Phenomenology bracketing of researchers opinions | To illuminate the experience of quality of life for older people (80+) living in their own homes | Qualitative study<br><br>Narrative interview | N=11; 6 women aged 81-84 and 5 men 80-85<br><br>Purposive sample | Hermeneutic phenomenological analysis | Quality of life in old age meant a preserved self and meaning in existence<br><br>Maintained self-image meant that older people experienced a coherent life with an intact meaning<br><br>The meaning of home, how life was viewed, thoughts about death and dying, and telling one's story were important |
| Bowling et al. (2003)<br><br>UK | Quality of life<br><br>Qol pre-defined by National Statistics Omnibus Survey based on literature led concept. Oepn ended questions people asked to talk about QoL on own definition | To explore older adults definitions of, and priorities for, a good quality of life for themselves and their peers. | Qualitative survey design (open ended questions) | N=999<br><br>Aged 65 and over<br><br>Random sample taken from Omnibus Survey | Thematic analysis | Good social relationships were the most commonly mentioned constituent that gave respondents lives quality<br><br>Other important factors were social roles and activities, health, psychological outlook and wellbeing, home and neighbourhood, finances, and independence<br><br>Poor health was most often mentioned as taking quality away from life |
| Bowling and Gabriel (2004)<br><br>UK | Quality of life<br><br>Qol pre-defined by National Statistics Omnibus Survey based on literature led concept. Oepn ended questions people asked to talk about QoL on own definition | To explore the constituents of perceived quality of life in older age | Mixed method survey design and interviews (triangulation) | N=999<br><br>Aged 65 and over<br><br>Random sample taken from Omnibus Survey | Univariate analysis, bivariate analysis and content analysis and | The core components of quality of life were psychological characteristics and outlook, health and functional status, personal and neighbourhood social capital.<br><br>Lay models also emphasised the importance of financial circumstances and independence, which need to be incorporate into a definition of broader quality of life. |
| Bowling and Gabriel (2007)<br><br>UK | Quality of life<br><br>Use of SEIQoL – older adults asked to define their own QoL. Structured surveys administered after interview to avoid influencing people's | To examine definitions of quality of life given by people aged 65 or more and the underlying reasons | Mixed method survey design (open ended questions) and quantitative | N=80 aged 65-80<br><br>Aged 65 and over<br><br>Purposive sample | Logistic regression analysis and thematic analysis | The main factors which gave quality of life were social relationships, social roles and activities, leisure activities enjoyed alone, health, psychological outlook and wellbeing, home and neighbourhood, financial circumstances and independence<br><br>The reasons why included the freedom to do things they wanted without restriction, pleasure, enjoyment and |

| | | | | | | satisfaction with life, mental harmony, social attachment and having access to companionship, intimacy, love, social contact and involvement, help, social roles, and feeling secure. |
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| Browne et al. (1994)<br><br>Ireland | Quality of life<br><br>SEIQoL – nominate 5 domains most relevant to QoL and assess levels of these in own life | To assess individual QOL over a 1 year period, in a healthy elderly sample and to make comparisons with a previously studied sample of health adults aged under 65. | Quantitative design<br><br>Baseline measures and 12 month follow up<br><br>Comparisons made with previously studied sample of adults under 65 | N=56<br><br>Random sampling through GP practices | Judgement analysis | Quality of life levels were significantly higher in older adults then in younger sample<br><br>Quality of life did not change significantly over 12 months<br><br>Domains nominated by younger and older group differed notably<br><br>Health status was not correlated with the perceived importance of health<br><br>The weight placed on health did not increase over the study period despite a significant decline in health status. |
| Farquhar (1995)<br><br>UK | Quality of life<br><br>Stage 1: complete 2 of 6 scales to measure QoL; stage 2: sub-scale asked open ended questions; stage 3: group discussions | To identify lay definitions of quality of life among people aged 65 and over | Mixed (surveys and in-depth interviews) | Surveys: N=210; 70 from each of three areas<br><br>Area one aged 85+, area two aged 65-85, area three aged 65-85<br><br>Interviews: N=40 (20 aged 65-85; 20 aged 85+)<br><br>Existing sample | Content and thematic analysis | Older adults can talk about and do think about quality of life<br><br>Quality of life varies for different age groups of the elderly population living at home<br><br>There is more to quality of life than health.<br><br>Social contacts appear to be as valued component as health |
| Gabriel and Bowling (2004)<br><br>UK | Quality of life<br><br>Oepn ended questions people asked to talk about QoL on own definition | To contribute to the development of a conceptual framework and body of knowledge on quality of life in older age based on older people's views | Qualitative<br><br>In-depth interviews | N=80<br><br>Aged 65 and above<br><br>Purposive sample | Thematic analysis | Main QoL themes to emerge were having good social relationships, help and support; living in a home and neighbourhood that is perceived to give pleasure, feels safe, is neighbourly and has access to local facilities and services including transport; engaging in hobbies and leisure activities (solo) as well as maintaining social activities and retaining a role in society; having a positive psychological outlook and acceptance of circumstances which cannot be changed; having good health and mobility; and having enough money to meet basic needs, to participate in society, to enjoy life and to retain ones independence and control over life. |
| Hendry and McVittie (2004)<br><br>UK | Quality of life<br><br>Questions focused on main themes of physical health, | To address in part the relative lack of research into the quality of life of older people and to explore | Qualitative<br><br>Semi-structured interviews | N=10<br><br>Aged 70-83; 2 male, 8 female | Interpretive phenomenological analysis | Four main themes emerged: holism of experience, relativity to others, ambivalent views, and management of quality of life |

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| | psychological wellbeing, social relationships, environment and choice and control – informed by literature and WHOQoL Group. Participant then asked general questions to identify other factors | the relationship between the aspects of quality of life identified as being universally relevant and individuals understandings of these aspects in their own lived experience. | | | | Quality of life is seen as an active project |
| Hillerås et al (2000)

Sweden | Wellbeing

A range of questions about life satisfaction, positive and negative affect using Life Satisfaction Index B and Z | To examine the subjective experience of wellbeing in a sample of older aged 90 and above | Qualitative

Semi-structured based on questionnaire | N=12

Purposive sample (6 high WB score, 6 low WB score)

Aged 90-99 years | Grounded Theory | Outlook on life (presentation of the past, satisfaction with past roles, functional role now, attitudes to old age, future plans), social and emotional ties (satisfactory relationships with adult children, satisfactory relationships with friends, aloneness), engagement with the outside world (direct engagement, indirect engagement) and physical capabilities (perceived health, adjustment to dependency) are important contributors to subjectively experienced wellbeing in this age group

Those scoring high on measures of wellbeing tended to have more positive attitudes to life and to old age, had adjusted well to being old, were not held back by the past or disappointed with their present life, and mostly continued to live in a way they found satisfactory)

Those who scored low on wellbeing measures tended to be negative about being old either because they remained trapped in their past or were disappointed with what their life had become. |
| Puts et al (2007)

Amsterdam | Quality of life

Important themes related to quality of life, selection of most important theme – all defined by participant | To explore the meaning of quality of life to older frail and non-frail persons living in the community | Qualitative

Semi-structured interviews | N=27 aged 55-85

Random sample followed by theoretical sampling | Grounded Theory | Five themes emerged: physical health, psychological wellbeing, social contacts, activities, and home and neighbourhood

Factors that influenced quality of life were having good medical care, finances and a car

Respondents compared themselves mostly to other whose situation was worse than their own

The health of the frail limited the amount and scope of activities that they performed. This led to a lower quality of life perceived by frail compared to non-frail. |
| Ryff (1989) | Psychological wellbeing

Defined by participant – asked about most important factor in life and also asked about key life | To investigate how middle aged and older adults define the nature of positive psychological functioning, whether their conceptions show parallels | Mixed method

Semi-structured interviews | N=171 (69 middle aged, 102 older adult – ages not specified)

Convenience sample | Content analysis followed by multivariate analysis of variance | Both age groups and sexes emphasised an "others orientation" in defining wellbeing (being a caring, compassionate person, and having good relationships)

Middle aged respondents stressed self-confidence, self-acceptance and self-knowledge, whereas older persons |

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| | experiences | to existing research formulations, and whether lay conceptions would differ according to the age of respondents | | | | cited accepting change as an important quality of positive functioning.<br><br>Lay views pointed to a sense of humour, enjoying life, and accepting change as criteria for successful ageing. |
| Sarvimaki and Stenbock-Hult (2000)<br><br>Finland | Quality of life<br><br>Predefined by researcher to test model of QoL<br><br>Measures of Purpose in life (PIL), Sense of value (SES), health, Activities of daily living (ADL) and sense of coherence (SOC) | To describe quality of life among elderly people in terms of a sense of wellbeing, meaning and value | Quantitative | N=300 (100 in each age group)<br><br>Random sample from 3 age groups 75-59, years, 80-84 years, and 85+ years | Distributions, means, variances, correlations and regressions. | In the empirical study of quality of life wellbeing was high in terms of satisfaction with living area, economic situation and health<br><br>According to the PIL scores participants had quite a clear sense of purpose in life<br><br>The results of the sense of coherence test supported the view that informants generally viewed their life as meaningful, intelligible and manageable. They also seemed to have a strong sense of value or self-worth in terms of self esteem |
| Wilhelmson et al. (2005) | Quality of life<br><br>Asked open ended question "what does QoL mean to you" and asked to choose 3 statements from show cards which were thought to influence QoL – cards based on professional experience and previous QoL scales aimed at older population | To investigate what older people consider important to their perception of quality of life, and to explore the impact of gender, education and health status on individual perceptions | Mixed method<br><br>Semi-structured interviews and surveys | N=141<br>Aged 65+<br><br>Random sample | Content analysis and statistical analysis (not specified) | The following domains were considered in order of importance: social relations, health, activities, functional ability, wellbeing, personal beliefs and attitudes, their own home, and personal finances.<br><br>When selecting from 'show cards' the three items they regarded as important were functional ability, physical health, social relations and being able to continue to live in one's present home.<br>Social relations, functional ability and activities influence the quality of life of elderly people as much as health status |
| Xavier et al.,(2003)<br><br>Brazil | Quality of life<br><br>QoL defined by participants who were asked what is good and bad in their lives (term life rather than quality of life used) | To identify the prevalence of octogenarian people who evaluate their current life as being mainly characterised by a positive quality, and to identify which domains were seem as determinants of this positive quality | Quantitative<br><br>Semi-structured questionnaire and surveys | N=67 aged 80 and above<br><br>Random and representative sample | T-tests | Slightly more than half of the studied sample (57%) defined their current quality of life with positive evaluations, whereas 18% presented a negative evaluation and 25% had a neutral one.<br><br>Those who were dissatisfied presented more health problems and more depressive symptoms.<br><br>The main source of daily wellbeing was involvement with rural or domestic activities.<br><br>Lack of health was the main source for not presenting wellbeing, although there was interpersonal variability regarding what each subject considered as a loss of health |

# Appendix B: Letter of approval from ethics board

uclan
University of Central Lancashire

1<sup>st</sup> August 2012

Laura Buckley and Joy Duxbury
School of Health
University of Central Lancashire

Dear Laura and Joy

**Re: BuSH Ethics Committee Application**
**Unique Reference Number: BuSH 090**

The BuSH ethics committee has granted approval of your proposal application 'Wellbeing in later life'.

Please note that approval is granted up to the end of project date or for 5 years, whichever is the longer. This is on the assumption that the project does not significantly change, in which case, you should check whether further ethical clearance is required

We shall e-mail you a copy of the end-of-project report form to complete within a month of the anticipated date of project completion you specified on your application form. This should be completed, within 3 months, to complete the ethics governance procedures or, alternatively, an amended end-of-project date forwarded to roffice@uclan.ac.uk quoting your unique reference number.

Yours sincerely

Gill Thomson
Vice Chair

# Appendix C: Participant Debriefing Sheet



## PARTICIPANT'S DEBRIEFING SHEET

### 'Wellbeing in later life'

Many thanks for taking part in my research.

I hope that you found this an enjoyable experience. However, if you experienced any distress as a result of participating in this study, you may find it helpful to speak to a friend or someone you trust. You might also find it helpful to talk to someone from one of the organisations I have listed below:

**Age UK: 0800 169 6565 / (365 days a year 8am – 7pm)**
Formerly Age Concern and Help the Aged, Age UK is able to offer information and advice on a range of topics from housing to health.

**Citizens Advice Bureau - Preston: 01772 822416 (9:15-3:13 Mon-Thurs, 9:15-12:15 Fri)**
Offering a free, independent, confidential and impartial advice service

**The Samaritans: 08457 909090 / jo@samaritans.org (24 hours/ 365 days a year)**
Offering free confidential emotional support via telephone and email

If you have any further questions in relation to my study, please contact me, Laura Buckley, on 07843 591846 or LJBuckely@uclan.ac.uk

## Appendix D: Photograph permission form



## PHOTOGRAPH USE PERMISSION FORM

### 'Wellbeing in later life'

I consent to my photographs potentially being used for the stated purpose:

| | | |
|---|---|---|
| 1. | Thesis publication (read by three supervisors/two examiners) | YES / NO |
| 2. | Thesis published on internet | YES / NO |
| 3. | Presentations/ exhibition | YES / NO |
| 4. | Academic publications | YES / NO |

I wish for the follow photographs to be completely removed from the study

_____

_____

_____

Date:

_____          _____

Participant's name                              Researcher's name

_____          _____

Participant's signature                         Researcher's signature

# Appendix E: Study Outline and Photography Use Sheet



## STUDY OUTLINE AND PHOTOGRAPHY USE

### 'Wellbeing in later life'

### Why is my photograph being taken?

You photograph is being taken as part of a study by Laura Buckley, a PhD student from the University of Central Lancashire. Her work is looking at wellbeing in later life. People taking part in the study have been asked to take photographs which they believe represent their wellbeing.

### Can I decline to have my photograph taken?

Yes. If you do not feel comfortable having your photograph taken for this purpose you have the right to decline.

### What will happen to my photograph?

As part of this study, this photograph may be used in Laura Buckley's thesis and/or academic articles based on the research and/or at an academic conference. Your name will not be used in any of the above.

### Can I decline to have my photograph used in this way?

Yes. Even if you agree to have your photograph taken, you can still choose not to have this included in any publication/conference presentation. You can indicate this on the attached Model Release Form.

### Who do I contact for more information?

If you would like more information about the study, or how your photograph might be used, please contact the PhD Student, Laura Buckley, on 07843 591846, LJBuckley@uclan.ac.uk or Laura Buckley, School of Health, University of Central Lancashire, Preston, PR1 2HE.

# Appendix F: Model Release Form



**MODEL RELEASE FORM**

'Wellbeing in later life'

Your photograph has been taken by _____ as part of a research project they are participating in. The project is looking at wellbeing in later life. This project will form part of a PhD being undertaken by Laura Buckley, at the University of Central Lancashire, Preston.

Please sign below to state that you are happy for the following:

- **I consent to this photograph being used as part of a PhD study and included in the subsequent published thesis.**
- **I consent to this photograph possibly being used in a range of academic publications.**
- **I consent to this photograph possibly being use in an exhibition or oral presentation**
- **I consent to this photograph being stored on a secure computer at the University of Central Lancashire for up to 5 years.**
- **I understand that I will not be identified by name in any of the above.**

**Name**        _____

**Date**        _____

**Signature**   _____

# Appendix G: Participant Information Sheet



## PARTICIPANT'S INFORMATION SHEET

'Wellbeing in later life'

## Name of Researcher: Laura Buckley

### Introduction

My name is Laura Buckley, and I am a PhD student from the University of Central Lancashire, Preston. I am inviting you take part in my research study, which is exploring what wellbeing means to people in later life.  Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish.  Please ask me if there is anything that is not clear or if you would like more information – my contact details are at the end.

### What is the purpose of this study?

This study is being done by a research student from the University of Central Lancashire, Preston. This study is part of a larger project exploring wellbeing in people aged 65 or over, and in this part I am trying to get a better understanding of what wellbeing means to people.
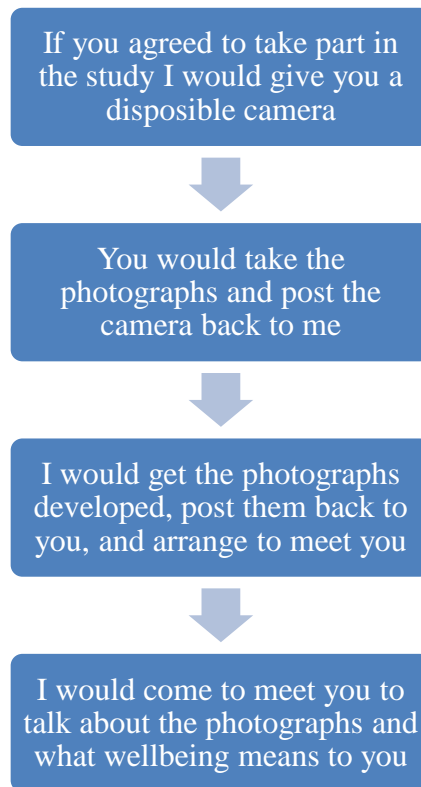
### Why have I been chosen?

I am inviting about eight people over the age of 65 to take part in a small study I am running as part of my PhD qualification.

### Do I have to take part?

It is entirely up to you to decide whether or not you take part in the project. If you do not wish to take part then you can ignore this sheet.

## What will happen to me if I take part in the study?

If you took part in this study you would be asked to take some photographs and to discuss these during an interview with me about what wellbeing means to you. Please see the diagram below for further information.

If you agreed to take part in the study I would give you a disposible camera

↓

You would take the photographs and post the camera back to me

↓

I would get the photographs developed, post them back to you, and arrange to meet you

↓

I would come to meet you to talk about the photographs and what wellbeing means to you

## What do I do if I want to take part in the study?

If you wish to take part in this study, please complete the enclosed 'Expression of Interest form' and return it to me in the stamped addressed envelope provided.

## Where would I meet the researcher?

We can meet at a place which is most convenient to you. This could be at your home, at my office at the university, or at a public place. The only request would be that this place is fairly quiet so that I can clearly hear everything you have to say.

## What would I be asked to take photographs of?

I will ask you to take up to 20 photographs using a free disposable camera provided. I would ask that up to 10 of these photographs show those things which add to your wellbeing, and up

to ten show things which take away from your wellbeing. You can also use old photographs or images from magazine, internet etc.

## What will happen at the interview?

Once you have taken these photographs I would be interested to hear what these photographs mean to you, and to talk about your wellbeing in general. This interview will be informal although I will ask to audio-record the interview. On the whole I am particularly interested in hearing the stories relating to your wellbeing as well as those behind the photographs you have taken.

## What will happen to my photographs?

I will request to keep a copy of all your photographs, as some may be used in publication or during presentations. However, I will ask your permission before doing this and you can choose for some or all of your photographs not to be used in this way.

## Who will know about my participation in the study?

All the information that is collected about you during the course of the research will be kept strictly confidential and your name and details will be removed from any publications so that you cannot be recognised. However, if you give permission for your photographs to be used there is a small chance that you could be recognised through these.

## Who is doing this study?

In this study you will only have contact with me, Laura Buckley. However, I have three supervisors at the university, Professor Joy Duxbury, Professor Bernie Carter, and Professor Tim Thornton.

## How do I give my consent to take part?

Before you take any photographs you will be asked to sign a consent form to say that you are happy to take part in this research and that you understand what you will be asked to do.

## How much of a time commitment will this be for me?

I expect that taking part in this study will take approximately 3-4 hours of your time and participation will last approximately one month. This time commitment would include an initial meeting, the time for you to take the photographs, and a final interview.

### What are the possible disadvantages and risks of taking part?

I do not think that there are any disadvantaged or significant risks for you taking part in the study, although some of the photographs which look at those things which take away from your wellbeing may be a little uncomfortable for you to discuss. We will anomymise your comments in any publications or presentations.

### What are the possible benefits of taking part?

I hope you will find taking part in this research enjoyable, and as a small token of thanks you will be given a £5 high street voucher. Your participation may also help to shape services aimed at improving the wellbeing of older adults.

### What happens when the research study stops?

Once I have finished the interview you do not have to do anything else. If you would like to receive a brief report of my findings from this study, I will be able to post once out to you once this is available.

### What if something goes wrong and I want to complain?

I do not believe that anything will go wrong with this study. However, if you do wish to complain about something to do with this study and you do not feel able to speak to me about it, then please contact my supervisor, Professor Joy Duxbury, School of Health, University of Central Lancashire, Preston, PR1 2HE or 01772 895110 or JDuxbury@uclan.ac.uk. The matter will be followed up by via the University complaints procedure.

### What will happen to the results of the study?

The results of this study will form part of my PhD qualification. I may also present the study at conferences and write papers for publication.

### Who has reviewed the study?

This study has been reviewed by my supervisors and by the Ethics Committee at the University.

### Who can I contact for further information?

If you would like further information on this study please contact myself:

- Laura Buckley, School of Health, University of Central Lancashire, Preston, PR1 2HE. Telephone: 01772 895410 / 07843 591846. Email: ljbuckley@uclan.ac.uk

*Thank you very much for your time in reading this information leaflet and for considering taking part in my study.*

# Appendix H: List of organisations targeted for recruitment

Age Concern, Preston

Age Concern Lesbian Gay Bisexual and Transgender Society, Preston

Age UK

Aldi supermarket, Preston

Asda Supermarket, Preston

Barton Grange Garden Centre, Preston

Blackburn with Darwen Older People's Forum

Booths supermarket, Preston

Carers Centre, Preston

Harris Library, Preston

Gransnet (Online forum for grandparents/older adults)

Lancashire County Council

Morrison's Supermarket, Preston

New Meadow Street Labour Club, Preston

Preston Community Network for Older People (Consultation group with local older adults)

Preston Photographic Society

Salvation Army, Preston
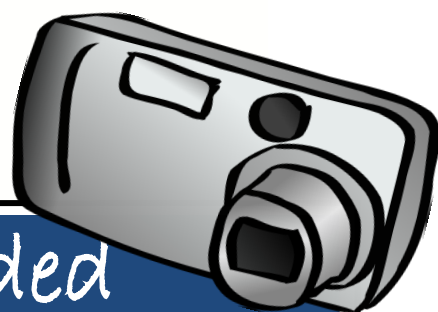
Sports and Social Club, Preston

St Clare's Roman Catholic Church, Preston

Tesco Supermarket, Preston

University of Central Lancashire Comensus Group (Community engagement organisation)

University of the Third Age

## Appendix I: Participant Recruitment Poster

# Participants needed
### to take part in a project on
# Wellbeing in Later Life

### Who is doing the study?

My name is Laura Buckley and I am doing this study as part of my PhD at the University of Central Lancashire.

### Who can take part?

I am looking to recruit up to 15 participants who consider themselves to be in later life

### What would it involve?

The study uses photography and interviews to find out about wellbeing in later life. If you took part, I would ask you to take up to 20 photographs which you believe represent your wellbeing and then to talk to me about these photographs during an interview.

### Do I need to be a good photographer?

No not at all. I am interested in what you take photographs of and what they mean to you. I will provide you with a disposable camera and I will organise and pay for the costs of the photos being developed.

### How do I get more information?

To request an information pack or for any questions please contact

**Laura Buckley** on 07843 591846 LJBuckley@uclan.ac.uk or write to me at Laura Buckley, School of Health, University of Central Lancashire, Preston, PR1 2HE

# Appendix J: Expression of Interest Form



## PARTICIPANT EXPRESSION OF INTEREST

### 'Wellbeing in later life'

My name is Laura Buckley. If you are interested in taking part in my study on 'wellbeing in later life', please complete and return this form.

**Name**:.................................................................................................

**Address**:................................................................................................................
........................................................................................................................................

**Postcode**....................

**Telephone number** (including area code):................................................

**Email address** (if available):....................................................................

To help me select a range of participants it would be helpful if you could provide me with the following information (please circle as appropriate).

**Gender**: Male / Female

**Age**: ……………………

Please return this form in the stamped addressed envelope provided to **Laura Buckley**, c/o Ian Norris, School of Health, University of Central Lancashire, Preston, PR1 2HE.

You can also contact me on 07843 591846 or LJBuckley@uclan.ac.uk if you have any further questions (Monday – Friday 9am-5pm).

# Appendix K: Photography Guidance Sheet



**PHOTOGRAPHY GUIDANCE SHEET FOR PARTICIPANTS**

'Wellbeing in later life'

This sheet will provide you with further details regarding the steps you need to take in this stage of your participation in my study. Please don't let this guidance sheet put you off taking part. It just gives you some useful information. If you have any further questions, or experience any difficulties in undertaking this task, please contact me (Laura Buckley) on 07843 591846 or LJBuckley@uclan.ac.uk

## What should I take photographs of?

I would like you to think about your current life, and to consider those things which you believe contribute to your wellbeing. I would like you to take *up to 10 photographs* which you believe represent 'positive wellbeing' (i.e. those things which add to your wellbeing), and *up to 10 photographs* which you believe represent 'negative wellbeing' (i.e. those things which take away from your wellbeing). Therefore I would like you to take a maximum of 20 photographs in total. When taking these pictures please think about what is positive and negative for your **own** wellbeing. You can focus on your wellbeing in the past, present, and/or future. There is no right or wrong way to do this and everyone who takes part in the study will take different pictures. When taking these photographs please remember that some might be used in my thesis, in articles, or at conferences. You have the right to tell me that I cannot use certain photographs in this way.

## Do I need to obtain permission before taking photographs of people?

It is important that when you take your photographs that you respect the privacy of other people. Please do not take a picture of someone who does not wish to be photographed. If you are taking a photograph of an individual, please present them with the "Study outline and photograph use" sheet and ask them to sign one of the "Model Release Forms" included in this pack to indicate they agree for their photographs to be used as part of my research study

(or their parent/guardian if they are under the age of 16). If you are taking a picture of a group of people who could be identified, it would be good to let them know that this photograph may be used in a range of academic publications/conference presentations.

Please note that you do not need permission to take a photograph of someone who is in a public place, although if they are the sole subject of the picture it would be best to ensure they are happy with you taking the photograph. Also take extra care when taking photographs of any children who you do not know (i.e. not friends or family) as there is the small risk that this could lead to a misunderstanding.

### Can I use old photographs?

Yes it is fine to use some old photographs. You may already have some photographs which you think represent your wellbeing. I will request permission from you to take a photograph of these pictures using a digital camera. Please do take at least some new photographs, and then you can talk about both the old and new photographs in the interview stage of this project.

### Can I use other resources?

Again it is fine to use resources such as pictures of a certain place that you are unable to visit but is meaningful to you. A picture of this from a magazine or the internet would be fine. Again I will ask permission to take a photograph of these using a digital camera.

### How long do I have to take these photographs?

I will give you 2 weeks to take the photographs and post the camera back to me. However, if you feel you need a longer period of time then that is also fine – we can discuss this after the initial two week period.

### What do I do once I have taken my photographs?

Once you have taken up to 20 photographs please return the camera to me in the pre-paid padded enveloped I have provided for you marked 'Private and Confidential'. If you are unable to get to a post box please also let me know, and I can come and collect this from you

personally. The camera will have your participation number on the front so I am able to identity whom the photographs belong to.

## What happens next?

Once I have received the camera I will take it and get the photographs developed. I will check the photographs to ensure they have developed properly and I will post the photographs to you with additional instructions. I will also keep a copy of your photographs (on CD-Rom) so I can use them in my study.

Please look through the photographs and remind yourself why you took each one. I will telephone you a few days after sending the photographs to arrange a time for us to meet again and for you to talk to me about the photographs you have selected.

# Appendix L: Participant Consent Form

**uclan** | **School of Health**
University of Central Lancashire

## CONSENT FORM

'Wellbeing in later life'

*Please initial below only if you agree with the statements. Please ask if you are unclear or have any questions. Please also print your name, sign and date the form below.*

| | | INITIALS |
|---|---|---|
| 1. | I have read and understood the information sheet for this study | |
| 2. | I have had the opportunity to ask questions about the study and these have been answered to my satisfaction | |
| 3. | I understand that my participation is entirely voluntary and that I am free to withdraw at any time | |
| | **PHOTOGRAPHY PHASE** | |
| 4. | I agree to comply with the guidelines given in the 'Photograph guidance sheet for participants' document | |
| 5. | A agree for the researcher to view these photographs after development and for a CD-Rom to be produced so the researcher can view thee on her computer | |
| 6. | I agree to a selection of these photographs being used in the PhD thesis/ subsequent publications and/or presentations as stated in the 'Individual Photograph Permission Form'. I also understand that I can request for certain photographs NOT to be used. | |
| | **INTERVIEW PHASE** | |
| 7. | I agree to the interview being audio recorded | |
| 8. | I understand that quotes of what I have said in the interview may be used in the thesis and in presentations and publications. I understand that my name will not be used and the quotes will be anonymised | |
| 9. | I agree to take part in the above study | |

Date:

_____       _____

Participant's name                      Researcher's name

_____       _____

Participant's signature                 Researcher's signature

# Appendix M: Interview Schedule

Before the interview begins I need to check a few things with you.

1. Explain the style of the interview – what they can expect.
   - Narrative interviewing
   - Not like traditional research interview
   - I do not have a long list of questions I would like you to answer.
   - I will just ask a few open questions and I would like you to answer it in whatever way you choose.
   - You can give as much or as little detail as you would like – I will give approximate times for each question but really this is down to you
   - There is no right or wrong way – there are no answers I am expecting or hoping for.
   - However, I may take some notes as you are speaking and may ask for further details
   - You may find this easy or difficult – if you are finding it hard I can provide some prompts to get you going!
2. Explain the format of the interview
   - In the interview we will look at the wellbeing photographs you have taken, and I will ask you to give me more details on why you took these photos and how they relate to your wellbeing.
   - Please feel free to take a break at any point – just let me know.
   - You are obviously free to withdraw from the interview at any point if you do not wish to continue with the conversation.
3. Do you have any questions?
4. Reminder that I will be tape recording the session – nobody will hear this except me and possibly my supervisors.

**PUT THE TAPE RECORDER ON**

## INTERVIEW QUESTION – YOUR WELLBEING PHOTOGRAPHS

**Q: I would like you to tell me about the wellbeing photographs you have taken - what the picture represent, why you chose to take them and why they are meaningful to your wellbeing.**

*Spend a few minutes organising the photos if you have not already done so- you can do this in whatever way you think would be best for you.*

- You may want to organise your photographs into *themes*
- You may want to *separate* 'positive' from 'negative' pictures
- You may want to put them in *no order* and just take them *one at a time* or *make connections as you go along*

**DEBRIEFING**

- Thank you!
- What will happen now?
- Would you like an end of project report

- Any questions
- Debriefing sheet

# Appendix N: Instruction Sheet



**INSTRUCTION SHEET**

'Wellbeing in later life'

Hello………………….

Please find enclosed copies of the wellbeing photographs you took as part of my study. I will be in touch shortly to arrange a time for us to meet to talk about these pictures and how they relate to your wellbeing.

In the meantime it would be really helpful if you could have a look through your wellbeing photographs and remind yourself why they are important to your wellbeing. It would also be useful if you could arrange these into any order which may help you during the interview. The way you do this is entirely up to you. You may wish to divide them into 'positive' and negative' factors; you may wish to arrange them according to past, present and future; you may put them into groups or different themes; or any other way you think is suitable. Of course if you do not wish to put these in any order that is also fine.

If you have any question before we next speak please contact me on ljbuckley@uclan.ac.uk or 07843 591846 (Mon-Fri 9am-5pm)

Thank you

Laura Buckley

# Appendix O: Interview Prompts and Probes

Explore the origin

- *Where did you first meet this person? Visit this place? Do this activity? etc….*

Gain context

- *Who/what/when/where/how*

Ask for emotions

- *How did this make you feel?*

Go deeper

- *Can you give more detail? What exactly happened?*

Focus on wellbeing

- *Can you tell me specifically how that links to your wellbeing?*

Ask about ageing

- *Do you think growing older has affected that? Positively? Negatively?*

Get resolution

- *How did it end? Does this still impact on you now? Will it change in the future?*