

**LOOKING BACK AND MOVING FORWARD:
A BIOGRAPHICAL APPROACH TO AGEING**

By

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ABSTRACT

In contrast to much gerontological research, which provides only a glimpse of the lived experiences of later life, this study investigated the views, practices and circumstances of older people using a biographical approach.

Men and women presented a variety of meanings concerning later life and their stories both reflected and resisted some of the commonly held and socially constructed views about later life. All said that they did not feel old, although participants described times in their lives when they did feel old: when they were ill, made redundant or bereaved. Growing older was linked to illness, decline and burden even when this contradicted, as it often did, participants' substantive experiences. Although there are problems and challenges that accompany later life, they are not necessarily overwhelming. Later life was generally portrayed as an active period, in which participants continued to live their lives in an engaged way; helping others, striving for independence, celebrating older age and enjoying its freedoms.

People's attitudes and experiences of later life were seen also to be a reflection of their lifetime roles, for example, whether or not they had been active in helping others or had socialised with others in the past. Capabilities and needs were not fixed but changed, according to individual experiences and attitudes, as well as requirements in the face of ill health or financial problems; needs which varied at different times and at different points of the life course.

It is argued that the views and experiences of older people should be used as a basis for shaping theory, practice and research.

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LOOKING BACK AND MOVING FORWARD: A BIOGRAPHICAL APPROACH TO AGEING

Facts, there are so many facts. I have left such a lot out. There must be many more unremembered and still more unknown. If I had chosen differently, it would be a different story, but this is the story I have told myself and I must hold to it

Tim Lott, *The Scent of Dried Roses*

There is a time for everything and a season for every activity under heaven:

A time to be born and a time to die,
a time to plant and a time to uproot,
a time to kill and a time to heal,
a time to tear down and a time to build,
a time to weep and a time to laugh,
a time to mourn and a time to dance,
a time to scatter stones and a time to gather them,
a time to embrace and a time to refrain,
a time to search and a time to give up,
a time to keep and a time to throw away,
a time to tear and a time to mend,
a time to be silent and a time to speak,
a time to love and a time to hate,
a time for war a time for peace.

Ecclesiastes 3:1-8

Chapter One

INTRODUCTION

The subjective experience of later life has been less systematically investigated when compared to studies which address the 'issues' of ageing in terms of need and dependency (Treharne, 1990; Gilleard and Higgs, 2000). Indeed, Thompson concludes that his research (with Itzin and Abendstern) stands 'strangely alone' in describing the lived experiences of older people (1992:26). The paucity of research into ageing from the older person's point of view, may have perpetuated stereotypical and ambiguous images of later life. On the one hand, later life is seen as a time of unavoidable retreat in the face of hardship, physical and mental decline and of withdrawal into dependency (Thompson, 1992). On the other hand, in post-modern culture 'the prospect of an endless life has been revived through consumer images of perpetual youth and a blurring of traditional life course boundaries' (Katz, 1995:63).

Consequently, the present study has sought to examine the views of 'ordinary' older people (Midwinter, 1991; Hazan, 1994) about ageing; how they perceived themselves and how they experienced later life. To this end, I used a biographical approach in the belief that through life stories, we can understand more fully the way people's current beliefs, attitudes, feelings and experiences have been shaped over a lifetime. This included exploring whether people respond to ageing in different ways as well as what was unique and what was shared about later life. In order to elicit and interpret older people's self-perceptions regarding older age, I listened to participants accounts of their past and present lives, together with their future concerns and aspirations. For, diverse experiences and attitudes *throughout people's lives*, might affect their circumstances and colour their perceptions in later life (Bernard and Meade, 1993).

Images of later life

Featherstone and Wernick refer to the ambiguous images of later life as the tension between the pull towards over-simplifying stereotypes of older age and the opposite pull towards the discovery of increasing complexity and differentiation (1995:9). These tensions may be observed in both popular imagery of older age and in academic work.

Playing on stereotypes

Hepworth and Featherstone stress that people's narratives do not exist in a social vacuum but should be seen as attempts to make sense of:

Complex everyday experiences in terms of various sets of images and vocabularies of motive; these are provided by a variety of sources, among which should be included medical experts, academics and a range of cultural intermediaries and journalists working in the media and advertising sectors

(1998:281).

Consider the images of later life presented in the mass media. Gibb and Holroyd (1996) state that the media are one way by which a society both reproduces itself and, through feeding back into the community, reinforces itself. The media, therefore, are an important source of social attitudes regarding older people. Media reports frequently portray the growing number of older people in a negative, rather than a positive light, emphasising the 'burden' they pose to the younger population, or portraying older people as helpless victims of criminal attacks, even though the typical victims are young males. For example, 'Children of Sixties face old age alone' (*The Times*, 21.8.97); a 'demographic time bomb is facing society due to the vastly increased number of pensioners' (*The Today Programme*, Radio 4, 31.8.95); 'Robber attacks man, 84, for £2' (*Sheffield Star*, 2.2.01); 'Bodyguards for terrified old folk', (*Sheffield Star*, 6.2.01); 'Fear grips old as care home closures rise' (*The*

Observer, 25.03.01). This last article did not draw upon the views of older people themselves, despite the claim of the headline.

Where older age is positively depicted in the media, a sense of the exceptional, rather than the ordinary is implied (Gibb and Holroyd, 1996). This is illustrated by the following report in the *Sheffield Morning Telegraph* (14.3.97):

The secret to long life is a dip in the pool at dawn - and when Helen Kelsall celebrates her ninetieth birthday on Sunday, that's exactly what she'll be doing... The leisure club manager said: 'I find it incredible that at ninety she's driving herself to the pool and swimming five or six times a week. It never ceases to amaze us how she does it'.

Bury (1995) has drawn attention to the way in which situation comedies on British and US television, give poignant expression to the 'contradictions and dilemmas' of ageing. The comedy arises from the way in which the characters' actions challenge our assumptions and attitudes about older age. For example in *The Golden Girls*, older women are portrayed as sexual beings, contrary to popular stereotypes of older people as asexual. Similarly, in *The Last of the Summer Wine*, Compo is comical because, in his constant pursuit of the opposite sex, he stands out from his peers who are growing old 'gracefully'. Diana in *Waiting for God* is seen as comic because she refuses to passively accept institutional life. She is portrayed as a troublemaker because she stirs up rebellion amongst the other residents who, before her arrival, had been content to accept their fate. In *One Foot in the Grave*, Victor appears to use his age to his advantage and, on the whole, gets away with subversive and outrageous behaviour because he is old. We admire this behaviour because he challenges our assumptions that older people are passive and dependent. Concomitantly, Victor confirms our beliefs that older people are cantankerous and grumpy. A line from the title song illustrates this paradox, 'I'm set in my ways, but I can still misbehave...'. Grandpa Simpson sums up television's images of later life: 'I am disgusted at the way old people are depicted on TV. We are not all fun-loving sex maniacs. Some of us are bitter and resentful individuals' (*The Simpsons*, BBC 2, May 1997).

Turning to academic work, many research studies appear to be undertaken either to answer questions related to social or health policy or aimed at finding the strategies needed to 'adjust' to a 'good old age' (Arber and Ginn, 1991). In their recent book, *Cultures of Ageing: Self, Citizen and the Body*, Gilleard and Higgs argue that 'social gerontology remains tied to concerns over lack and need' (2000:ix). Arber and Ginn (1991) point out that whilst there has been extensive research in social policy concerning older age, it has usually emphasised either the social and/or health problems of older people or, more negatively, older people as a social problem. Thompson (1992) supports this, pointing out that the majority of research studies continue to focus on the problems and needs of older people as a group. It is argued (cf. Bond and Coleman, 1990; Bernard and Meade, 1993), that this problem-orientated approach may help to reinforce the popular perception of older age as a time of passivity and dependency. This is not to say that social/health policy issues should not be explored, but to argue that a balance is needed which takes into account the wide variations in attitudes and circumstances of older people.

Sociological theories of older age also have tended to focus on the negative and may have impacted on popular thinking. For example, in the first major attempt to construct a theory about the older person's relationship with society, Cumming and Henry (1961) suggested that as people grew older they disengaged from society socially and culturally. They argued that as this was a voluntary, natural process, the meaning of their isolation is not problematic but part of an inevitable move towards death, the ultimate disengagement. Consider the following scene from *Men Behaving Badly* as an illustration of disengagement theory. It is from the episode where Gary and Tony decided to get rid of their sofa because it was infested with fleas. As they enjoyed a final slouch on the sofa, Gary said:

'Have you noticed, people over about forty-eight, they're not comfortable on a sofa. They always want their own chair?'

To which Tony replied:

‘It’s sort of preparation for death isn’t it? They want their own vehicle’.

(‘Sofa’, series 6, episode 6, BBC1, 11.12.97).

The political economy approach has drawn attention to the impact of class in later life, or rather, how people’s resources, such as income and capital affect their experiences and status in older age. Gilleard and Higgs, critiquing structural accounts of ageing argue that, ‘by establishing the dependent and disadvantaged position of older people as their determined status, they reinforce the very image that they criticise social policy for inducing’ (2000:14). Since the voices of older people themselves are rarely heard in these analyses, paradoxically, they perpetuate the very view they criticise; the homogeneity of older people (Bury, 1995). Further, Phillipson (1998) points out that political economy has been accused of neglecting the wider issues of meaning and purpose in the lives of older people. That is, by emphasising issues surrounding employment, retirement and pensions, moral and existential issues are overlooked.

An important contribution to the debate regarding the portrayal of older people in the social gerontological literature is made by Hazan (1994) in his book *Old Age: Constructions and Deconstructions* in which he contends that current ideas about older people as they are presented in western society, inaccurately depict their essential qualities and lived experiences. The perpetuation of the social category of ‘the old’ as a ‘problem’ from which ‘solutions’ are to be sought, has led to (even if this is unintentional) a denigration and isolation of older people. Hazan (1994) believes that this has a dehumanising effect, which can lead to older people being treated as a separate species.

New images for old?

In an attempt to deconstruct the negative images of older age, positive images of older people have been promoted (although it is important to note that positive images are not new (Katz, 1995). This emphasis on the positive, is epitomised in the term 'The Third Age', described by Laslett as a period of 'leisure, independence and education' (1989:91). The aim of many 'Third Agers' is to revolutionise and transform 'the old image of age' (Friedan, 1993:549). Positive images of older age may be seen, for example, through photographic and/or autobiographical accounts of older people (such as the Centre for Policy on Ageing's study of Centenarians, Dalley, 1997) and through research that lends support to the adage 'young at heart' (Kaufman, 1986; Thompson et al., 1990). Positive images of older age are also reflected in the upbeat titles of Friedan's (1993) *The Fountain of Age*, Rowe's (1994) *Time on Our Side* and Martz's (1996) anthology of later life, *Grow Old Along With Me The Best Is Yet To Be*. Organisations such as Age Concern and Help the Aged, speak out against ageist language and challenge negative stereotypes of later life. In 1997, Age Resource (a wing of Age Concern) asked Mick Jagger to be one of its patrons in an attempt to promote what it thought would be a more positive image. A spokesperson for the charity said that it was looking for 'interesting, attractive older people who haven't let age stop them' to become figureheads (reported in *The Times*, 21.8.97).

Ginn and Arber (1995:8) set-out the argument that in post-modern society, as social age is becoming more fluid; norms as to the timing of work and education have become more blurred (Ghazi and Jones, 1997) or should be (Laslett, 1989), whilst leisure activities are less closely associated with chronological age than in the past, thus promoting a more positive view of older age. Older age is used to sell certain commodities and to promote a particular lifestyle, for example, Saga holidays and the development of retirement villages (for example, see Laws' (1997) writing regarding American Sun City retirement communities). Gilleard (1996) considers the role of contemporary consumer culture in 'creating new ways of being 'old''. Adult identities, he states, now are being defined 'as much as by how people spend their time and money as by the goods and services they can produce' (Gilleard, 1996:489;

cf. Moody, 1993; Featherstone and Wernick, 1995). Gilleard and Higgs argue that in post-modern society:

The cultural space in which people live is broader, more complex, more contradictory and in many ways richer than ever before. The emphasis upon choice that is the hallmark of consumer society raises continuous questions over self and identity - who am I; what do I want; what represents my best interests...?’

(2000:7).

Sawchuk points out that since a growing number of retired people are able to participate in the consumer culture, (for example, the cosmetic and travel industries), older people who were once viewed as ‘sexless, senile, crotchety, frail and unhappy’ are now seen as a major new market segment (1995:177). To illustrate, a current cinema advertisement for a credit card depicts an elegant and physically fit older couple celebrating their silver wedding anniversary by touring the palaces of Rajasthan. However, whilst Gilleard subsequently argues that such an image of older age means that ‘both the status ascribed to older people and the lifestyle created during retirement are less structured than before’ (1996:495), Sawchuk takes care to add ‘provided they have money to spend’ (1995:177). This caveat may be clearly demonstrated by the élitist assumptions of the June edition of *Tatler* magazine (1997) which proclaimed ‘nothing is impossible, however old you are’. For those about to face their sixty-five birthday, the magazine recommends studying water-colours in Italy and having an affair with your teacher; at sixty-seven, taking up smoking and striking dramatic poses at parties and at any age whatsoever buying Levi 501s. ‘The (plastic surgeon’s) knife is OK, blonding is OK and wearing jeans is more than OK’ (*Tatler*, June 1997).

Such sentiments may have influenced the view of Vincent et al. who suggest that a new stereotype of older people is emerging, the main characteristics of which are ‘affluent lifestyles, hedonism and unfairly taking advantage of the welfare system’ (2000:235).

They argue that this stereotype promotes the view that:

Whilst younger people have to work to pay social security benefits for an ever-increasing ageing population, older people themselves are living it up, travelling and playing golf

(Vincent et al., 2000:253).

In addition, such images have fuelled debate about ‘intergenerational conflict’ (see for example, Walker and Maltby, 1997).

It may be questioned, therefore, whether the positive image of later life has replaced the negative at all; it might have replaced it with yet another stereotype or merely deferred it. For example, advertisements aimed at the newly retired tend to emphasise the need to buy goods, take-up insurance, go on holiday *while there is still time* to enjoy these things, thus implying that there will come a time when, for example, frailty or ill-health may preclude them. It would seem that the value of post-modern perspectives is in challenging what counts as knowledge of ageing and thus enabling a fresh look at older age; they aid our understanding, rather than supersede structural accounts of ageing. Both approaches are important since they reveal the diversity of later life and ensure that neither the positive or negative image predominates.

The ‘ambiguity of ageing’

Bringing together these seemingly conflicting images of older age helps us to see the ambiguity of ageing. Undoubtedly, for some older people, life *is* pretty miserable, particularly for those who suffer from poverty and/or ill health (Victor, 1991) and for highly dependent older people, most of them aged eighty and over (Jefferys, 1990; cf. Dalley, 1997). Laslett himself concedes that the ‘principles and ideas of Third Age living are a mockery for the poorer old, who have been and lamentably still are, so large a proportion of those in retirement’ (1989:91). It may be argued, therefore, that to depict later life in an overwhelmingly positive light denies the many cumulative or life-long experiences of some older people and represses important issues in old age

(Cole, 1992; Katz, 1995). For some people, later life will be a continuation of unhappy youth and middle age, for a variety of reasons (Johnson, 1991:3). *Tatler* (June, 1997) magazine's proclamation that 'nothing is impossible, however old you are', may apply to their readers, but what about the one million older people who live below the official poverty line (Walker and Maltby, 1997)? This raises the old question as to whether the consumer culture is driven more by economic interests than by choice (Jamieson and Victor, 1997). Furthermore, Featherstone and Wernick contest that the consumer culture's message of positive ageing is 'essentially one of denial, keep smiling and carry on consuming' (1995:10). Bytheway states, however, that 'there are ways of being positive which do not promote idealised scenarios and unreal beliefs' (1995:128). Hence, Age Resource's desire to adopt 'interesting, attractive older people' as their patrons, although well intentioned, may be misplaced. Certainly, being positive does little to help those older people who find their everyday lives difficult. Social gerontologists can learn from commentators writing about disability in this respect. Morris, who is herself disabled, argues that:

When the life of a disabled person is publicised in a supposedly positive way, it is generally done in such a way to set them up on a pedestal, setting them apart from the rest of us by the 'isn't she or he wonderful?' attitude
(1991:184).

This, Morris believes, does disabled people a disservice since it denies the everyday experiences of a disabled person:

All of us experience difficulties because of our disability and we all struggle against these difficulties. We can draw strength from the experience of others but only as long as they are not set apart as exceptional
(1991:184).

In terms of later life, Rich has posited that to reject the reality of older age, to proclaim 'I'm only as old as I feel', means that she sees herself as 'exceptional' (MacDonald and Rich, 1983). 'Exceptional is a dangerous defence. It means that a single slip can trigger off 'old'' (MacDonald and Rich, 1983:56). It is better, Rich

implies, to 'look old age in the eye' and to acknowledge the problems and the satisfactions that later life may bring.

Friedan makes a similar point:

I started my quest for the fountain of age by simply looking for people who seemed to be 'vitaly aging' as compared with the image of deterioration and decline that seemed to be the norm. Not geniuses like Picasso or Casals or Einstein, but my own friends and neighbors, and men and women in other cities, who were facing the realities of aging with new and different patterns of purpose and intimacy

(1993:34).

Friedan is unable to recognise herself in the images of ageing she sees around her. Cohen (1994) argues that this reveals the 'ambiguity of ageing', something which we should accept, rather than attempt to solve, and something which, according to Minois (1989) has characterised older age throughout time. Clearly, there is a need for some sort of balance, to recognise that there are enormous variations in the health, mobility, social activity, attitudes and circumstances of individuals of all ages, including older people (Jefferys, 1989). The paradoxical nature of older age may be better understood, if we regard older people as 'ordinary', if we explore *with* them, their everyday, commonplace, experiences.

The experience of ageing

Featherstone and Wernick argue that:

It is only from the limited amount of ethnographically sensitive research that we get glimpses of the actual practises and experiences of being old

(1995:2).

Jerrome (1992) concurs, maintaining that the experience of ageing, as lived by older people themselves, has been obscured by social gerontologists. For example, in his book *Reconstructing Old Age*, Phillipson's main argument is that post-modern society has brought 'a period of crisis in respect of the identity of elderly people' (1998:2). He contests that the combined impact of changes to pensions, employment and retirement, and intergenerational relations has 'placed doubt on the meaning and purpose of growing old' (1998:3). In putting forward his thesis, however, Phillipson does not attempt to seek the views of older people themselves nor does he cite research that has looked at the lived experience of later life. This seems a major limitation to his argument, given that his claims centre around the issues of identity, meaning and purpose in older age.

The images we are presented with regarding older age are based, at best, on partial information, rather than the full diversity of people's lived experiences (Harrison, 1983). This raises the question as to whether older people themselves recognise the various images of later life around them. The focus should be on older people's lived experiences and their ideas and attitudes regarding ageing, as opposed to the ideas or cultural expectations about later life found in society. For:

ageing and older age are certainly real, but they do not exist in some natural realm, independently of the ideals, images and social practices that conceptualise and represent them

(Cole, 1992, xxii).

Hence, in agreement with, for example, Johnson (1976) Jerrome (1992) and Hazan (1994), I maintain that a great deal of the research concerning older age is lacking, since few studies have as their starting-point older people's views and experiences of ageing and do not attempt to understand the ways in which knowledge about ageing is produced and perpetuated. It needs to be asked, for instance, whether the issues researchers seek to explore really concern older people themselves. As Ray (1996) asserts, we need to find out to what extent the lived experiences of older people fit into the making of knowledge in gerontology. Otherwise, we are in danger of theorising as if we were above those who we attempt to understand, we may distance

ourselves from those we wish to serve and, ultimately, do them a disservice. Johnson argues that 'we do social welfare *to* old people and not *with* them' (1976:100). I would argue that we theorise about older people, we impose our theories on them, rather than using their experiences and their knowledge as the basis for 'our' theories about later life.

Schratz and Walker perceive 'theory as implicit in every social action, not simply the concern of academic theorists' (1995:105). Hence, rather than seeking to replace these everyday theories with those considered to be better, they seek to 'explicate and understand them' (Schratz and Walker, 1995:105). Gubrium and Wallace state:

...theory is not something exclusively engaged in by scientists. Rather, there seem to be two existing worlds of theory in human experience, one engaged by those who live the experiences under consideration, and one organised by those who make it their professional business systematically to examine experience
(1990:146-147).

In Hazan's view, prevailing theories of ageing and later life are inadequate and the language of social science insufficient for understanding 'the parameters of signification among the old' (1994:50). Since understanding of ageing is culturally relative and socially diverse, instead of accepting sociological and social references to ageing and older people as given, Hazan (1994) has encouraged a more reflective awareness of the subject. To understand later life more fully, he suggests that those concerned with older age, should explore 'their' culture, not 'our theories' and attempt to understand the ambivalent character of the inner and outer experiences of older age. Hazan (1994) proposes that one way of investigating the world of older people is through a study of time categories and the meaning of time - be it biographical, daily, experimental or cyclical.

Hazan (1994), however, does not make it clear how researchers are supposed to undertake an exploration of older people's experiences and feelings. He also omits to point out that theories of ageing do not necessarily go against older people's experiences. Nevertheless, it is clear that older age may be more roundly understood if researchers concerned with older age heed Hazan's advice and commence their

research by investigating the everyday experiences of older people and to use these as guiding principles to their theories and research. Indeed, Bytheway argues that researchers concerned with the experience of ageing, should always ground theories of ageing in the everyday lives and views of older people themselves (1996:78). This can be achieved only if we seek to hear their voice.

The study

Accepting the above, I listened to older people's stories; to encourage what Gubrium and Wallace (1990) call 'ordinary' theorising about older age. In so doing, I sought to address the key question: how far are socio-cultural expectations, stereotypes and sociological theories, as they relate to ageing and later life, reflected in the experiences and attitudes of older people? Since the intent is to use my doctoral research as a foundation for future work in studies that encourage, and enable, older people to become more central to the research process, the potential of biographical methods for encouraging a more participatory approach was investigated also.

It was envisaged that the study would advance existing knowledge by contributing to our knowledge of the individual's lived experience of ageing and later life and through identifying subsequent implications for the way in which research concerning older people's lives is conducted.

The main methodological chapter, Chapter two, 'Biographical research: life stories and later life', reviews the broader literature on biography and biographical methods and their use in social gerontology; it examines the appropriateness or otherwise of life stories to investigate how older people perceive themselves and feel about later life; and considers the strengths and weaknesses of biographical approaches. Discussion of biographical and other studies on ageing is integrated into chapters four to seven, based on the findings of the present study.

Chapter three, 'Telling Stories: older people's and a researcher's accounts', describes how the biographical approach - as used in the present study - was translated into practice and investigates the research process both in terms of my own and, to a more limited extent, participants' perceptions. I begin by describing

how the research was undertaken in terms of the recruitment and characteristics of participants, data collection and analysis and ethical considerations. I go on to reflect on how my own pre-occupations concerning older age may have impacted on the research process, to explore the relationship between myself and participants and, to a lesser extent, describe participants' feelings and attitudes towards telling their stories.

In chapter four, 'Looking Back', I discuss the appropriateness or otherwise of encouraging older people to look back at the past and describe the actual process of looking at the past in terms of participants' perceptions and how the past was recalled and constructed in people's stories. I argue that it is important to be aware of the positive as well as the negative aspects of encouraging people to look back. Researchers and others should be sensitive to people's diverse needs and wishes, acknowledging that not all people will want to or be able to reminisce.

In chapter five, 'Growing older: the good the bad and the ugly', participants' perceptions of growing older are investigated and analysed. The first section of the chapter begins by discussing the often cited phrase 'I don't feel old' and goes on to offer possible explanations as to why participants may have felt this way. The second section of the chapter, describes the ways in which participants tended to disassociate themselves from the category 'old'. Participants' views were expressed through the positive and negative meanings that they ascribed to the process of ageing and were given fuller meaning when set in the context of their lives.

Chapter six, 'Freedoms, opportunities and constraints in later life', describes the sense of freedom participants enjoyed in later life compared to their younger years as their work and familial commitments decreased. The more negative experiences of later life, mainly due to a decline in physical capabilities and financial constraints are also described. It will be seen how these constraints did not always impact on participants' everyday lives in an anticipated way. Rather than being disadvantaged and dependent, as structural approaches to older age emphasise, participants showed great resilience and determination. Further, they spoke overwhelmingly of their participation in society, through the numerous activities in which they were engaged and the help that they offered to others.

Chapter seven, 'Looking Forward', discusses how participants' views demonstrate that older people do think about the future. On the one hand, participants anticipated the future in terms of worrying about becoming ill or dependent and how this affected their plans for the future. Some participants also described their attitudes towards death. On the other hand, participants referred to anticipating future events or activities such as the millennium, wedding anniversaries and holidays, and looked forward in a literal sense to living longer, planning for the future, and passing their experiences on to the next generation. It is argued that the fact that older people do think about the future has important implications both for social and health policy and provision and for the ways in which older people are perceived.

In the concluding chapter, the main findings of the study are brought together and examined and the implications discussed. It reflects first on participants' views and experiences of later life and, secondly, on the potential of using biographical approaches in research and health and social care practice.

Chapter Two

BIOGRAPHICAL RESEARCH: LIFE STORIES AND LATER LIFE

Man is the storytelling animal...He has to go on telling stories... As long as there's a story, it's all right

Graham Swift, *Waterland*

The unexamined life is not worth living

Socrates

Introduction

In this chapter I explore and justify the use of biographical approaches. I commence with a review of biographical research in the social sciences and proceed to describe its use in social gerontology. Specifically, I focus on the use of life stories to look at how older people perceive themselves and feel about later life and consider the strengths and weaknesses of the approach in theoretical and methodological terms. I argue that, despite the 'turn to biographical methods' across academic disciplines (Chamberlayne et al., 2000), social gerontology would benefit from a greater focus on listening to older people's accounts of their lives: lives made up of a complex of experiences and views which are the culmination of a whole lifetime.

Biographical research

Terminology

Increasingly, social scientists have sought methodologies that enable them to explore the lived world and to reveal how ordinary people experience everyday life (Wallace, 1994). Biographical research is one approach that allows researchers to study how experience is assigned meaning by the individual. The term biographical research encompasses a variety of methods, such as the analysis of life stories, my

chosen method; the development of life histories and case studies; oral histories; reminiscence; and the life review.

Although under the general rubric of 'biographical research', the above terms are interchanged quite freely in the literature, it is useful to try and distinguish between them. Life histories supplement people's own accounts of their lives with, for example, information gained from conversations with significant others, and/or examination of historical papers, official papers, photographs, diaries and media reports (Plummer, 1983). The primary aim of oral histories is 'to capture the detail of the past, to discover and document how it was lived' (Cornwell and Gearing, 1989). Oral historians therefore focus their interviews on memories of childhood and youth and insights into ageing are obtained incidentally (Thompson, 1992). Reminiscence involves the recollection of past events and feelings without any attempt to be thorough about the life course, (Booth and Booth, 1998). The life review is a process of reflection in which people evaluate their own past from their perspective in the present (Booth and Booth, 1998). The terms life history, life review and reminiscence all convey the impression that the past is the central focus, rather than the present or future. In contrast, life stories - narrated by people giving accounts of their whole life time, or part of it, but written by another (Bertaux, 1981) - uncover much more than people's past lives. They allow an exploration of the most recent past - which Thompson (1992) argues has remained the least subject to serious research by either historians or sociologists - the present and people's plans and future concerns (see also, Bertaux, 1981; Cohler, 1988; Kohli, 1981; 1986). As Gearing and Dant (1990) point out, the particular biographical research method employed varies with the particular purpose or foci of the study.

The term life story will be used to describe my own research method but, for simplicity's sake, the description of biographical research to follow will discuss the various approaches found in the literature. This seems justified given that biographical methods share a number of common characteristics which will be delineated below.

Origins

Biographical research has had a rather chequered history in social science research. According to Armstrong (1987), Thomas and Znaniecki's *The Polish Peasant in Europe and America* (originally published 1918-20) was the first major sociological life history. They used biography and letters to describe the story of Wladek, a Polish peasant, and viewed the life history as the 'perfect' type of sociological material. However, the approach never achieved the prominence that Thomas and Znaniecki sought for it, despite being developed and used by the Chicago group of sociologists in the 1920s and 1930s. This decade saw the publication of several life histories - mainly concerned with criminology. These include Shaw's three books: *The Jack Roller* (1930); *The Natural History of a Delinquent Career* (1931); and *Brothers in Crime* (1936). Thereafter, the approach fell into general disuse until the 1960s and 1970s, when the life history was revived in several works including: Lewis' description of family life and poverty in Mexico and Puerto Rico (1964; 1968); Bogdan's account of the life of Jane Fry, a transsexual (1974); a study of heroin addicts (Rettig et al., 1977); and a study of a woman dying of cancer (Strauss and Glaser, 1977). From the start of the 1980s, scholars across disciplines increasingly have promoted the approach and recommended biographical methods as potentially useful research tools to explore the lived world and to reveal how ordinary people experience everyday life (cf. Faraday and Plummer, 1979; Bertaux, 1981; Plummer 1983; and Armstrong, 1987).

More recently, Chamberlayne et al. (2000), following Giddens (1991), point to the 'turn to reflexivity' in post-modern societies as a main influence on biographical approaches. They believe that 'an increasing emphasis on self-construction, life review and the fashioning of identity' has impacted on biographical work (Chamberlayne, 2000:6). Chamberlayne et al. argue that:

Tracing reflexivity in the process of interviewing and being interviewed has resulted in the exposure of often quite raw emotions, misconceptions and even traumatic remembering, bringing oral history and biographical work close to an identification with therapeutic processes (see *Sociology* 1993 and *Oral History*,

1998). ...adding a critical personal edge to what had earlier been defined as simply 'history', 'society' or 'policy'

(2000:6).

Biographical approaches in social gerontology

In the field of social gerontology, interest in biographical approaches was stimulated by Johnson's (1976) paper, *That was your life: a biographical approach to later life*. Johnson criticises social gerontology (as it had developed up to the 1970s) on two main fronts: first, sociological theories of older age tend to focus on the common characteristics of older people's lives, rather than the diversity of older individual's lives and experiences. Secondly, most research studies in gerontology and professional assessments of older people by health and social service agencies, focus on the *problems* of older age, as defined by an external observer, rather than seeking older people's own subjective concerns and accounts of their life experience. In short, Johnson argues that the majority of gerontological research ignores the *meaning* of older people's lived experiences and fails to allow older people a role in defining their own needs. In contrast, Johnson believes that biographical approaches recognise that later life is a continuing process, rather than an event or stage. He describes how lives are constructed around many different threads - education, work, family, and hobbies - which may be explored through life stories. Through biographical interviews, Johnson maintains, social theorists, researchers and professionals, may better understand the different ways individuals experience 'old age' and their current satisfactions and problems. Johnson therefore not only emphasises the need for research to be based on the lived experiences of older people, but that care and intervention should be based on these individual insights.

Compared to the United Kingdom, in the United States, biographical approaches appear to have had more influence on researchers concerned with older age. Gubrium has been prominent in advocating biographical approaches to later life in America. His work focuses on the social construction of older age and explores how narration and discourse are affected by social situations and cultural rules (cf. Gubrium, 1986 and 1993). Other examples of researchers from the United States who have employed a biographical perspective include: Elder (1974), who examined

the formative influence of being a child at the time of the Great Depression; Rowels (1978), who employed the biographical approach to study the geographical dimensions of ageing; Erikson (1982; 1984; Erikson et al., 1986), who used life history research to explore his theory of individual development through life and the need for integration of personality in later life; Unruh (1983), who used taped accounts to chart the profiles and the integration of the social world of older people; Whitbourne's (1986) study of the subjective experience of ageing through life stories; Matthews (1986), who used oral histories to study *Friendships Through the Life Course*; and Kaufman (1986) who undertook life story interviews in order to explore the issues of continuity and meaning in old age. More recently, an edited collection of Myerhoff's writing, *Remembered Lives: the Work of Ritual, Storytelling and Growing Older* (1992) was published. It was based on several research projects undertaken by Myerhoff in the 1970s and includes an empirical study of 'ethnicity and aging'.

Thompson (1992) has stated that the growing acceptance in the policy field of listening to the voices of older people as users of health and social services is one reason why there has been a renewed interest in the biographical approach amongst social gerontologists in the UK. Thompson (1992) believes that the willingness to listen to users has been further strengthened by the expanding therapeutic use of reminiscence by health and social workers and others. Accounts and reviews of work in these respective areas lend support to these views (Coleman, 1986a and 1986b; *Oral History* special issues, 1989 and 1998; Haight, 1991; Bornat, 1994; Gibson, 1994; Jarvis, 1998; Broadbent, 1999).

In health and social care, biographical approaches have been used in order to elicit the views and preferences of older users regarding service provision and delivery and for assessment and care planning. Such research includes: Johnson, di Gregario and Harrison's (1980) study which involved collecting life histories from older people in receipt of meal-on-wheels in order to ascertain their nutritional preferences; Blaxter's (1983) research regarding women's perceptions of disease; Ever's (1984) study which used life stories to elicit older women's self perceptions of dependency; Cornwell and Gearing's (1989) study which used biographical interviews to examine health beliefs in later life; and Aronson's (1990) study on women's perspectives as

informal carers (see also, Johnson et al., 1988; Haight, 1988; Boulton et al., 1989; Dant and Gully, 1994; Admi, 1995; Adams, 1984; Adams, et al., 1998; Wells, 1998; Warren and Maltby, 1998).

In addition to applied research, there are examples of research studies that utilise biographical approaches in the way Johnson (1976) seemed to intend. First, they recognise 'the uniqueness of the human biography' (Johnson, 1976:106), rather than viewing older people as a homogenous group. Secondly, they acknowledge that the 'interests and wishes of older people are not created from nothing at the moment of retirement', but are 'the culmination of a whole life which has sculpted their present problems and concerns' (Thompson, 1992:24). One such example, is Taylor and Ford's (1981) longitudinal research concerning the life experiences of older people in Aberdeen. Taylor and Ford describe the 'seemingly endless diversity' of life style patterns found amongst the older people they interviewed (1981). Thompson, et al.'s study, *I Don't Feel Old: the Experience of Later Life* (1990) looked at older people's everyday lives. Part of their research involved analysing life stories as narrated by older people and supports Taylor and Ford's (1981) study in revealing the diversity of life styles in later life. Thompson et al. found that later life - like life at any age - has its problems, but what came over most forcibly from the biographical accounts they collected was 'a powerfully continuing ability to seize or create changes for fulfilment', whether in work, leisure, or relationships (1990:45). Life story work from a feminist perspective also reveals the diversity of older people's lives (for example, Hemmings, 1985; Ford and Sinclair, 1987; Neild and Pearson, 1992; and Chambers, 1994 and 1998). These accounts show both the difficulties that women have faced - throughout their lives - and their resourcefulness. As Bernard and Mead comment, they demonstrate how an exploration of older women's daily lives and past experiences:

Help us to understand more fully the choices and constraints (both individually and socially constructed) under which we all attempt to fashion our current lifestyles

(1993:17).

Examples of further studies that employed biographical approaches, include di Gregario's (1986a and 1986b; 1987) research, based on the life histories of a group of older people in Leeds; Humphrey's socio-historical study of older people's life experiences in a Durham ex-mining town (1993a and 1993b); Moloney's (1995) analysis of older women's stories of 'being strong'; Reed and Payton's (1996) study which looked at how older people adapted to life in nursing and residential homes; Coleman et al.'s (1998) study which examined the persistence of life themes in later life; and the Economic and Social Research Council (ESRC) funded project which focused on the effects of family change on the life of older people and used a life history approach to interviewing (Bornat et al., 1998;1999;2000).

Despite the studies outlined above, biographical approaches have been less systematically used for the study of later life in Britain than might have been expected, given Johnson's (1976) enthusiasm. Fennell et al. state that the approach has '...been longer on advocacy than in the production of results' (1988:78). Thompson (1992) supports this, pointing out that, despite Johnson's (1976) critique, the majority of research studies, including those from a biographical perspective, continue to focus somewhat narrowly on the problems and needs of older people as a group, rather than on the diversity of older people's lives and experiences.

The apparent paucity of research concerning older people's everyday lives and the *meaning* of older people's lived experiences, leads Thompson (1992) to argue that research into 'ordinary' ageing has hardly started in Britain. Indeed, in November 1996, the editors of a special issue on 'Ageing, Biography and Practice' in *Ageing and Society*, still had cause to point out, to their apparent regret, that 'the 'inner' experiences of later life and ageing have been 'left relatively untouched' by researchers in gerontology (Ruth and Kenyon, 1996b:653). They argue that more studies are needed 'to integrate the philosophical base for biography with research methods exemplified by empirical studies and also insights from gerontological practice' (1996b:654).

Why choose biographical approaches?

The theoretical orientation within which biographical approaches were originally developed was symbolic interactionism, which highlights the symbolic, processual and interactive nature of reality and its social construction, grounded in pragmatism (Armstrong 1987). Faraday and Plummer state:

The life history technique and its ally, symbolic interactionism, are not so much concerned with grasping the totality either of structures or personality, as they are concerned with depicting the immediate lived experience as actual members in everyday society grasp them

(1979:779).

Yet this may limit the potential of biographical approaches to explore the *interplay* of the individual and society, of biography and history and of the individual and their social world (Armstrong, 1987). Biographical approaches recognise that individuals operate within certain social and cultural limits, but place emphasis on the individual's definition of later life. This adopts the phenomenological perspective whereby the individual is the starting point for studying the ways in which individuals conform to or deviate from common assumptions about later life and how they negotiate the rules and roles of social life. It also attempts to locate individuals in their overall life experience as well as the wider socio-historical contexts in which they live. In short, the actions of individuals are reflected in their life stories and those of others, but equally, their experiences reflect other variables (such as their gender, class, race, ethnicity) which have impinged upon them and moulded or constrained their experiences and actions (Bernard and Meade, 1993). As Lather contests, 'a central challenge to the interpretative paradigm is to recognise that reality is more than negotiated accounts - we are both shaped by and shapers of our world' (1986:269). Similarly, Ryff argues:

The key challenge... becomes that of finding the balance, of putting together the inner experiences and intentional activities of the individual with the options and limits of the surrounding world

(1986:62).

Biographical approaches can do this, by forming 'a bridge between the individual and society' (Booth and Booth, 1998:5). Such approaches recognise that individuals operate within certain social and cultural limits, but place emphasis on the individual's definition of, in this case, later life. Lives are lived in a socio-cultural context, the life story is constructed from that context and this allow us to see how socio-cultural sources are employed in the formulation of people's self-image, together with their perceptions, values and beliefs (Kaufman, 1986).

Life stories

In Kohli's (1981) view, the essential characteristics of biographical approaches are two-fold: first, the life story, as it unfolds in the autobiography, is relevant as a structure of experience, of meaning. Secondly, the autobiography, as a comprehensive view of the narrator's life - is the foundation on which this life can be understood by others (Kohli, 1981:63). Life stories are narrative accounts of a person's life, in part, or as a whole, delivered orally by the person themselves (Bertaux, 1981).

For Allport, the value of such approaches is straightforward:

If we want to know how people feel: what they experience and what they remember, what their emotions and motives are like, and the reasons for acting as they do - why not ask them?

(1942:37).

However, Allport's statement is too simplistic since it fails to address those people who, for a variety of reasons - learning difficulties, mental health problems, dementia, dysphasia/aphasia - may not find it easy to tell their stories (some of these issues are addressed in chapter three, section, 'Less articulate/confused participants'). Perhaps, then, Denzin's statement is preferable to Allport's. Denzin states that the goal of the life story is to reveal how ordinary people give meaning to their lives, but adds the caveat, 'within the limits and freedom available to them' (1986:17). Denzin appears to be referring here both to people's lives in general and the possible limits on them of telling their stories. That said (as the quotations from Swift (1983) and

Socrates at the beginning of this chapter suggest), telling stories is a large part of the human activity that makes society possible. Myerhoff (1978) has called human beings *homo narrans* - humankind the storytellers. We tell stories for a variety of reasons, including to: gossip, spread rumours, plan, make excuses, explain our motives and actions, give evidence; become acquainted with others, reveal intimacies and conduct our social lives (McCall, 1990:145-146). Yet whilst McCall (1990) argues that storytelling is a major way in which people develop shared understandings and interact in society, Kenyon feels that in western society, storytelling is not usually a naturally occurring event. On the contrary, he states, 'it is unusual for a person to take the time to listen and to tell one's story to oneself or to another' (Kenyon, 1996a:34). The concept of the 'naturalness' or otherwise of telling one's story is developed in chapter three, section 'Thinking and talking about the past'. If storytelling is not a 'naturally occurring event' there are also ethical implications in using life story approaches in research (see chapter three section, 'Ethical Considerations').

Life stories can undoubtedly be employed to explore aspects of lives that are hard to document by any other means, inaccessible areas that may be difficult to convey in a few words in answer to a specific question or by ticking a box in a questionnaire. Cornwell and Gearing used biographical interviews with older people in order to encourage people to talk about their health beliefs and views of medicine and the health care system because they state, 'these are subjects which tend to be seen as 'matters of common-sense'; people often believe that they do not have anything to say about them and find it hard to respond to general questions' (1989:36). If an individual is asked a general question about their health or social care needs, they might find it hard to think of an answer, however, in the course of telling a story about an aspect of their lives, these needs might be revealed (cf. Chamberlayne, 1999).

Di Gregario argues that life stories convey 'the richness and depth of a life' that 'adds flesh to a study which the aims of more conventional sociology necessitate laying bare the bones for analysis' (1987:328). A further strength of biographical

approaches is that they tend to produce more readable and therefore, more accessible studies, particularly if they succeed in capturing:

The full flavour of the speech of the people, the slang, the nuances, the hesitations, the laughter and the tears. Autobiographies based on tape transcriptions present living documents of a type that are difficult to match by any other method

(Lewis, 1968:250).

This is evident in much life story work with older people, for example, the Centre for Policy on Ageing's interviews with centenarians (Dalley, 1997) and indeed, in the many oral accounts of life stories on television and radio in the year leading up to the millennium celebrations (for example, *Woman's Hour*, BBC Radio Four). In addition, the Age Exchange Reminiscence project has a theatre company which performs plays and musicals based on the writings of older people and the biographical approach has been used in drama-documentaries about later life (*Black Daises for the Bride*, BBC2, 1993), and in documentaries (*Malcolm and Barbara: a Love Story*, ITV, 1999; *Dancing Inside*, BBC2, 1999). Life stories convey to the reader, the listener or viewer often in a very powerful way, the phenomenon under study, facilitating understanding, and thereby informing action (Dex, 1991).

Applied research and health and social care practice

In terms of the use of biographical approaches in applied research and/or in health and social care practice, it is evident that such approaches do not fracture life experiences, but provide a means of evaluating the present, re-evaluating the past and anticipating the future (Cotterill and Letherby, 1993:74). Looking ahead to the future as well as looking back over their lives are potential ways by which people can be encouraged to be active and intentional (Ryff, 1986; Dex, 1991). Although it is important to acknowledge that a person's past does not necessarily determine their current status, their memories say much about who they were and currently are, whilst their future aspirations or worries tell much of what they might become (Ryff, 1986).

For practitioners, biographical approaches may thus inform assessment, planning and evaluation. For example, Johnson et al. (1988) used biographical assessments to inform care planning in community settings. They justified their approach by arguing that the needs of the individual are not simply social or medical, but are particular to their life history and current circumstances. The Distressed Gentlefolk's Aid Association (DGAA) commissioned the Centre For Policy on Ageing (Dalley, 1997) to interview one hundred centenarians about their personal experiences, recollections and philosophies. The association's aim was two-fold: to record new insights regarding later life and to inform their work in providing care to older people in their residential and nursing homes and in supporting older people in the community (Dalley, 1997). Adams et al. investigated the ways in which encouraging older people to reminisce might contribute to care provision and practice on two continuing care wards and found that such an approach 'legitimises talk for people who might otherwise not be listened to or whose feelings about themselves and their care setting may go unheard' (1998:39. See also Adams et al.,1996).

The ways in which biographical approaches might help practitioners, in this case, the nursing profession (cf. Adams, 1994; Schofield, 1994; Elipoulos, 1997; Jarvis, 1998; Broadbent 1999), to see the person beyond their chronological age or physical needs, was illustrated powerfully in the television drama *Lost for Words* (Yorkshire Television, 1998), based on the book by Deric Longden about his mother (Longden, 1991). Towards the end of her life, Deric visits his mother in hospital. She has suffered a stroke and is unable to care for herself. In his book, Longden described the scene thus:

I watched as two nurses changed her bedding - one either side of the bed. They were talking over her, through her and round her. They talked of boy friends and girl friends, never seeming to notice the old woman who had somehow become mixed up with the sheets. She had lost all identity - she was just that crabby old woman who lay on her side and faced the wall.

I tried to paint a picture of the real woman behind those dead eyes. A woman who rarely criticised and never envied, just simply loved almost everyone and

everything. A woman who could perceive goodness even when it was well hidden and who saw beauty in a cat with just one nostril and a single ear. But the nurses only half listened - they were too young. What were they? Twenty? Twenty-two? Would I have looked far beyond those eyes at that age? No, of course I wouldn't

(Longden, 1991:272).

Deric returns to the hospital the next day, bringing with him a photograph of his mother at the age of eighteen; he places the photograph on the bedside locker. In the photograph, she is tall and beautiful and wears a slim-fitting coat with a fur collar, the nurses are fascinated by the photograph. Deric recalls that the nurses:

Picked up the photograph and saw for themselves just a glimpse of the real woman behind the twisted tongue and the addled brain and they talked to her as they changed her dressing. ...At the very least we had clawed back a little piece of her identity. She was no longer something that had come along with the bedding - she was the woman in the photograph.

(Longden, 1991:274).

Biographical approaches may be utilised in everyday care activities in order to encourage a relationship between the practitioner and those with whom they work and care that is centred on the individual's needs and life perspectives (McCormack, 1996; Heliker, 1999). Such approaches may also have a positive effect on staff's attitudes toward those with whom they work as suggested by Murphy's (2000) exploratory study which examined the effect of life storybooks on staff attitudes to nursing home residents with dementia (cf. Pietrukowicz, and Johnson, 1991). Hanson et al., (2000) investigated the ways in which a biographical approach may be used in transitional and long term care settings to improve the care of older people. Focus groups undertaken towards the end of the project with staff who had worked with life storybooks together with patients and their families, revealed that the approach did help them to see the patient as a person and to understand the individual more fully.

The comments below were typical of staff's feelings:

You get a better insight into the patient that you're looking after. It's not just a medical condition: you get an insight into what they used to do years ago.

Your attitude changes. There was a patient who used to be a buffer lady and when she used foul language if you didn't know her you would think, 'Well she's not very nice'. But once you got to know that's her normal life and when she's f – ing and blinding that's when she's at her best, you don't take it so personally.

(Hanson et al., 2000:6-7).

Methodological Issues

Given the advantages of biographical approaches, it needs to be asked why such approaches have not been used as extensively as might have been expected. Methodological concerns are amongst the key reasons for this. Freeman and Krantz (1980) contend that one of the explanations for what they call the 'unfulfilled potential' of life history studies, is the attempt by social scientists to evaluate life histories like other data - in terms of the traditional and standard criteria of generalisability and representation, or, if these fail, as pilot studies in need of further validations. Hence, they argue, there are those who see biographical research as producing interesting stories, possibly with some literary value, but no more, ultimately rejecting them because they have no generalisability and thus no real value for the social sciences.

Representativeness and generalisation

Those who raise questions concerning the representativeness of an individual life, raise doubts about considering an individual's story in detail (cf. Allport, 1942). It is this that raises the problem of *reliability* - of knowing the larger sample of which the individual's story is representative. For example, Faraday and Plummer (1979) ask, how do we know that Bogdan's (1974) life history study of a transsexual, Jane Fry, is typical of transsexuals? They point out that even if, as Bertaux (1981) advocated, the

researcher collects more than one life story, there is little possibility of undertaking in-depth interviews with but a small 'sample' and the chances of ensuring that sample, however randomly selected, is representative are unlikely. For Armstrong (1987), the answer is that those who employ the approach should avoid the problem of representativeness at the outset, by stating explicitly that they are not seeking to generalise from individual's life stories.

Booth and Booth concede that the use of biographical methods entails the loss of the capacity for aggregation and statistical generalisation, but make a case for their indicative power instead:

Formal methods of measurement are not capable of handling the inconsistencies, contradictions, idiosyncrasies and complexities that characterise this sort of interpretative data. Lives are not easily squeezed into boxes. The strength of narrative methods is precisely that they provide a way of accessing lives at the level of lived experience, which allows the incorporation of feeling into knowing

(1998:58).

Perhaps therefore, we should question whether the concept of representativeness is a misleading criteria by which to evaluate biographical research since that is not its aim (Freeman and Krantz 1980:2). Moreover, in terms of looking at older people's lives, when research does claim to be representative, we need to ask: whom does it really represent? As Geiger (1986) contends, the notion of representativeness takes for granted that we already have knowledge about the culture in general against which individuals can be evaluated. Yet, in common with feminist research, within social gerontological research, it is precisely this assumption that commentators such as Johnson (1976), Bytheway (1996), and Ruth and Kenyon (1996b) challenge in noting the reluctance of researchers to explore the lived experiences of older people. In many studies which seek to generalise, there is a tendency to use the term 'old', grouping together older people who are well and leading active lives with those who are frail and ill and in need of services.

Jerrome argues:

The negative orientation to old age still emerges in the intellectual concerns of gerontologists in Britain... The literature is dominated by accounts of poverty and dependency ... The research problem is defined in terms of need; the database is the needy. The 'silent majority' of elderly people who are independent and self-supporting are not featured, are not of interest and, if the literature is taken to reflect reality, hardly exist ... The meaning of ageing as it is defined by participants is obscured. Very little contemporary research addresses the issue of ageing from the elderly person's point of view

(1992:3-4).

Schatz and Walker (1995) contest that the researcher's task is 'not to generate and sustain generalisation, but to prevent it'. They point out that human thinking is too ready to generalise and that one of the main functions for research is to 'slow down or even block this process'. Schatz and Walker's aim is to:

Resist generalising, to scrutinise every statement for values, to search for blind spots in our own perceptions in order to understand both the espoused theories and theories-in-use of all those involved or implicated in a particular setting, event or process

(1995:105).

However, Roy points out that a desire to emphasise and value the personal dimension of biography, must not be at the expense of neglecting other aspects of the biographical encounter:

As we strive to build an ethics capable of respecting personal originality, the danger to be aware of is the seduction of a facile relativism that ignores the bonds and the possibilities of our shared humanity

(1988:39).

Sartre has argued that life-studies should seek to discover 'the difference' that sets the individual apart from others, yet joins them in the 'common epoch' they share with other people. (1963:137). Similarly, Kenyon (1996b) acknowledges that as existential beings, people are unique, but believes that their stories are still, borrowing from Randall (1995), *genre-lizable* and in this sense, then, lives may be discussed in more general terms - 'there are ties that bind' (Kenyon, 1996b:670). Booth and Booth (1998) who used a life story approach in their study of children growing up with parents who had learning difficulties, followed 'Scheherazade's dictum, that 'one life is simply all lives lived separately' as a means of making the personal general' (1998:58).

Further, Jerrome (1992) claims that the 'over-reliance in survey methods of investigation and statistical techniques, ignores the uniqueness of the individual ageing experience'. She argues that social gerontologists tend to be concerned with 'objective realities - those features which are easily measured' thus subordinating subjective experience of ageing to 'objective accounts provided by youthful researchers' (1992:4). The introduction to section one of the Open University course reader for *An Ageing Society*, recognises the value of personal accounts in the study of gerontology:

It is for the very reason that the idea of an ageing society tends to be presented as a matter of statistics, divorced from the experience of ageing and later life, that we chose to start this reader with a collection of personal accounts

(Johnson and Slater, 1993:1).

Individual accounts may highlight or challenge statistics which otherwise seem impersonal and general. Statistics showing the growth in number of older people are presented largely in negative terms; the phrase, 'the problem of an ageing population' trips off the lips of politicians and social commentators alike. The emphasis is placed on what society can do *about* older people, rather than on what society can do *for* or *with/alongside* older people. This fails to acknowledge the heterogeneity of older people, the varied lives of older people, the positive aspects of older age, indeed, what older people may offer society. Older people *are* the problem; common

assumptions about older age and the structural organisations of society are hardly questioned. A biographical approach may, to some extent, help to redress this, for, as Mandelbaum notes:

Life history studies... emphasise the experiences and requirements of the individual - how the person copes with society rather than how society copes with the stream of individuals

(1973:177).

By listening to the voice of the individual, at least we can begin to challenge the overwhelming negative and one-dimensional image of older people 'as a mass of needs bound together by the stigma of age' (Hazan, 1994). My research does not seek to generalise about older age, but rather to reveal the rich diversity of people's lives, experiences and views. One of the strengths of the biographical approach is in 'slowing down the all-too-ready tendency to generalise by showing the full complexity of lives in the world' (Booth and Booth, 1998:153).

This is not to say that older people do not have anything in common. The question is whether issues of commonality and difference are to do with chronological age or the circumstances in which older people may find themselves. One chief advantage of the biographical approach is that it provides a medium for exploring both the idiosyncratic and shared aspects of ageing over the life course (Ruth and Kenyon, 1996a). As Sartre argues, the ways in which the life of individuals 'enriches, deviates from and makes concrete the common and uncommon beliefs and values of their culture and their time must be revealed and interpreted' (1963:137). Humphrey's (1993a) study, for example, shows how this may be undertaken in practice. He describes how the life stories he collected 'reflected the uniqueness of the individual life and the communality of a shared culture' (1993a:151).

Above all, biographical approaches encourage us to see older people as individuals, with varied experiences and needs, as opposed to a homogenous group, 'the aged' or 'the elderly'. It emphasises that ageing is not a once-for all event, but a process (Thompson, 1992).

Zarb states:

A common theme underlying the biographical approach to ageing is the conceptual distinction between chronological age as an explanatory variable, and ageing as a subjective experience... In other words, between 'old age' as a category and 'ageing' as an experiential life process...

(1993:31).

Gilleard and Higgs (2000) distinguish between 'ageing' and 'old age'. On the one hand, they argue, old age, 'remains an obdurately singular category - a future end that most people chose to avoid however long their lives may be', on the other hand, 'the experience of ageing is 'fragmented', part of the 'plastic' or 'flexible' lifecourse of men and women in post-modern society' (2000:2-3) (cf. Featherstone and Hepworth, 1989). Gilleard and Higgs elaborate:

Only in the late twentieth century has the idea emerged that human agency can be exercised over how ageing will be expressed and experienced. The assumption that individuals can choose the manner in which they wish to mark out their lives is a radical break with the past

(2000:2-3).

Since the starting point is the individual, the biographical approach promotes this idea; human agency can be exercised over how ageing will be articulated and experienced. Further, since it stresses that ageing is a process, it allows for the possibility that the later decades of life may be a time of on-going development and self-determination, rather than a time of withdrawal and disengagement from society (although this may well be the case, for some people).

Subjectivity

The subjectivity of biographical research, although often criticised as a weakness, may be seen as a strength. Social constructionism provides a counterbalance to positivism, which assumes that reality, is fixed and can be directly observed

(Gubrium et al., 1994). Feminist and post-modernist theorists (Geiger, 1986; Stanley, 1990a; Cotterill and Letherby 1993; Featherstone and Hepworth, 1991 Gilleard and Higgs, 2000) also have disputed notions of objectivity and contested that approaches assumed to give a 'true' picture of 'reality' usually represent neither truth or reality. Life stories are not the individual voice of a single person reflecting on their life experiences, they are joint products created as social actors engage in developing a situationally and culturally meaningful account of the narrator's life (Gubrium et al., 1994; Plummer, 1990; Freeman, 1979; Krantz, 1978). As Hare-Mustin and Marecek state:

...our understanding of reality is a representation, not an exact replica...
Representations of reality are shared meanings, that derive from shared
language, history and culture

(1994:52).

Cotterill and Letherby (1993) argue that this provides some safeguard against the notion of the 'fixed person' in the completed project. In any case, Bogdan and Taylor assert:

Truth is an evasive concept. One person may describe an experience in one way and another person may describe that same experience in quite another way. Yet both may be 'telling the truth' according to their own perspectives: their own interpretations, rationalisations, fabrications, prejudices and exaggerations ... Just as different people may interpret the same things differently, so too may the same person interpret things differently at different times

(1975:9).

Bogdan and Taylor's answer to this is to encourage the researcher to 'cut through common-sense understandings of 'truth' and 'reality'. For, they argue, 'what appears to be false or inconsistent according to your perspective and your logic, may not be according to your subjects'. They see the task of the researcher as being to present individuals' views of the world 'for what they are' (1975:11). That said, it is

important to ask that if the researcher is presenting these views, how can we be sure that they have not distorted the individual's intended meanings? This is discussed further below, 'Validity of biographical approaches'.

From this perspective, biographical research does not seek an objective remembrance of the past at all, it does not seek the 'facts' of a person's life. Subjective perceptions, meaning and understanding are the focal point of the research. As Booth and Booth point out, their interviews:

...were not intended to produce factually accurate or verifiable accounts of lives; narratives whose details would stand up to cross-checking against independent evidence or other source of information

(1998:17).

Rather, life stories are used and valued for studying how life is seen and experienced from the subjective point of view of individuals (Wallace, 1994). Biographical approaches place value on the individual's 'own story' and on the meanings and interpretations that people place on their own experiences as an explanation for their own behaviour; something that has been neglected in the field of social gerontology. Booth and Booth advocate biographical methods since 'they treat people as the 'expert witnesses' in the matter of their own lives' and 'are a means of making abstract claims more tangible by grounding them in concrete lived experience' (1998:5).

What is required is an approach to later life that attends first to subjective experience; the meanings attached to older age and later life from the individual's perspective. Thus, the very subjectivity of biographical approaches may be seen as a strength; assisting to counter-balance the view of 'the old' as a homogenous group, set apart from other people. In short, the dissemination of information through narratives that describe lived experiences, enables older people to be viewed from within the general human social framework. As Hazan (1994) argues, they are not seen as first and foremost old, but human beings with needs, desires, difficulties and strengths. A good example of this is the 'Kate' poem in which the author pleads, 'So open your eyes, nurses, open and see, not a crabbit old woman, look closer... see me'

(Anonymous in Carver and Liddiard, 1978). It may be contended that it is only by reading subjective accounts of people's lives, that we can hope to touch on experiences which are not our own. Instead of seeking or perpetuating 'sweeping generalisations' about later life, perhaps researchers should content themselves with the 'unending task of monitoring human experiences in changing social worlds' (Ryff, 1986:47).

It would seem that the biographical approach, with its focus on the individual, social dynamics and historical-culture change, has the potential to do that. Further, such an approach helps connect us to other human beings (see also chapter four, section, 'Recalling the past to contextual present and future concerns and aspirations'). Ellis (1993), writing about her personal experiences of a sudden death, states that the 'truth' of her story:

...lies in the way it is told and the possibility that there are others in the world who resonate with this experience. Most likely my story is unique enough to provide comparison, yet universal enough to evoke identification

(1993:725).

Similarly, Denzin has stated:

Every life is both unique and universal, particular, yet generalisable. Lives are the expression of personal and social history, as well as relational webs of influence. The differences that appear in the lives we study constitute the uniqueness of our subject matter and must be so established

(1986:16).

Validity of biographical approaches

Those who question the validity of the biographical approach ask whether the life story really describes what it is supposed to describe. In particular, concerns are raised regarding the truthfulness of the narrator's story and the process of interpreting this story; that is, the 'accuracy' of the researcher's account. Although it might be argued that the observations concerning the validity of the biographical

approach are also true of qualitative research approaches in general, the criticisms are perhaps more intense where life stories are the sole, or main source, of information.

Kohli (1981) has noted that, on the one hand, life stories are claimed to have the highest authenticity possible, because 'nobody knows his own story better than he himself' and, on the other hand, there is scepticism concerning the validity of material which relies on human memory to describe the past or the possibility of a conscious distortion of the truth by the narrator.

Keith Ovenden, in his novel about biography, identity, time and knowledge, *The Greatest Sorrow* states:

Experience and its interpretation does not flow with the same motion. Language applied to experience and mixed with speculation (worlds we do not know, but can imagine) produces a silt which clogs up the stream of conscious understanding, clouding, muddying, occasionally blocking the canals. We experience today in the light of yesterday

(1998:64).

McMahon points to the need to be aware of the fine balance between 'uncovering the past in as many layers as possible' and people reconstructing the past to fit the present (1991:29). As John Harvey-Jones, in an interview with Anthony Clare commented:

Can one really judge what one felt looking backwards? I suppose one distorts what one felt, according to what one feels now

(*Seven Ages of Man*, BBC 2, August, 1996).

Kenyon also notes the importance of recognising that people's stories are told from a particular point of view and that this point of view changes with time, experience and the very telling of the story, as the individual creates, discovers and are created by their world (1996b: 669). Kenyon stresses that there are many stories to be told by

the same individual - 'private and economic stories, inner stories, public stories, physical stories, family stories, emotional stories, cultural stories' (1996b:669) - what Featherstone and Hepworth (1989) term 'flexible' biographical narratives.

In her autobiography, Janet Frame describes a similar view:

...the memories do not arrange themselves to be observed and written about, they whirl, propelled by a force beneath, with different memories rising to the surface at different times and thus denying the existence of a 'pure' autobiography and confirming, for each moment, a separate story accumulating to a million stories, all different and with some memories forever staying beneath the surface

(1993:161).

Moreover, Booth and Booth state that a 'distinction must be made between the stories people tell and the lives they lead' (1998:17). Biographical research actually aims to expose this distinction, not to cover it up since it seeks to reveal how individuals 'interpret, understand and define the world around them' (Faraday and Plummer, 1979:776). Kenyon describes how stories are created and expressed in intersubjective situations, thus they reflect the fact that human beings are not isolated individuals:

People construct the meaning and significance of their current lives, by bringing to bear upon events a complex framework of beliefs and values, which they have developed over the whole of their lives to categorise, characterise and attempt to explain the events in their worlds

(1996b:668).

Life stories as joint products

Life stories, then, like any other form of communication, are produced in and through social interaction:

An interview is a complicated shifting social *process* occurring between two individual human beings, which can never be exactly replicated. We cannot get at some 'objective truth' that would be there if only the effects of interpersonal interaction could be removed

(Jones, 1983:48).

In addition, Booth and Booth state that:

Memories constitute one of the building blocks of identity and the meanings people give to their own past are intimately bound up with the image they choose to present to others

(1998:17).

Both Becker (1966:v-vi) and Denzin (1970:415-416) have argued that the 'honesty' of participants in life story research is no more of a problem than with any other method, which requires asking people for information, facts, attitudes or opinions. Most research methods affect participants' behaviour in uncertain ways:

Interviews and questionnaires intrude as a foreign element into the social setting they would describe, they create as well as measure attitudes, they elicit atypical roles and responses, they are limited to those who are accessible and will co-operate, and the responses obtained are produced in part by dimensions of individual differences

(Webb et al., 1966:13).

Cornwell and Gearing describe how during the course of their biographical interviews with older people, individual participants:

Select more or less consciously what will be talked about according to, amongst other things, his or her perception of the purpose of the interview; the definition of what is permissible to say in this context; the play of memory and the relationship with the interviewer

(1989:42).

They argue that every one reveals a somewhat different life story on different occasions and according to a range of factors in the interview situation, of which the interviewer is only one. What people are prepared to talk about may be affected by how they perceive the researcher, in terms of their age, gender, race and ethnicity, educational or class backgrounds (the social construction of stories is developed in chapter four, section 'Constructing stories'). Cornwell and Gearing (1989) for example, found that differences between the researcher and participant regarding age and gender, determined different people's willingness to talk intimately about their experiences of pregnancy and childbirth, relations in their family or their own health history. This can be seen as a strength in that it points to the 'range of possible factors influencing interviewees' presentations of their lives as infinitely great and complex' (Cornwell and Gearing, 1989:42). In other words, it reflects what people do in everyday life; the way people communicate, behave, interact with other people is dynamic and dependent upon the social context in which people find themselves (Sabat and Harré, 1992).

In any case, di Gregario argues that:

It does not matter if some statements from the respondents are not factually true. It is the way people interpret events which provides the clue to how they view themselves

(1986b:336).

Further, Kenyon points out that we can never know the ‘whole story’ because that story is seen from a particular perspective or for a specific purpose, whether it be to collect information regarding how people age, or to understand a life better. Hence, ‘it is not possible to arrive at the final truth about a life’ (Kenyon, 1996b:669). Kenyon concludes that ‘the courtroom demand for truth, the whole truth, and nothing but the truth, would seem misplaced in ageing and biography’ (1996b:670).

Whose story? The process of interpretation

Tim Lott in his family memoir, states:

Facts, there are so many facts. I have left such a lot out. There must be many more unremembered and still more unknown. If I had chosen differently, it would be a different story, but this is the story I have told myself and I must hold to it

(1996:174).

Lott is referring to telling his story and that of his family. In biographical research, researchers seek to tell the story of others telling their stories. Not only may stories be told differently by the narrator according to such factors as memory, time, place and audience, but they may also be altered, given a different slant or even ‘fictionalised’ (see, for example, Hatch and Wisniewski, 1995; Booth and Booth, 1998) by the researcher who reproduces the story.

For Freeman and Krantz (1980), it is the process of taking a life history that most concerns them. They argue that this involves much more than describing the methods used; it is a combination of the efforts of the narrator and the researcher. The researcher directs the life story and therefore is involved in the creation of the very data they analyse. Although some authors (for example, Terkel, 1975; Parker, 1983) have presented life histories in long narratives as autonomous sources of understanding, it may be argued that a life story cannot be relied on to ‘speak for itself’ (Fennell et al., 1988:78). If the research aims, through increasing knowledge about the phenomenon under study, to facilitate understanding, to

contribute to the development of theory or to offer policy recommendations, it has to be analysed and interpreted, otherwise, the value of employing biographical research may be questioned.

Questions are raised therefore, about the process of interpretation and analysis; whose story is being presented? Bogdan and Taylor imply that the researcher should remain 'detached' from their 'subjects' and should 'suspend' their own 'beliefs and predispositions' in the interview situation (1975:9). However, the researcher will always draw on their own experiences, perceptions and interests in the research process. Indeed, it should be asked how we 'choose' our research topics and methods in the first place. According to Reinharz, 'interest-free knowledge is logically impossible' (1986:17), whilst Namenwirth, contends:

Scientists firmly believe that as long as they are not *conscious* of any bias or political agenda, they are neutral and objective, when in fact they are only unconscious

(1986:29).

In any case, Cornwell and Gearing argue that concern over 'bias' stems from the assumption 'that for every individual there is one, true, single life story which will be uncovered by a skilful and sympathetic but necessarily 'neutral' and objective interviewer' (1989:42) and, as has been discussed above, people do not have a single, finished life story.

It would appear that all researchers can learn from feminist theory and research in calling for the role of the researcher to be made explicit in the research process. Cotterill and Letherby (1993) encourage the researcher to report systematically what has been observed, learnt and experienced in undertaking the research (cf. Godlove, et al., 1982; Collin, 1992; Johnson, 1993; Lee-Treweek, 1994).

Stanley argues that (feminist) research should:

Produce *accountable* knowledge, in which the reader would have access to details of the contextually-located reasoning processes which give rise to ‘the findings’, the outcomes

(1990a:209).

In Cotterill and Letherby’s view (1993), this is preferable to subscribing to false notions of objectivity or to confusing the participant’s experiences and views with those of the researcher. Kenyon, writing on ethical issues in ageing and biography, emphasises the need for the researcher ‘to reflect on their own conceptions and attitudes or ‘meanings’ of ageing in the biographical encounter, in order to clarify whose story is being constructed’ (1996b:666). He cites Gubrium and Sanker:

Attention to meaning is far more complex than simply asking open-ended questions and allowing participants to speak extemporaneously. It requires a heightened sense of self-awareness about the researcher’s personal understandings, beliefs, and world view

(Gubrium and Sanker, 1994: xiv).

Such a view has led Freeman and Krantz to state that in order to assess and evaluate a life history we need knowledge of:

The editor’s perspectives and values that influence the final form of the life history. Failure to assess or at least recognise the observer’s or editor’s role leads to an image of a life history that is distorted and incomplete, since each editor, though not consciously, is necessarily influenced by his own perspectives

(1980:392-93).

Further, several scholars acknowledge that since oral narratives are interpreted and analysed by the researcher and reproduced in written form, the very act of editing the text may radically reconstitute the experience that is being sought (Cotterill and Letherby, 1993; Jerrome, 1994). Freeman and Krantz do not, however, feel that this necessarily prevents the final result from being 'a faithful portrait of the narrator' (1980:6). Perhaps a test of the researcher's 'success' in presenting a portrait of the narrator (if that is their aim) is whether 'those being studied accept the researcher's account and whether it rings true to them both cognitively and emotionally' (Jaffe and Miller, 1994:52). As Denzin argues, the *process* of understanding 'a life story, life history or autobiography is circular, always conducted from within the life being studied, and understandable only in and on the person's own terms' (1986:16). Yet, the dilemma does not end with the production of the life story. Questions also need to be raised concerning how people's stories are used: are they used in a way that participants expected/hoped they would be used?

In an attempt to address these questions in part, Laslett and Rapoport encourage researchers to 'give back' to participants a picture of how the data are viewed, both to return something to them and to check descriptive and interpretative/analytic validity (1975:973). It is also important to stress to participants how their stories are going to be used and in what context. Past criticism of the approach appears to have centred on researchers dismissing calls to describe how life histories are collected, what methods are used and the researcher's involvement in the process (cf. Kluckhohn, 1945; Dollard, 1933; Langness, 1965; Allport, 1942, Blumer, 1969). In 1980, Freeman and Krantz commented how, despite the publication of hundreds of life histories up to the time they were writing, 'virtually nothing (was) known about the relationship between narrators and editors' (1980:7). Gearing and Dant (1990), too, have noted the vagueness about methods of analysis in many biographical studies. It needs to be asked, for example, how the process of interpretation is affected by omitting the researcher's questions and prompts in an interview. Bornat has justified this by arguing that she wanted participants' voices to be 'as free as possible from commentary and analysis' (1993:24). Ford and Sinclair also state that they deliberately separated their comments from the interviews because they sought to present participants' 'own words' (1987:5). Yet, how does the reader know whose concerns and views are being presented, if it is not made explicit whether the

issues raised in a final research study are prompted by the researcher or the individual themselves? In the present study, I acknowledge that I do not always make this clear since I also have attempted to keep the voices of participants 'as free as possible' from my own words. I have informed the reader where it seems to be of particular interest whether participants raised certain issues spontaneously, for example, concerning death and religion.

There are many other questions raised by asking 'whose story is being told?' These include: what does the reader need to know about the research context in order to make sense of the data? How should individual quotations be attributed? For example, pseudonyms are commonly used in social science, but participants might prefer their real names to be used. Is it acceptable to re-arrange the sequence of events, or to run several separate passages of dialogue together? Booth and Booth argue that when life story work is being conducted with inarticulate participants it is necessary for the researcher as editor to play a 'fuller part in reconstituting the transcripts as narrative' (1996:66). Stories may have to be told as a third person account thus 'losing the authenticity' of the participant's own voice' (Booth and Booth, 1996:6). In the biographical-interpretative approach (developed by Rosenthal drawing from a number of stands in German narrative methods - Rosenthal, 1993) analysis of life stories involves a chronological ordering of 'life events' which are mentioned in the interview and a 'sequentialisation' of the interview text (Chamberlayne and King, 1997).

Another important question surrounds the amount of data used in the findings: how much of the life story is used in the final research study, and what has been left out and why? Fennell, et al. point out that narrative data has to be edited often drastically in the process of which masses of material may have to be discarded (1988:78). This has led some to argue (cf. Gottschalk et al. 1945) that life history approaches are wasteful, time-consuming and inefficient.

There are no right or wrong answers to these questions; they were raised in order to emphasise that how participants' views are presented has important implications for the process of interpretation and analysis - both for the researcher and the reader. It may be argued that concerns over the validity of biographical approaches may to a

large extent be addressed, if researchers become more willing to acknowledge the importance of making explicit their role in the research process and the social context in which stories are told.

Perhaps then, rather than being overly concerned with the 'facts and the truth' of a person's life, life story researchers should be more concerned with forming an *authentic* picture of a person and his or her life (Johnson, 1991). This may be undertaken by being open about the research process and by providing participants with the opportunity to be involved in the editing and interpretation of their stories.

Conclusion

Gilleard and Higgs describe ageing as a 'complex and diverse entity made up of numerous psychological, social and biological processes each related yet potentially independent from one another' (2000:1). It has been argued that biographical approaches are well suited to capturing this complexity and differentiation. Rather than treating older people's lives as a series of problems to be solved, biographical approaches focus on what people themselves want and encourage them to discuss what is important to them.

There has undoubtedly been a renewed interest in biographical methods, not only in social gerontology but also across other disciplines. Indeed, Chamberlayne et al. chose the title of their recent book, *The Turn to Biographical Methods in Social Science* because, they argue, there is currently a 'shift in thinking' shaping the agenda of research and its applications which is 'characterised as a 'subjective or 'cultural' turn in which personal and social meaning, as bases for action, have gained greater prominence' (2000:1). However, it is still true to say that biographical approaches to later life have not taken off in the way their early advocates had hoped. There is still a relatively scarce amount of empirical research which uses biographical methods to facilitate an understanding of the subjective meanings of older age and the lived experiences of later life, as opposed to research concerned with the problems and needs associated with ageing.

It has been argued that one reason for this, is a concern over methodological issues. These concerns may be addressed in part through being honest about the scope and aims of the research and about how the research was conducted and progressed. Ruth and Kenyon feel that social gerontologists are reluctant to employ biographical approaches because of an underestimation 'of the *perceptions* of the reality upon which we form our reasons for actions' (1996b: 653). In addition, they argue, there is a 'fear of releasing the monster of non-science and of 'contaminating' the data with the researcher's own doings' (1996b: 654). However, these, Ruth and Kenyon believe, are not valid reasons for disregarding biographical approaches. In fact, they recommend the usefulness of biographical methods in 'bridging the gap between the scientific culture and the culture of everyday life' (Ruth and Kenyon, 1996b: 656).

There may be difficulties posed from seeking funding for research which requires a great deal of effort in terms of time and human resources for results that cannot in any sense claim to be representative (the difficulties biographical approaches may present in practice are described in the following chapter). However, Booth and Booth warn:

There is the danger of allowing ourselves to be drawn by the tempo of our times into a kind of 'fast' research with a premium on quick results. The task of learning to communicate with subjects takes a long time

(1998:37).

Yet, if researchers and others continue to silence the voices of older people, if older people's lived experiences remain largely hidden, they will lose one of the most distinctive features of biographical approaches, their 'concern with the rich variability of the lives of individual older people' (Gearing and Dant, 1990:159).

Chapter Three

TELLING STORIES: OLDER PEOPLE'S AND A RESEARCHER'S ACCOUNTS

The present tense of the verb 'to be' refers only to the present: but nevertheless with the first person singular in front of it, it absorbs the past which is inseparable from it. 'I am' includes all that has made me so. It is more than a statement of immediate fact: it is already biographical

John Berger, *About Looking*

Introduction

In the previous chapter, I discussed how much of the criticism of biographical approaches appears to centre on researchers failing to be explicit regarding the research process. In this chapter, I investigate how the biographical approach I employed translated into practice.

First, I explain my attempts to explore and develop a participatory biographical approach and outline some of the literature that influenced my aims. I then describe the recruitment and characteristics of the research group, how the research was undertaken (including the collection and analysis of data and ethical considerations), and the problems that I encountered on the way.

Secondly, I argue that in order to be open about the research process, a reflexive approach is required. The term 'reflexivity' describes the ways in which people reflect on their own situations (Abercrombie et al., 1994). Hence, I explore the research process chiefly in terms of my own, but also in terms of participants' perceptions. I reflect upon such issues as my own assumptions, values and beliefs concerning older age, the relationship between myself and participants and participants' feelings and attitudes toward telling their stories.

Exploring and developing a participatory biographical approach

Following, for example, Ingrisch (1995) and Pickard (1995), my intention was to allow my ideas to emerge through analysing and interpreting participants' accounts, rather than approaching the research with a particular theoretical orientation. However, whilst Ingrisch (1995) states that she used her own experiences to interpret the meaning of the biographical accounts she collected, I attempted to discuss emerging ideas with participants (for a description of how I tried to do this, see below, 'Further involvement in the research process'). Lather points out that there are few research designs that involve participants in the construction of empirically grounded theory (1986:264). She argues that a more collaborative approach to research is needed in order to empower the researched and to contribute to the construction of critical theory. Heron appears to concur:

For persons, as autonomous beings have a moral right to participate in decisions that claim to generate knowledge about them. Such a right ... protects them ... from being managed and manipulated ... the moral principle of respect for persons is most fully honoured when power is shared not only in the application ... but also in the generation of knowledge ... doing research on persons involves an important educational commitment: to provide conditions under which subjects can enhance their capacity for self-determination in acquiring knowledge about the human condition

(1981:34-35).

To do otherwise, runs the risk of imposing our theories, as researchers, on our participants; rather than using their experiences and their knowledge as the basis for theories about later life. Hence, one of the aims of my study was to investigate the use of a participatory biographical approach to research (although in practice, the men and women who took part in the study participated little further than telling their stories. See below, 'Further involvement in the research process').

Despite the welcome increase in research projects that seek to give older service users a voice in the applied field (for example, the Lewisham Older Women's Health Survey - Cooper and Siddell, 1994; the Fife User Panels Project - Barnes et al., 1994; Cormie, 1997 and 1999; and the Older People's Advisory Group - Tozer and Thornton, 1995), there seem to be few strictly social scientific research projects that do the same. As part of their research, Kaufman (1986), Thompson et al. (1990) and Pickard (1995) explored the meaning of ageing to older people themselves, but they did not take their ideas, their theories, back to participants (or if they did, they do not make this explicit). For example, Pickard's (1995) study, based on semi-structured interviews with older people in South Wales was guided by the work of Kaufman (1986). Pickard describes her approach as 'looking at old age inside out' in order to allow 'what themes were important in a study of age...to emerge from the conversations I had with old people' (1995:21). Pickard emphasises the importance of allowing the voices of older people to be heard and describes the process of interviewing as a 'two-way current, an interactive exchange of ideas which involves two individuals in close collaboration' (1995:33). However, she does not say how she collaborated with her interviewees, how she exchanged ideas and how the themes she describes 'emerged', since there is no reference to the analysis of data in Pickard's chapter on methodology.

A more participatory approach requires the researcher to ask people how they feel about the interview and about the interviewer, to involve participants in the interpretation of the descriptive data and to negotiate the final conclusions of the research with participants (Echevarria-Howe, 1995; Padfield and Procter, 1996). Laslett and Rapoport (1975) encourage researchers to 'give back' to participants a picture of how the data are viewed, both to return something to them and to check descriptive and interpretative/analytic validity. This process may be evaluated by asking participants how they feel about this and whether they feel able and indeed want to, become more involved in the research process. In order to give me some idea about how the interview guide would work in practice, I carried out two pilot interviews, one with a couple and one with an older man. In these interviews, I not only covered the topics in the interview guide (see appendix), but asked participants how they felt about the questions I had asked, whether they would like to suggest any amendments or additions to the interview guide, why they volunteered to participate

in the project and how they felt about the interview itself. For example, before I commenced interviewing, I was concerned that my chosen approach might take up a great deal of people's time. In one pilot interview, the respondent raised this issue spontaneously, he said:

I think you are wise doing more than one interview, it gives people time to think and to get to know you and to learn to be honest with you. They might put on a bit of a façade, say, 'I'm not worried about growing older, I'm enjoying myself' and underneath, it might be different.

Participants' comments about the research process are discussed further below, 'Researcher/participant issues'.

Yet a participatory biographical approach is not without problems. Clearly, it involves a great deal of commitment in both time and energy on the part of participants and not all may want to be involved in this way and should be given the opportunity to refuse to participate further if they so desire. This may be due to a number of factors such as the age and/or inexperience of the interviewer and the nature of the method itself. This is explored later in the chapter in the section 'Barriers to rapport'. I begin by describing the setting up of the study.

Setting up the research

Participants

Wallace (1994) encourages gerontologists using life story research methods to endeavour to include all kinds of people - for example, people from minority ethnic communities, males, females, rich and poor - in their research group, especially when ageing as such is the purpose of the research. He argues that 'a strategy of diversity' provides a more complete picture of the experience of ageing (Wallace, 1994:145). Moreover, Kenyon points out that biography, as an existential phenomenon, implies that all individuals, 'frail or well', are 'still creating stories and have a story to tell' (1996b: 663). However, although Kenyon argues that all people have a story to tell, including people with dementia, my study group did not include people who had

been formally diagnosed with dementia. This was not purposeful but, given my selection method which required participants to volunteer for the study, it would seem unlikely that individuals with dementia would have volunteered, unless they were in the early stages of dementia. One of my participants, recruited through a warden did seem to be slightly confused on the occasions that I visited, but as far as I knew, this had not been medically diagnosed. Another, recruited through her daughter, did seem very confused when I visited; however, she was able to tell me episodes from her life and to tell me a little about her present life. In addition, since this was my first experience of using the life story method, I did not feel confident in interviewing people with dementia, although I acknowledge that this is a limitation of my study (for examples of biographical research that does involve people with dementia, see for example, Sutton and Cheston, 1997; Mills, 1999; Barnett, 2000).

I accessed - either in person or by letter - different sources in order to recruit research participants from a variety of backgrounds. These sources included: voluntary groups; religious and cultural organisations; luncheon and other social clubs; and through appeals for volunteers in community magazines (for similar recruitment methods, see, for example, Kaufman, 1986; O'Brien, 1991; Wallace, 1992; Ruth and Öberg, 1996; Prager, 1997, Dalley, 1997). I attempted to recruit older people who lived in nursing/residential homes, but this was unsuccessful, perhaps because I contacted the managers by letter rather than going in person to the homes. Since completing my field work, as part of my paid work, I visit two nursing homes and the managers there informed me that they do not respond to approaches asking for help with research because they are inundated with requests and it would be impossible to choose between them. I also recruited a few participants through the 'snowballing' method, using acquaintances and other participants (O'Brien, 1991). I acknowledge that this may have resulted in participants having similar characteristics/outlooks on life (Fennell, 1990:66). However, this method was successful in terms of recruiting people who were confined to their homes and/or who were not known to any statutory agencies. I recruited four members of a local Bangladeshi community from a contact at the central library who then volunteered to act as my interpreter. Two of these potential participants pulled out of the project after my first visit, apparently because they had misunderstood my intentions and hoped that I might be able to speak up on their behalf with health professionals and

obtain the necessary services for them (cf. Booth and Booth, 1994). To sum up, my research group may be said to have been gathered 'opportunistically' (Dalley, 1997) or 'fortuitously' (Harrison, 1983). Wallace (1994) points out that historically, participants of life story research have been obtained through chance encounters, word-of-mouth referrals and the solicitation of volunteers (for example, Plummer, 1983).

Twenty-three people volunteered to participate in the study. Due to practical considerations such as time - particularly transcribing in-depth interview material - and costs - relating to travel, tape-recording and correspondence with participants - I did not seek further volunteers. Before commencing the fieldwork, I planned to conduct at least three in-depth interviews with participants, so, a research group of more than twenty individuals appeared impractical. In any case, since the research aimed to produce rich data - an aim that required an in-depth and personal knowledge of participants as individuals - a small group was thought to be more appropriate. This was seen as having the potential to provide a sound basis on which to develop future research - in which the views of people from more diverse backgrounds might be explored. In the end, the research group comprised eighteen white participants, five black participants (three Jamaican and two Bangladeshi older people), of whom there were ten men and thirteen women. Their ages ranged from sixty to ninety-six: the average age was seventy-eight-and-a-half years.

Since I did not set out to examine certain variables in people's lives, I have not provided the usual summary of the circumstances and status of research participants (for example, educational/work background, social class, financial status, and living arrangements). To do so seems to go against the ethos of biographical approaches. Biographical approaches view people's lives as a Gestalt-like whole (Chamberlayne and King, 1997): they are more important than the sum of their parts. Hence, I have provided short résumés of participants' life stories, which, due to the constraint in word limit, I have reluctantly placed in the appendix. In any case, since I aimed as far as possible (within the scope of my research question, that is, to seek people view's and experience on ageing) to give participants the opportunity to discuss experiences and issues that were important to them, I did not ask specific questions relating to these matters (see also below, 'Conversations or open-ended interviews').

Rather, certain patterns emerged from their narratives that seemed too important to leave out. For example, participants' gender (and to a smaller extent, race and ethnicity) is referred to in detail in the study since this seemed to have an important impact on participants' lives and/or construction of their stories. In addition, I have referred to participants' ages throughout the thesis, unlike Matthews (1979) who decided not to refer to the age of her participants.

Matthews argues that to do so:

would only perpetuate the myth, shared by the old with younger members of society, that knowing an individual's year of birth supplies information on which to base concrete beliefs and expectations about another person

(1979:59).

Whilst it is true to argue that if we include age, we potentially reinforce stereotypical expectations, if we do not include age, we lose the possibility of challenging these stereotypes.

Data collection

Data was collected regarding older people's views of their lives, concentrating on the ways in which *they* interpreted their experiences. The main method of data collection was conversational interviews with participants in their own homes (for a description regarding how/on what basis the final number of interviews were decided, see below 'The interviews'). I decided to interview participants in their homes in the belief that they would feel more at ease in familiar surroundings (Finch, 1984). When I phoned participants to make the first appointment, I asked them if they wished to be interviewed in their own home or elsewhere and all opted for the former. Although the conversations were not interviews in the strictest sense (see below, 'Conversations or Open-ended interviews'), it is easier to refer to them as such although the terms interview and conversation will be used interchangeably throughout this thesis. Following, for example, Kaufman (1986), O'Brien (1991) and Pickard (1995), it was acknowledged that biographical methods generally require

more than one interview with each participant so, with this mind, a three-phase design was drawn up.

Three phase design

Phase one involved open-ended interviews with participants, aimed at obtaining people's life stories (see appendix for interview guide). Whether this required one or more interviews depended on individual participants, for instance, how much detail of their life story they revealed. For example, most participants started their stories from childhood, but some spoke in great detail about their early lives, whilst others skipped through their childhood and talked more about their adult lives. The length and/or number of interviews also depended on whether participants tired during the interview. For example, I felt it was appropriate to keep my time spent with two participants - a woman who spoke to me from her bed and a man who had a serious chest complaint - to a minimum because they were clearly quite poorly. In addition, further interviews were arranged in two instances where participants wanted to continue their life story before proceeding to phase two (see below, 'The interviews').

Phase two involved the compilation of in-depth personal accounts of people's views and experiences of growing older, drawing on the information gathered in phase one. The aim was to explore whether people's past lives and attitudes, were, or were not, reflected in older age (Ruth and Öberg, 1996). For example, whether people who had always seen themselves as independent continued to maintain and strive for independence in later life. This process involved compiling a description of participants' everyday lives and current circumstances and following-up themes that emerged in the first interviews (see appendix for examples of questions used with individual participants during phase two).

Phase three comprised interviews to discuss with participants their views of the research process and to elaborate, discuss and check ideas with participants (see appendix for questions used during phase three). It was acknowledged that not all participants wanted to do this. Participants were offered a copy of the tape and/or interview transcript before this interview was arranged. At the end of this interview,

participants were given the opportunity to look at their edited life stories and to add to or amend to them, if they so desired (see below, 'Participatory biographical research in practice'). If participants wanted to see their stories, I gave them a short questionnaire to complete regarding how they felt about reading their stories and whether there was anything they particularly liked or disliked about it (the questionnaire may be found in the appendix).

Conversations or open-ended interviews

Following for example, Macpherson et al. (1988) and Powell et al. (1992a and 1992b), I adopted a conversational style of interview, although Macpherson et al. (1988) warn that this demands flexibility and much concentration on the part of the researcher. In phase one of the interviews, I found that few questions were needed, since most participants talked freely and unprompted about their experiences. My opening question was, 'Can you tell me something about your life? It's up to you what you tell me, when and where you start.' If participants found this hard to answer, which only a few seemed to, I asked a more specific question, for example, 'Can you tell me something about your childhood?' or 'Can you tell me about your present circumstances?'

One of the advantages of the biographical approach is that it provides people with the opportunity to talk about what is important to them, rather than being guided along preconceived paths (Chambers, 1994). Borland (1991) proposes that researchers attempt to open-up an exchange of ideas with participants, so that they do not gather information to fit their own paradigms. Although I aimed to do this as far as possible, throughout all phases, I referred to a checklist of topics and/or open questions (see appendix for these guidelines) for the purely pragmatic reason of ensuring that my research question was explored (for a similar method see, for example, Nilsson et al. 2001). The questions derived from the literature and my pilot interviews. That said, as Bornat et al. argue, it is important to give people agency as far as what they do or do not chose to say in the interview:

People bring their own agendas and interests to the interview, consequently interviewer topics may well be reinterpreted, managed or straightforwardly resisted by the interviewee

(2000:247).

Following Kaufman (1986 and 1994) and Pickard (1995), the exact questions I asked differed with each participant and not all interviews covered all the topics, nor were they necessarily raised in the same sequence. As Kaufman points out, the exact wording of questions, the order in which they are asked, and probes for greater detail are unique to each interview and depend upon the researcher's relationship with that participant and the nature of the participants' responses during that particular session (1994:24). Since qualitative research is seen as a dynamic process, between interviews with each participant, the research guide/questions were modified and/or redirected depending on what was revealed as important to participants themselves. Exploring participants' accounts whilst the interviews were still in progress is a grounded approach (Glaser and Strauss, 1967), enabling constant feedback and clarification regarding the data, interview questions and research goals (Strauss and Corbin, 1990). For example, this approach enabled me to check that what I had heard was actually what the narrator was trying to get across (Anderson and Jack, 1991).

The interviews

Given my aim to develop and explore a more participatory approach, time was needed to build rapport and trust with participants. With this in mind, if I had not met potential participants through the initial recruiting process, for example, if they responded through an advertisement in a magazine or were recruited through other participants or acquaintances, I arranged a preliminary visit before commencing the interviews 'proper' (Schmidt, 1975; Booth and Booth, 1994; Kaufman, 1994). Erikson et al. (1986) and Preski and Burnside (1992) note that an informal meeting with participants helped to make the atmosphere surrounding subsequent interviews less formal than it might otherwise have been. It also provided me with the opportunity to introduce myself, to explain the project more fully and to obtain

written consent, ensuring that each participant understood the methods and the purpose of the study. In addition, since this approach requires reciprocity in the relationship between the researcher and the participant (Booth and Booth, 1994; Bray et al., 1995), it enabled me to tell participants something about myself, my background and interest in the research subject (the concepts of rapport and reciprocity are discussed below, 'Researcher/participant issues').

On completion, fifty-five interviews and three questionnaires were conducted with twenty-three people. I asked the three married couples who were participating in the project whether they wanted to be interviewed on their own or together; they each chose to be interviewed together and this did not appear to cause any difficulties either for myself or for them. All participants gave life story interviews and all but one took part in the second interviews. Twelve participants completed the third phase of interviews, although three did this via a questionnaire (see below).

The average length of time for the first, life story interviews - was one-and-a-half hours; the second interview took anything between-forty-five minutes and three-and-a-half hours, the average length of time being one-and-a-half hours. These times refer to the actual collection of interview data on tape (in all, there were eighty-five, sixty minute tapes to transcribe). Time spent with participants in general conversation meant that my visits to their homes tended to be a lot longer.

On two occasions (when participants said that they enjoyed my company and had prepared lunch), I spent a whole day with participants and generally the interviews took a whole morning or afternoon because participants seemed reluctant to let me leave (see 'Reflecting on Biography', below). The third interviews - where a structured interview schedule was used - were the shortest - between forty-five and sixty minutes long.

Three participants died during the course of the field work: Betty Lomas (90) died soon after her first interview; Anne Daley (79), who had been terminally ill, died after the second interview, as did Ernest Grayson (83) whose wife subsequently felt unable to participate in a third interview. I was unable to contact four participants to carry out third interviews: three participants had moved away with no forwarding address: I

was told by a neighbour that Jim Caldwell and Gladys Peters had moved out of their flats due to illness and were possibly in hospital or nursing homes; Reginald Green had suffered a stroke whilst at his daughter's home in the South East of England and had been admitted to long-term care there; I was unable to reach Peter White at his home address. I felt that another participant, Doreen Thomas, was too confused to participate in the third interview: she had been able to tell me short stories from her life and to answer a few questions about her present life, but had found it difficult to answer direct questions and to reflect on her experiences, which the third interview would entail.

In addition, due to my own circumstances, I was unable to carry out a third interview with four participants: George Daley, Brian Jenner, Bill Carter and Tom Howarth. This was because my husband and I separated unexpectedly during the course of my fieldwork and I had to leave my home in the village where these participants lived. Due to the distressing nature of the separation, I felt unable to return to the village and therefore was unable to interview these participants face-to-face. They were informed by letter and I asked them to complete a questionnaire (see appendix) about their experience of the research process, which three of them did.

Use of tape recorders

The initial letter of introduction to participants (see appendix) referred to my preference for tape-recording the interviews. None of the participants objected to this. All interviews were recorded. I did not take notes, since this would have made it difficult to maintain a relaxed atmosphere; giving personal eye contact and showing interest in what was being related. Fortunately, the tape recorder did not fail me! As soon as I returned home, I wrote down my initial thoughts, feelings and experience of the interview.

Data Analysis

Although analysis of qualitative material is more explicitly interpretative, creative and personal than in quantitative analysis, this is not to say that it should not be equally systematic and careful (Walker, 1985). Methods of qualitative analysis allow

the research to build (if that is their aim) from descriptive to conceptual accounts, through the creation of categories and linkages coded in terms of recursively meaningful topics or theories (Hendricks, 1996). At the same time, analytic techniques seek to make the 'data mountain' manageable through summary and coding (Robson, 1993). I undertook this through manual and computer-aided techniques.

Manual analysis

Once I had carried out each interview, I transcribed each tape in full. I then read each life story and subsequent interview(s) several times. On the first reading, notations and comments that might be quoted later were demarcated, whilst I paid careful attention to participant's words as well as the context that stimulated his or her words. At this stage, I concentrated on the narrative *as a whole* (Nilsson et al., 2001). More specifically, following Mauthner and Doucet (1998), I explored the main events, the characters and the subplots, looking for recurrent images and words in each story; I attempted to hear the person behind the voice, looking at his or her sense of agency, as well as the wider, social context.

The main aim of this stage of data analysis was to look at how the individual experienced and spoke about growing older - in relationship to the *whole* of their life (or at least the parts that they chose to tell me), since I was conscious that my second approach to analysis - involving computer software would fragment people's stories into many different categories and themes and I did not want these themes to be seen in a vacuum. Ovenden writes that in making a biography there is:

...the temptation to see form in the movement of a life, start breaking it down, consigning this bit to one chapter, that to another, pulling threads together to make neat what was ragged, unformed or frayed. As though at the end of a phase of life one could put out the light, sleep well, and rise the next day to a fresh clean chapter heading and a new department

(1998:63-64).

Further, as part of my aim to be reflective and open about the research process, I read the transcripts at this stage, trying to place myself in relation to the narrator - my background, history and experiences, biases, interests, and limitations; how I responded emotionally and intellectually to their story, particularly those feelings that did not resonate with the participant's experience (see 'Reflecting on Biography', below).

After re-reading each transcript, I used a differently coloured highlighter pen to begin to identify each of the main categories and codes, leaving the pages of the transcript intact (Field and Morse, 1996). Coding is described by Charmaz as 'simply the process of *categorising* and *sorting* data' (1983:111), whilst 'codes' are defined as serving to 'summarise, synthesise, and sort many observations made out of the data' (1983:112). Codes are usually related to research questions, concepts and themes and are used for organisational and retrieval purposes (Robson, 1993). Miles and Huberman (1984) distinguish between first and second-level coding. The first involves attaching labels to groups of words. However, this method of data analysis is hard to use with extensive data sets. I found it difficult to adequately code all the pages and to retrieve the required passages which soon became substantial as the interviews multiplied. Further, analysis of categories within the major constructs is difficult with this technique (Field and Morse, 1996). Hence, I carried out what Miles and Huberman (1984) call second level, or 'pattern coding,' using data analysis software. Second level coding groups the first codes into a smaller number of themes or patterns. The researcher usually starts with a small number of potential patterns, modifies and adds to them during the process of analysis and is left with a small number of 'astringent' codes - codes which 'pull a lot of material together' (Miles and Huberman, 1984:57).

Computer-aided analysis

Software programs to assist researchers to organise qualitative data have been available for use on personal computers since 1984 (Field and Morse, 1996). QSR *Nudist* (Non-numerical unstructured data indexing, searching and theory building), the software package I chose to use, was developed with the grounded theory framework of analysis in mind (Bryman and Burgess, 1994).

I decided to use *Nudist* about halfway through the first interviews since it was becoming increasingly evident that my research method was generating a vast amount of data. Also, after reading the transcripts several times, I found that many categories overlapped and found this difficult to record manually. *Nudist* stores and retrieves information quickly, allows categories to be recorded under several different themes and enables a comparison to be made between individual experiences and views.

I had already transcribed the interviews directly into the computer so these were imported into the *Nudist* program. Each line was separated by using the 'Enter' key to enable the data to be coded and codes were entered into the computer on the appropriate line. The initial code framework was simply one based on the topics discussed in the interviews; units of analysis were coded according to whether participants discussed one or more topics (Reed and Payton, 1996). These topics were generated from the interview guideline used in the study (see appendix) and also from the topics raised by participants. 'Death' and 'Religion' are examples of participant-generated topics. These topics were raised by participants even though no direct questions were asked about them in the interviews.

'Base' data was also entered on each interview: the participant's pseudonym, the interview number, gender, age, ethnicity, religion, marital status, living arrangements, housing and place of birth. Using the 'node explorer', it was possible to search for a particular code, or participant, or interview. It was also possible to obtain printouts by participant, interviews, or to obtain information across interviews, settings or across information for comparative purposes (Field and Morse, 1996).

Examples of categories under the theme of 'looking forward:'

(4 24 28)	Looking forward
(4 24 28 1)	To millennium
(4 24 28 2)	To Diamond Wedding
(4 24 28 3)	To grandchildren growing up
(4 24 28 4)	'Everything to live for'
(4 24 28 5)	Wanting to live longer

(4 24 28 6)	Don't look forward in same way
(4 24 28 26)	Wants to live to 100
(4 26 16)	Fear of ageing and illness
(10)	Future planning
(10 1 1)	Long-term care
(10 1 2)	Possibility of moving
(10 1 3)	Shedding 'jobs'
(10 1 4)	Death
(10 1 4 1)	Worrying about dying alone
(10 1 4 2)	Living will
(10 1 4 3)	Worrying about partner dying
(10 1 5)	Difficulty of planning
(10 1 6)	Present more important than future
(10 2)	'Take one day at a time'
(10 3)	Worry about future
(10 3 1)	Going into home
(10 3 2)	Being alone
(10 5)	Health/illness

Note that where the numbers are not sequential, categories and subcategories have been subsumed or added as different themes emerged from the interviews. All the data was classified into main themes or subcategories using *Nudist*. However, due to the vast quantities of data obtained, not all the data was used in the final report. For example, although some participants talked extensively about social historical events - such as the Second World War - these were only included where they gave context to participants' views rather than in their own right (see also below, 'The impact of the researcher on the final report' for a discussion about what was included and omitted).

Advantages and disadvantages of computer-aided analysis

Qualitative researchers in Britain have been slow to utilise software programs and there is little published information as a guide to their advantages and disadvantages (Hamill and McAleer, 1996). Hence, it is hard to become sufficiently accustomed

with all the available programs in order to make an informed decision regarding the most suitable for individual needs. I chose *Nudist* simply because it was the program with which most of my colleagues were familiar and on which they could advise me. Nevertheless, specialist software for interview analysis can help with systematic, rigorous analysis. They are particularly valuable when large amounts of data have been collected and help to alleviate the work involved in cutting, pasting and subsequent retrieval of field notes or interview transcripts (Bryman and Burgess, 1994). Since the data can be coded and retrieved without being removed from the total interview, information is less likely to be 'lost' as is possible with cutting and pasting procedures on a word processor or with card sorts (Hamill and McAleer, 1996). Further, if software programs are used to organise large amounts of data, the researcher has more time to spend on interpretative and conceptual work. Indeed, Seidel and Clark, the creators of *Ethnograph*, (1984) state that one of their main aims was to free researchers from cutting and pasting in order to allow them to concentrate on the interpretation of data. The use of software may also help to make the audit trail (where an outside person can follow what has gone on at each stage of the research process) clear in recording and displaying the various steps of analysis (Robson, 1993). I took a list of categories and subcategories back to participants during the third phase of interviewing in order to discuss with them emerging themes and ideas.

However, there are limits to the use of computer software. For example, coding of material still has to be carried out by the researcher so its laboriousness is not really diminished (Bryman and Burgess, 1994). Bryman and Burgess (1994) also argue that it cannot substitute for the 'researcher's imagination', a necessary ingredient of analysis in their view (although the meaning of this is unclear and once more raises the issue of subjectivity discussed above). Similarly, Hendricks (1996) points out that no computer programme can replace having a 'feeling' for one's data. Perhaps most importantly, Bryman and Burgess state that an interesting question, given the amount of programs available, is how far the different programs condition the analysis that is carried out and hence influence its findings (1994:221). This is an area, they feel, which needs more research if researchers are to move beyond the 'mechanics' of employing computer programs in the analysis of qualitative data

(Bryman and Burgess, 1994) and was one reason that I decided to employ two methods of data analysis.

Given that the qualitative researcher seeks to understand the complex nature of human experience from the point of view of the participants in the research, what seems to be most important, whatever method of data analysis is employed, is that the report derived from data analysis should strive to 'describe the social world so vividly that the reader can almost see and hear its people' (Glaser and Strauss, 1965:5). This is particularly important in terms of biographical research given that one of its aims is to provide an 'inner view of the person' (Birren and Deutchman, 1991) 'whose stories can provide a point of entry into their world through the imagination of the reader' (Booth and Booth, 1998:5).

The impact of the researcher on the final report

Miller asserts that 'the researcher's autobiography can be discerned as a continuous and dynamic thread running through all stages of the research process in qualitative research' (1998:60). This means, she argues, that 'throughout the research process there needs to be an openness about the choices that are made' (1998:60). Indeed, as I was deciding what to put into and what to leave out of my thesis, I realised that some of my decisions were bound-up with my own pre-occupations and interests. My chosen method of data collection - life stories - generated a great deal of data. I could have used many different examples to illustrate the arguments that I present, but those that I chose often reflected what concerned me at the time or the literature that I had been reading. For example, in chapter four, I describe participants' views towards their photographs. Whilst undertaking field work, my marriage broke up and I was preoccupied with what I was going to do with the many photographs I had accumulated over the previous twenty years or so. This section could have been omitted and replaced with, for example, a section on participants' attitudes towards their belongings. That I chose the former, was connected with my own thoughts and experiences. In chapter six (section 'Freedom from caring for others'), I point out that participants did not talk as much about grandparenting as might have been expected from reading the literature. This might, however, have had as much to do with the fact that I did not prompt and encourage them to talk about their grandchildren as it was to do with their own feelings towards grandparenting. I am

not a parent and my parents are not grandparents, so the subject was not at the forefront of my mind. Perhaps, too, participants assumed that that I would not be interested in the subject since I was not a parent myself (see also below, 'Reciprocity'). As Steier argues:

We as researchers construct that which we claim to 'find' ... my research is in no way existent apart from my involvement in it - it is not 'out there'

(1991:1).

Moreover, from reading the text, it soon becomes apparent that I use certain participants' views and stories more than others to illustrate my ideas. This has an impact not only on what they said, how clearly they said it and how much or little they told me but, inevitably, on how I got on with them in purely human terms (see below, 'Barriers to rapport' in particular the sections on 'gender' and 'inarticulate participants'). It also challenges my claims of exploring and developing a participatory approach which should offer participants the opportunity to decide what is included in the final research report. I did not do this because I was not aware that this would be an issue until the final stages of writing-up (I was extremely naïve concerning the amount of material a biographical approach would produce), by which time it would have meant returning to participants well over a year after their last interview. In retrospect, I feel that a smaller number of participants would have been more appropriate, given my chosen biographical method and approach. Not only would the information provided have been more manageable in terms of the amount collected and used, but also it would have been easier to maintain personal contact with them and therefore to involve them in the final stages of the writing-up process. Of course, they may still have declined further involvement in the study.

Ethical Considerations

In this section, I discuss ethical considerations in theory, the points raised as they arose in practice, are discussed further below, 'Researcher/Participant Issues'.

Biographical research

Despite the potential of biographical approaches to encourage more equality, there is still a danger that those in the study will be exploited and treated as objects. As Cottle notes:

I am still another person coming to their home uninvited, ready to take something from them

(in Burgess, 1982:123).

Of course, some of the ethical concerns raised here, are peculiar not simply to research involving older people nor to biography, but as Kenyon (1996b) points out, the focus on ageing and biography make the ethical issues more intense. The researcher needs to be aware that some older individuals, such as mentally or physically very frail older people (of course, this applies to people of all ages who have mental or physical difficulties), may be particularly vulnerable to (inadvertent) exploitation and coercion (Kayser-Jones and Koenig, 1994). Kenyon (1996b) refers to the research undertaken by Webster which indicated that in some cases, such as depression or recent trauma, biographical forms of intervention, in this case reminiscence therapy, may be experienced 'as invasive, coercive, or otherwise threatening to clients who feel that they have been inappropriately engaged in such programs' (Webster, 1994:68; cf. also Hunt et al., 1997). The lesson to be learnt from this in terms of biographical approaches to research, Kenyon argues, is that 'biographical reflections are not necessarily for everyone, nor at all times' (1996b:669).

Further, it is all too easy to assume that simply because someone is, for example, retired and has 'nothing better to do' that they will be willing, even delighted, to spend what could be many hours over several weeks or even years, relating their life stories to a stranger. This is one reason why I thought it was necessary to ask for volunteers rather than randomly selecting participants for the project. Another assumption is that all older people enjoy storytelling in the belief that 'everyone does or ought to engage in storytelling as part of being older' (Kenyon, 1996b:669). This should not be presumed to be the case (see chapter four, 'Looking Back,' section 'Thinking and Talking about the Past'). There is also the stereotype that older people are not able to put together a coherent story, for example because of failing memory and/or inarticulate speech. Even if this is the case, this is no reason to exclude them from the research project (see below, 'Less articulate/confused participants' and chapter four 'Looking Back'). One argument against using biographical approaches (Kaufman, 1986) might be that they perpetuate the view that older people live in the past rather than in the present, that they prioritise personal reminiscence and historical events (see also chapters 'Looking Back' and 'Looking Forward'). However, it is also true to say that biographical research can focus on people's current concerns and future plans.

Armstrong (1987) has drawn attention to the fact that biographical approaches could be criticised on the grounds that they depart from the traditional ethic of leaving people as they are found, unaffected by the research process, but he concedes that most participatory, action, and even evaluation research would have a similar effect. Cotterill and Letherby (1993) note that people involved in the research experience may think about things that they have never thought of before or think about things in a different way. This in turn, may affect both their future decisions and behaviour and also their relations with others (Cotterill and Letherby, 1993:75). It is important for researchers to be aware of this, even though it is not necessarily a negative thing. Some commentators, for example, point to the therapeutic value of what Jerome (1994) calls 'self-revelation', whilst Bytheway states, 'It is not just that past experience is remembered, but that it is valued, developed and enhanced' (1996:614). For a similar argument for narrative work with older people with dementia, see Barnett (2000).

Geiger (1986) warns that anonymity in life story research cannot be guaranteed by changing names or places. However, changing data over and above this potentially alters stories and may compromise the chosen method. Kenyon (1996b) believes that this is a serious ethical issue since participants may relate stories, for example, about intimate relationships, that they have never disclosed to anyone before. Hence, Kenyon (1996b) argues, following Moody (1988), that informed consent in ageing and biography is better termed *negotiated consent* since it should reflect a continuous process from the start of the study to its completion (Kayser-Jones and Koenig, 1994).

I asked all participants whether or not they wished to have pseudonyms and if so, what they would like to be called. Three participants wanted me to use their real names since they said that they were 'proud' of participating in the project, the others left it up to me to choose their pseudonyms (see below, 'Further involvement in the research process').

Older people

In a broad sense, the ethical considerations and dilemmas involved in research with older people, do not differ from the considerations and dilemmas associated with any age group (Butler, 1990). To regard older people as a special group may be to adopt a patronising attitude (Butler, 1990). That said, it is important that the ethical principles of social research should be meticulously applied, for example, by following the guidelines provided by the British Sociological Association. Hence, close attention was paid to the following issues:

- informed consent, ensuring that people knew that they did not have to participate in the research and that they may have 'opted out' at any time;
- protection of privacy and anonymity;
- ensuring that the well being of participants was not adversely affected

(British Sociological Association's Statement of Ethical Practice, 1993).

More specifically, a report by the Centre for Policy on Ageing (Dalley, 1997:41) points out that it is important to recognise that there is no reason why people should be expected to open themselves up to a stranger and to talk about their lives. I took care, therefore, not to probe for more details regarding a statement or to push for responses regarding particular questions if the participant appeared reluctant. The interviews had the potential to evoke many memories, some of which may have been long buried and participants may have found it painful to recall them (Hunt et al., 1997). Conversely, some were delighted to have had the opportunity to talk about their lives (Dalley, 1997). This is discussed further below, 'Distressing Stories'.

Terminating the study

An ongoing dilemma for researchers surrounds the issue of termination when the project is completed (Laslett and Rapoport, 1975; Booth and Booth, 1994). The researcher will depart and contact will have been sufficient for participants to have established a relationship with the researcher (of course, they may be relieved that the study is over!). This may leave participants with feelings of social loss and isolation. However, as Pickard (1995) points out, this attitude could be seen as patronising. There are many relationships which we all, including older people, enjoy, while understanding them to be necessarily circumscribed, such as that with our family doctor (Pickard, 1995:24). Nevertheless, Bowsher et al. suggest that the researcher can perhaps soften the impact of termination by sending letters of appreciation, since these are valued by participants as concrete evidence that they have made worthwhile contributions to the research; and by sending a summary of the results to participants which may help them to see that their efforts were meaningful and worthwhile (1993:877).

Reflecting on biography

So far, I have described practical and theoretical issues in the setting up and execution of the research. In this section, I describe the process of translating my chosen biographical approach into practice, investigating the research process both in terms of my own and participants' perceptions.

Social researchers increasingly are emphasising the importance of investigating both the social construction of the research encounter and the research process as a lived experience (Oakley, 1981; Cotterill and Letherby, 1993; Edwards and Ribbens, 1998; Maynard and Purvis, 1994). This can only be undertaken by being reflexive. Indeed, Chamberlayne et al., (2000) point out that reflexivity is an important feature of biographical approaches. Hence, I employ the notion of reflexivity in order to describe participants' reflections on the impact of the research on themselves and to reflect on my impact on the research. In other words, I explore how the research process (including myself as researcher) was seen and construed by participants and the extent to which my own pre-occupations and experiences, values, assumptions and beliefs may have interacted with the data and my interpretation of it (Sapsford and Abbott, 1992). Reflexivity may therefore act as a 'signpost' to the reader regarding 'what went on' during the research process (Koch and Harrington, 1998). That said, it is not easy to separate participant/researcher issues in this way, which may be one reason why there seem to be few studies that ask participants, including the researcher him/herself, to reflect on the research process beyond simply describing it (Rubinstein, 1995).

Feminist research has long recognised the importance of considering the impact on the people being researched of participation in a research project (c.f. Finch, 1984; Lather, 1986; 1988; Stacey, 1991; Maynard and Purvis, 1994; Ribbens and Edwards, 1998). However, in this area too, empirical work from the point of view of participants is scarce, at least compared to other issues in the research process, such as data collection and methodology. Exceptions to this include, Oakley's (1981) in-depth interviews with women about their transition to motherhood, which included questions about the effects of the project on them; Borland's (1991) exploration of the potential for interpretative conflict in an oral narrative that she undertook with

her grandmother; and Phoenix's (1994) research which looked at mothers under the age of twenty and social identities in young people, both of which sought respondents' views of, and responses to, the research process (cf. also Barnes et al., 1994; Cooper and Siddell, 1994; Rickard, 1998).

Reflexivity, from the researcher's point of view is 'associated with the self-critique and personal quest, playing on the subjective, the experiential and the idea of empathy' (Marcus, 1994:567) and is also something that feminists have been concerned with for some time (cf. Finch, 1984; Cotterill and Letherby, 1993; Miller, 1998; Parr, 1998). However, there seem to be few researchers in social gerontology who do the same (one exception to this is Morbey, 1999; 2000). Like Morbey, I wished to avoid what Stanley and Wise (1983) term the 'hygienic' representation of research, where problems and emotional connections to the work are ignored. Not all academics are comfortable with the idea of reflexivity. Day, for example, refers to Cotterill and Letherby's (1993) contribution as 'grossly self-indulgent' (1993:37). Yet, according to Murphy and Longino (1992) all research should be exposed to reflexive scrutiny.

In the field of social gerontology, Luborsky states:

It is vital to consider the 'taken for granted' aspect of our sense of problems for gerontological study and how we practice theory building and application if we are to invigorate gerontological practice in the pursuit of basic and applied knowledge

(1993:445).

Part of my project involved exploring some of the assumptions and stereotypes regarding ageing and later life, as well as exploring participants' experiences of the research process. In the second part of this chapter, therefore, I additionally explore my own preconceptions, what I 'take for granted' regarding older people and later life. For, as Kastenbaum argues, 'age' is so contaminated with value implications that it colours our ability to think rationally about older age (1979:7). In other words, I felt it was crucial to utilise the concept of reflexivity in order to examine my own

thoughts about older people and ageing and by making explicit my involvement in the actual research process. In addition, since ageing is a 'near-universal experience and the subject of intense personal reflection' (Gilleard and Higgs, 2000:1), not only is it appropriate to examine my preconceptions and assumptions concerning older people, it is also valid to examine my feelings about my own ageing:

Attention to meaning is far more complex than simply asking open-ended questions and allowing participants to speak extemporaneously. It requires a heightened sense of self-awareness about the researcher's personal understandings, beliefs and world view

(Gubrium and Sanker, 1994:xiv).

Revealing assumptions about later life

The introductory quotation at the opening of this chapter (Berger, 1972) helps us to understand that we cannot separate any part of our present and future lives from what has gone before. All that we have experienced and lived through impacts on our current beliefs, values and assumptions. We have an impact on all those we meet and those that meet us have an impact on us. This in itself is a major concern of biographical approaches; they emphasise that the attitudes and pre-occupations of people of *any age* are the culmination of their lifetime experiences. This is as true for me, the researcher, as for participants. My nursing background is central in helping to explain some of my own feelings about older age. As a newly qualified staff nurse and, at the relatively young age of twenty-three, I chose to work with older people; I had enjoyed my placement on a ward specifically for older people and felt that nursing older people was what 'real' nursing was all about: providing person-centred, holistic care, aimed at enhancing quality of life or assisting a comfortable death. However, due to lack of resources in time and staff, poor organisation and the culture of care which emphasised focusing on people's medical needs, nursing was often (and still is) more about completing physical tasks than about these ideals (Reed and Clarke, 1999). By the time I left nursing due to a back injury, I felt disillusioned with the care offered to older people in hospitals. I also had a very negative impression of later life. As a practitioner, my perceptions of

older age were influenced mainly by the fact that I had worked with disadvantaged, distressed and unwell older people and had taken this pathological image to represent older people as a whole (cf. Biggs, 1993; Bernard, 1998). Once I had left nursing and began to work with older people in the community involved in various research projects, including my doctorate, my views began to be challenged. Murphy and Longino's suggestion that researchers 'discover themselves in their findings' (1992:145) rang true; I found on several occasions that my reaction to participants' revealed a great deal in terms of my own preconceived ideas about later life as the example below helps to illustrate.

Bill Carter

Bill (80) was a neighbour of mine¹. Initially, I was unsure whether or not I should ask Bill to participate in the project in case he felt obliged to agree. In the event, he seemed pleased that I had asked him and said that he enjoyed talking to me about his life. Interviewing him was revealing; both in terms of my own feelings and attitudes and in terms of what he told me about himself. Listening to him, seeing the many photographs he showed me of himself and his wife as young people and of the places he had visited abroad in the war, helped me to see him differently. I wrote in my research diary:

I was surprised by some of the memories Bill shared with me this afternoon. Before, I saw only a weak, dependent, old man, afterwards, I saw him in a very different light.

No longer did the image of a frail old man, living in a dilapidated house, surrounded by a garden overgrown with weeds, predominate. Instead, I saw a man who, as a naval nurse, had travelled to places in the world that I had never seen, witnessed the suffering and death of his comrades in the war and had worked as a volunteer for the British Legion. We even shared an interest: our love of gardening. Listening and responding to what people have to say about themselves is one way in which we can build relationships with them and help to preserve an individual's sense of who they

¹ This case study is discussed in an article I wrote for the *British Journal of Nursing* (Clarke, 2000).

are (Bornat, 1998). In Bill's case, listening to his story revealed to me how wrong I was to see him as dependent. I also found out that we had something in common - we had both been nurses and loved gardening. In sum, it helped me to see Bill as an individual; to see the person behind the 'mask' of ageing (Featherstone and Hepworth, 1991).

Hazan (1994) and others (cf. Kastenbaum, 1979; Bytheway, 1995) have argued that we are all influenced by deeply ingrained social attitudes, values and structures which affect the way in which we think about older age. Hazan (1994) states that there is a tendency to relate to older people as 'discrete beings detached from their previous lives and from the social framework of the non-aged'. A biographical perspective might, to some extent, help to re-address this since the dissemination of information through narratives that describe lived experiences through time, allows us to see older people from within the general human social framework. They are not seen as first and foremost old, but as 'ordinary' people (Hazan, 1994). Thus, hearing about Bill's past and his stories about his current life, caused me to reassess my perception of Bill and to rethink my view of his present. My original view of Bill - that he was a frail, dependent old man - and my surprise when I discovered that I was wrong - revealed something of my own ageist and stereotypical assumptions. My attitude towards Bill was primarily based on his looks - he looked older than his eighty years and dressed in worn out, often dirty clothes - and the fact that his lifestyle and housekeeping 'standards' were very different from my own (this is discussed further in chapter six, section 'Dependency versus independency').

Bornat (1994) maintains that although no problems may be resolved and no insights gained, a great deal may be achieved simply by allowing people to be viewed as they once were and not just as they are now. Listening to Bill talk about his past and indeed, his present, not only helped to change my view of him, but also has implications for policy makers and practitioners who plan the provision and delivery of services. As Johnson (1976) has pointed out, the attitudes, interests and desires of older people are not created from nothing when they reach retirement; they are the culmination of a whole life which has 'sculpted their present problems and concerns'. People's accounts of their past lives may provide an insight into their present needs and priorities. For Bill, one of the most difficult aspects of his life was

the fact that he could no longer work in his garden. Hearing Bill's stories about his garden, provided greater insight regarding how much his garden meant to him. This is illustrated by the following story, told by Bill:

I used to set Mrs Jepson's onions for her, next door, and Mrs Hardy's, I used to do hers. And I used to have a big allotment up by the Horse and Wagon. There were about eight of us had allotments up by the pub, you paid so much a year for them, beautiful soil and a farmer, er, he used to bring us manure for nothing, he was glad to get shut of it. There was always a rush on with barrows (laughed). Oh aye. I gave no end of stuff away to old age pensioners - cabbages, I mean I've had as many as thirty, thirty cabbages. I used to win prizes for my onions (paused). It's a pity now (nods to garden, which is covered in weeds), breaks your heart to see it, what can I do? I mean (points to hand which he is unable to use due to having suffered a stroke) (long pause). Aye, I'd love to do it again (paused).

Bill's love of gardening was something that might be missed or not given priority in an assessment by a health or social service professional. However, it would have been relatively simple to arrange a volunteer to help Bill with his garden and it might have had a positive impact on his everyday life. That said, this is my judgement, not Bill's; given his independent spirit and his phrase 'I'd love to do it again', he might not have wanted someone else to do his garden for him.

Revealing the unexpected

The title of this section 'revealing the unexpected' exposes another assumption about later life: that certain topics will not be mentioned in an interview with an older person. An example of this and a further example of how my own beliefs about older age affected my reactions to participants, is illustrated by one woman's recollection² of an episode that occurred soon after she was married. Whilst out shopping, she had met her former employer who was surprised to hear that she had

² Throughout this chapter there are occasions when I do not use participants' pseudonyms in case they can be identified from their edited life stories found in the appendix.

got married and had acquired a mortgage. The next day, the employer paid a visit to her home and wrote her a cheque for £300 - enough to pay for the property. When she told her husband what had happened, he reacted with the accusation 'and how many times did you get your knickers down for that?' She explained his comment by saying, 'it's just like a man to think like that'.

My reaction to this was interesting; it was one of incredulity. I had not expected a woman of ninety-three to come out with a phrase like, 'and how many times did you get your knickers down for that?' Pickard, echoes my feelings:

I was acutely aware of the emotions that stirred in me in response to their narratives. Embarrassment at the unaffected way the topic (of death) was brought up, distress, an almost prurient curiosity which made it resoundingly clear that here we are dealing with a subject that was normally outside the bounds of polite social conversation

(1995:208).

This participant repeated this story three times during her interviews, on each occasion she asked me not to tape record it. She may have repeated the story since she had discovered that it had gained a reaction from people; people may have expressed surprised that a woman of her age, mentioned sex so explicitly. Loftus and Kaufman (1992) indicate that people may benefit in a number of ways from telling 'exciting' stories about themselves; for example, they may present themselves in a more positive light or build closer relations with others through sharing intimate stories (see also below, 'Building rapport'). Thompson (1981) states that when the life story method is employed, the unexpected as well as the expected is uncovered: this was certainly true in this case.

Similarly, two participants - the woman above and a woman in a pilot interview - talked frankly about their inability to have children. They surprised me in their willingness to talk about something that I presumed would be kept hidden. However, I used contemporary society and my own feelings as the benchmarks for my belief that infertility is a taboo subject, a subject that most people would prefer not to

discuss. In the past, this may not have been true. Interestingly, neither women returned to this subject in subsequent interviews. This could have been for a number of reasons. These included the possibility that they may have felt constrained within the overall topic of the project - their experiences of later life - to talk about other issues, despite my intention to allow participants to talk freely about any subject that concerned them; the issue may no longer have preoccupied their thoughts, or they may have found it difficult to talk about the subject at that particular time. It showed that what people choose to reveal and to who, why and when is not consistent; a life story 'does not exist as an external datum, independent of time, place, and person, waiting to be recorded' (Freeman, 1979:392). Rather, people interpret their lives in the context of the particular moment in which they are speaking; in the context of the past and in anticipation of the future (see also below, 'Distressing stories').

Another way in which my preconceived notions were confronted concerned people's physical appearance. The evaluation of whether or not people look their age, seems to be related to predetermined notions of stereotypes about age and attitudes to ageing (Thompson et al., 1990:117) and is illustrated by my reaction to the physical appearance of two participants. Consider my reaction to first seeing Ann Revitt (91). I wrote in my research diary:

When I knocked on the door, I was greeted by a tall, slim, straight-backed woman, smartly dressed and made-up, who I took to be Ann's daughter. I was wrong: it was Ann herself. Ann, obviously seeing the surprise on my face, told me that most people were shocked to discover that she was aged over ninety, not only because of her 'young' appearance, but because of her busy lifestyle.

My reaction to Ann revealed my assumptions about older age. I expected a woman of Ann's age to be frail and vulnerable, perhaps with a stooping posture. Instead, Ann was the opposite of my assumptions, not only in terms of her appearance. She had a strong, confident voice and was actively independent. She also became more than a participant in the research study, she became a confidante and friend - we still talk on the phone (see also below, 'Reciprocity').

A visit to a male participant who had responded to my request for volunteers through a community magazine, revealed a similar response. I was surprised to see how young and fit he looked and, by implication, not frail and 'old'. This, despite my assertion about not treating older people as a homogenous group and the fact that he was the same age as my parents who do not, in my eyes at least, look frail and old!

Researcher/participant issues

In the third phase of interviewing, following Phoenix (1994) and Echevarria-Howe (1995), I asked questions specifically about the research process. These questions included asking participants: why they volunteered to take part in the research; whether they had participated in a similar project before; if they felt that were given enough information about the project and how they felt about taking part in the project. I also asked: what they thought about each of the interviews (about their lives and about their views on growing older); how they felt about the questions they were asked; whether they felt they were involved enough in the study or involved too much; and how they felt about being interviewed by someone who was younger than them (and/or by a woman/a white person/with an interpreter present). I asked if participants had any suggestions regarding how the project might be conducted better and how they felt that the work might be used. The following sections are based mainly on the findings from this phase of the research.

Establishing rapport

Close involvement with participants - building rapport with them - is an inherent part of developing a participatory approach (Oakley, 1981; Finch, 1984) and, I would argue, biographical approaches, although it does not always occur (see below, 'Barriers to rapport'). My aim was to describe people's experiences and views of later life in terms 'sympathetic to the meaning and significance that they gave to events in their lives and to be faithful to their interpretation of them' (cf. Booth and Booth, 1994:417). As Booth and Booth point out, this would not be possible by 'a hit and run approach' (1994:417). It requires building a level of intimacy that goes beyond the usual relationship between interviewer and interviewee. However, such an approach raises ethical dilemmas. For example, when I visited participants in my

study, I tried to make it clear to them that even with the use of a pseudonym, their identity could not really be guaranteed since they might still be identified by their stories. Only one participant - Josephine Buxton - expressed concern about this. The reasons she gave for her anxieties are outlined below.

Josephine Buxton

After reading the transcript of her first interview - which she had requested - Josephine phoned me to say that she did not realise that she had 'said so much' when the tape was on and seemed anxious that I did not record certain incidences. I suggested that she re-read the transcripts and marked the sections that she wanted to keep private and I assured her that I would not use them in my research report. Josephine explained that it was her past experience that had caused her to be wary. When her daughter, Julie, was training to be a nurse, her daughter was present at a lecture in which a doctor talked about 'a remarkable woman who had a hysterectomy': Julie recognised the woman as her mother, Mrs Buxton. This had made Josephine more aware that people could be identified from their case histories.

The incident raised ethical issues regarding the development of a relationship of trust and mutual support over time. When I saw her for the third time, although I reminded her to show me what she wanted me to omit from her story, Josephine said that she trusted me to edit the transcript. When I described the incidences that I thought she would want to leave out, she said that I was right; Josephine explained:

We have our own ways and you do it the way you think best. In your interviewing your nature comes out doesn't it? I think you're a sincere person and if you were insincere it would come out, but you are genuine.

When she reflected on reading her transcripts Josephine said, 'I think I was a bit free - I'm a friendly person and I tend to be too chatty.' She illuminated:

I meet people like myself - at the bus stop - and you get their whole history, their life story or on the train or the bus. I tend to find people like that and I'm thinking if you are a giver, people will give you back. People will respond to

you more you know and if you are ready to open up people will tell you something but if you are going to scrimp and hide something back, you don't need to give your life story but if you open up to somebody that you trust then you come far, not like a newspaper reporter. And if it's going to be a help to other people you know. I think it's nice to be able to express how you feel in a nice and pleasant way.

Other participants described their feelings when they were divorced or bereaved; this was often harrowing both for them and for me. Dorothy Twigg (82) recalled the time she cared for her husband who was terminally ill with cancer:

Once, I went in the bathroom and he shouted, 'Will you come back love?' And I said, 'What do you want?' And he said, 'You forgot to kiss me' (began to cry). I shouldn't have said that (paused). I shouldn't have said that, I knew it would make me cry (paused).

Dorothy stopped her story here, but, when she saw that I had begun to cry as well, she resumed. This might have been because she felt less embarrassed at showing her emotions when she saw that I was crying and/or it might have helped her to realise that she had a sympathetic listener. It also revealed the importance of not exploiting the friendship and trust which may have developed between the researcher and participant, particularly in a project which involved contact with some individuals over a period of about eighteen months. If the researcher is seen as a friend, people might be drawn to say things that they could regret afterwards, even if this is not apparent at the time (cf. Stacey, 1991; Miller, 1998). That said, it is important to take into consideration that participants may be far more discerning about the nature of research than many commentators give them credit for (see also below, 'Distressing stories').

Jones (1998) points out that it is important to consider why people agreed to participate in the interviews: they might have specific points to voice; they might not have had the opportunity to share certain things with others or they might simply be lonely or trying to be friendly and helpful (see below, 'Reasons for participating in the research'). Jones believes that particular care should be taken with the latter

groups: the lonely and the friendly who might be less in control if they do not have specific information that they want to get across and could find themselves revealing more than they feel comfortable with (1998:50-51).

Not only does a participatory approach raise ethical dilemmas in terms of the effect on participants, but also my concern to be friendly and to give a good impression caused me problems on two occasions. On my first visit to one participant, after she had been talking for an hour or so, I left the room to go to the bathroom. When I returned, there was a huge pile of ham sandwiches on the dining room table. I had not been expecting lunch and did not like to refuse her hospitality so I accepted the sandwiches she kept putting on my plate, despite the fact that I am a vegetarian! Exactly the same thing happened when I visited her friend the next week; the first woman must have told her friend how much I liked ham sandwiches! Interestingly, most participants offered me a drink and biscuits at the very least, whilst Hiron Balla Devi asked me to stay for dinner. Oakley (1981) notes that although hospitality is something that is often offered, it is rarely mentioned in research reports (however, see Finch 1984; Warren 1990; Moloney, 1995). This may reflect participants' anxieties about the purpose of the research, about their own 'performance' in the interview situation and their desire to be helpful. Finch argues that it also shows that the researcher is being welcomed into the participant's home as a guest, 'not merely tolerated as an inquisitor' (1984:73).

Distressing stories

One of the questions that arises for all social researchers including those undertaking biographical interviews, is how to react when people talk about aspects of their lives that are distressing. This involves making decisions regarding whether to ask certain questions, whether to encourage someone to talk about a particular subject or whether to stop them talking about something that is clearly upsetting them. There is a need to consider what is being looked for; whether something is sought because of legitimate enquiry, curiosity or even voyeurism; and there may even be times when it is better for the participant not to encourage them to discuss things that would be useful to know (Jones, 1998).

We should not forget the fact that most people have agency in terms of what they chose to say in an interview and what they hold back (however, see below, 'Less articulate participants' and chapter four, section 'Remembering the past'). George Daley, for example, said at one point in his interview, 'I've got lots of regrets, of a personal nature which I don't want to talk about really'. Ernest Grayson told me that he did not want to talk about his experiences of being in the army in Burma (see chapter four, section 'Where do I begin?'). Yet, it is important also to consider the potential power imbalance between researcher and interviewee. Participants may feel obliged to reveal things that they might either at the time regret or after the researcher has left, leaving them feeling exposed or vulnerable. Although none of the participants said that felt this way when I asked them about the research process, it does not leave room for complacency. There were several incidents when I thought it was inappropriate to probe interviewees on an issue that appeared to be upsetting or potentially upsetting. Ribbens (1989) suggests that researchers should listen and hear what is being said which, she argues, may not always be what is being verbalised. Parr has taken this further and suggests that this:

not only means paying attention to verbal cues such as intonation, nuances, pauses and inflection, but it is also necessary to pay attention to body language

(1998:95).

I became aware of tone of voice and body language as participants spoke and used this, together with what they actually said to inform my reaction. Yet this is not an easy task; it is open to interpretation. On the one hand, 'manifest distress when someone talks about something may be a sign that it is emotionally fresh - rawness suggests that this is something that has not been talked about much before' (Jones, 1998:50). On the other hand, people who have had difficult experiences may distance themselves emotionally by presenting their accounts in a very matter-of-fact way (Parr, 1998).

My study revealed the different ways in which people describe difficult experiences. Some participants, when talking about distressing events in their lives began to cry. For example, Maureen Williams, (81), Dorothy Twigg (82) Betty Lomas (90) and

Peter White (72) all began to cry when telling me about their spouses' deaths but continued with their accounts. Other participants passed over distressing events quickly without any signs of emotion. A woman participant said, 'I wasn't going to tell you this, but I will: my father was an alcoholic and he gambled on the horses'. Since she passed over this statement so quickly, I did not think it was appropriate to pursue it and, although I saw her four more times, she did not return to the subject. One couple spoke briefly about the death of their son, but it was clear by their tone of voice that they were distressed and I did not probe them. Another man mentioned a son he and his wife had fostered for a time, but the son had run away. He mentioned this almost as an aside, looking down at the floor and muttering his words quickly. He hurriedly resumed the rest of his life story and I did not pursue the subject.

None of these participants talked about these incidents again in later interviews and I did not raise them. Rightly or wrongly, I felt that they had been spoken of because they were part of the participants' life stories (they were mentioned during the first 'life story' interviews); participants did not want to deny or ignore them, but neither did they want to expand on them. My questions would have been about the effect that these experiences had on their psyches, on their relations with others, whilst participants presented them as facts about their lives which, at that moment in time, they did not want to discuss further (cf. Jones, 1998). This is not to say that we should ignore or repress difficult or emotional material during interviews. To do so could give a rather 'desiccated' and ultimately misleading picture of people's lives (Jones, 1998:55). Neither is this to ignore the fact that potentially the contrary might have been true; participants may have wanted me to probe further. One example of the effect that the research may have on a participant after the interview has taken place was illustrated by Janice Roberts (64).

Janice Roberts

Janice showed no sign that telling her story had upset her during the interview, but when I saw her after she had listened to the tapes of her life story, Janice said that she had 'found them very upsetting' and had put them away before she had finished listening to them (cf. Echevarria-Howe, 1995).

Janice explained:

That is my life. Such a sad life. I was surprised because I'm not a sad person. But I think, 'what a life I have had'. A life and a half, two lives really. So many, many things that I had done. Millions of women will never do that and yet I'm so ordinary that no one would ever look at me and think I have had anything at all.

Janice inferred that the fact that listening to the tapes had affected her so much seemed to be because she had heard the 'whole' of her story for the first time - from her childhood to the present; although she had told episodes from her life story many times, in the past, she said that she had concentrated on her experience in the Middle East:

It brought it all back, from a child. I always had to look after somebody and we were so poor. It took me back and I remembered the war and everything. Bombs, Blitz and I think, gosh.

When I asked her if it upset her to talk about her past, Janice said, 'not at all'. She elucidated:

Um, there is so much more I can tell, and things that I've done, but it's too long a story, but the basic thing is that was my life. Er, I am rested really.

Janice acknowledged that there 'were a lot of lovely years in that tape. There were twenty-four years', but she went on to say:

And then I had nine years with him (her second husband) and the first few years were good while we were in England and I knew there was something about him that was very possessive, but here he treated me wonderfully and over there he turned like Jekyll and Hyde. But as I said, there were some good years and probably listening to it all on there, takes me back to the travel I have done and the things I have seen and the people I have seen and the deprived way of life and everything. And I thought, 'Oh gosh what a sad life'.

This, however, was not to do with the fact that Janice had not come to terms with her past, on the contrary, she said that she did not regret anything, 'I don't regret anything I have done. I would do it again'. Clearly, for Janice, there was a difference between telling her story and listening to it since she said, 'I was sad when I put the tapes on, I don't want to hear them again'.³ Despite this, Janice thought:

I would do it all over again. I wouldn't have missed it. I've done, in my lifetime, I've seen and experienced what many, many women will never do. That's what my daughter says. She says, 'Mum, you've done what many women think they'd probably love to do, to be there'. I've been there you know. No, I wouldn't have missed it.

In addition, we should not discourage or stop participants talking about a particular subject simply because it upsets us. If they are prepared to talk about a difficult or painful issue, the least we can do is to listen to what they want to tell us (Parr, 1998; Bornat, 1998). Coleman (1999) feels that there is a growing awareness for greater sensitivity to the negative aspects of reminiscing. For example, the European Union funded an initiative to gather experience on therapeutic work with older survivors of earlier life trauma (Hunt et al., 1997). This also has implications for research studies where open interviews are used; support may be needed for staff to enable them to process and come to terms with what they have heard, particularly those who are inexperienced. Further, the fact that participants chose at all to talk about distressing issues to a stranger does show how the biographical approach lends itself to use over time and as such might be particularly appropriate in health and social care, where support mechanisms are available.

Barnett (2000) in her interviews with people with dementia, points to the cathartic nature of the experience for participants. She writes:

People often wept as they recounted certain experience and feelings. I would continue to listen intently, expressing sympathy for them. The result was

³ It is interesting to compare Janice's attitude toward hearing the tapes, to her attitude towards looking at photographs (see chapter four, section, 'Looking back at photographs').

always that they seemed to ‘move through’ the deeper waters and then climb out on the other shore. By the end of the interview they always seemed to feel much better

(Barnett, 2000:48).

In my own study, when I found myself listening to an upsetting experience, particularly if this was towards the end of the interview, I tried to ‘lighten the tone’ once the tape-recorded was switched off by talking about a news event or something that had happened to me recently. In a similar way, Barnett recollects:

I always took care after the interview to find a congenial and positive or sometimes humorous subject of conversation, so the experience came to a pleasant conclusion. I was aware, however, that this did as much for me as for my respondents

(2000:49).

Reciprocity

Treating rapport as a two-way process of communication involving gathering and giving information - reciprocity - was something that I actively sought (cf. Booth and Booth, 1994; Miller, 1998). Feminist research approaches in particular advocate interaction between the researcher and the participant and a willingness by the researcher to invest personal identity in the relationship (Oakley, 1981; Pence and Shephard, 1988). Doing this seemed to encourage participants to talk more freely about their experiences. As Booth and Booth (1994) found, stressing the importance of developing personal relationships of trust and rapport may have a fundamental bearing on what and how much people are prepared to disclose.

When Peter (72) told me that his wife had suffered and died from Huntington's Chorea⁴, I told him that as a nurse, I had cared for several people with the same disease. This seemed to encourage him to elaborate on the experience of caring for his wife. Peter said that when he tried to tell most people about it, he had found that they were unable to relate to what he was saying since few of them had heard of the disease and its particularly disturbing effects. Peter recalled the time he had agreed, on the recommendations of his wife's doctors and social workers, to let his wife, Jill, go into a home permanently:

When she started to cry, er, it upset me beyond measure. So I think that is the greatest pain, having to see your partner go into a home and then to watch the partner, because you know, with Huntington's Chorea, they go into complete physical and mental collapse...

It was painful for Peter to talk about this; his voice broke and tears started to well up in his eyes. I, too, found his memories disturbing, since, as a nurse, I found it extremely harrowing to watch people suffering from this condition. Although Peter was clearly very upset by his recollections, on this occasion, I did not feel that I should stop him; he seemed anxious to tell this part of this story. He continued:

It was bad enough, up to that last eleven months, the eleven months when she was in that home, where she died, I used to dread, and I mean this, I used to dread going to see her because I knew when I came away I'd be down.

One participant when I visited her for the first time, passed quickly over her first marriage; it was clearly too painful for her to recall this episode in her life, and I did not think it appropriate to pursue it. However, when I visited her the third time, she shared her experience. Since there had been a gap much longer than I had expected between this interview and the last, I felt I should explain that it was due to the

⁴ Huntington's Chorea is a rare, hereditary neurological disorder. Its characteristics are involuntary movements of the face and body, alternating periods of excitement and depression and progressive

breakdown of my own marriage. She put her arms around me and proceeded to tell me what had happened to her. This was not on tape, and I have not used it as part of her life story since it was clearly something that she wished to share only between the two of us and at that particular moment in time. Although the therapeutic value of biographical research is often cited (for example, Echevarria-Howe, 1995; Moloney, 1995), perhaps it is more evident when talking with people who have had similar experiences. In this case, I could not only relate to what she had experienced, but I was grateful for the help and advice she was able to offer me through her experience (cf. Jones, 1998).

I was also able to relate in part to Janice Robert's (64) experience and feelings. Janice said that the fact she did not 'look' her age caused her problems:

The trouble is, people don't think that I'm sixty-four, they don't think that I look it, nobody. And they think that I'm capable of doing more than I do and what I can do, they just don't think. And so sometimes it's a bit embarrassing when I have to decline from things.

Janice felt that she was expected carry out physical activities because she looked younger than her colleagues did:

Most of them where I do the voluntary work I think are older than me, so naturally I'm the first to jump up when something happens like lifting tables. Strength wise, I can do it, but I can't do it because of the after effects of what I've got (cancer) and I do it because I feel so embarrassed because they look at me. I won't let older ones do it, or they may not be as old as me, I don't know. But if they started moving things, I'd have to do it.

I told Janice that this was something I could identify with and we discussed the issue in detail. I have had two back operations and am embarrassed when, for example, my mother, aged sixty-four, carries my shopping bags. I, like Janice, feel that people must look at me because I have no physical evidence of a disability.

dementia. The condition usually starts in the thirties and may progress for ten to twenty years before death (Youngson, 1995).

Some researchers have written about the personal consequences on the researcher of undertaking research. Stanley and Wise (1991), for example, in their work on obscene telephone calls, describe how their consciousness as feminists were raised in such a significant way that it affected their views of men, patriarchy and feminism. I found that being open and sharing my own experiences helped me in a personal way, not simply in terms of the project. I told three of the women participants about the breakdown of my marriage and found that this had the effect of forming a lasting bond between us; beyond the duration of the project. They continued to send me Christmas cards and I phoned them and visited them several times on a friendship basis. Another woman, who must have heard what had happened to me through her friend who was also a participant in the project, sent me a card on which she said, 'I wish you well. You deserve all good things'.

I felt a common bond with other women, a sense of 'sisterhood' (cf. Finch, 1984) that I had never experienced before and found it surprising that I should first feel this connection was with women who were much older than me. Once more, this revealed some of the assumptions that I held about older age; I was surprised that relationships with older women could have such a positive affect. This may have had something to do with the fact that historically, research specifically focused on women in general and on older women even more so, has tended to support the stereotype of women as weak and passive (Moloney, 1995). As a former nurse, I had in the past been influenced by the work of nurses, physicians and psychologists who, amongst others, have used male-centred models to focus on women's illnesses and weaknesses rather than on women's strengths. The ways in which they had survived and were so clearly such 'strong' women, helped me to think more positively about the future (cf. Moloney's 1995 study which ascertained and analysed the meanings of 'being strong' from the life stories of older women). In my last visit to Janice Roberts I told her, 'I find after what has happened to me, I find a tremendous strength from your story and that helps me because you have got through it'. She replied, 'You are young and you will have a great life and he will have a rotten one and I know that.'

Oakley (1981), drawing on her interviews with women about motherhood, argues that the relationship of the interviewer and interviewee should be non-hierarchical, but it needs to be asked whether this is possible in practice, particularly when there may be differences, for example, in terms of age, gender, class and ethnicity (see below, 'Barriers to rapport'). That said, it is important to acknowledge that participants may be felt to have a dominant or powerful role in the process. In the examples above concerning the ham sandwiches, although they may seem like trivial episodes, they illustrate that these women had significant influence on the situation since I did not like to refuse their offer of lunch. It could be argued that I had given them the upper-hand because I was unsure how to get out of the situation without causing offence. Perhaps this was something to do with the newness of my role as a researcher and the fact that I was much younger than them.

Barriers to rapport

Gender

Generally, I did not find establishing rapport with participants a problem, but rapport is an elusive concept which researchers tend to use freely but define rarely. The Concise Oxford Dictionary defines it as 'communication', 'harmonised relationship', 'connection' and researchers cannot be expected to have this sort of relationship with all participants, in the same way as we do not get on with all our colleague or peers in everyday life. There were some people whom I liked more than others (usually if parts of their lives resonated with my own) and, likewise, there would have been some participants who would have liked me more than others, or some who did not like me at all! This would have affected the ways in which they felt able to share their stories and the ways in which they constructed them (cf. Miller, 1998).

There was one participant with whom I had definitely no rapport; indeed, when my supervisor read the transcript she could tell immediately that I had a very different relationship with this man than with the other participants; I revealed very little about myself and the interview was more formal than the others. On reflection, I felt that this was because I felt uneasy about him (cf. Scott, 1984; Smart, 1984; Lee, 1997 for other examples of some of the difficulties raised when women interview men). He

was younger and fitter than the other male participants I had interviewed and he lived alone, so there was nobody else in the house when I visited. I was disquieted when he asked me why I was not interested in his views about sex, despite the fact that I had explained to him that I did not want to raise issues, but wanted him to talk about his own concerns. He also brought the subject into the conversation suddenly, without any obvious chain of thought:

I like contemporary books, you know, I'd much rather read Irvin Walsh than Charles Dickens and people would probably say I've got a very low brow taste, you know, I don't agree (laughed). You haven't asked about sex, which I would have thought is important. Perhaps it's a difficult...

Later on in the interview, Brian mentioned the subject of sex again:

Well I did wonder whether I should mention it, I think it's important to mention it. I'm not trying to... you've got your own agenda, you know, but I thought perhaps you wouldn't ask about it and I thought I needed to mention it.

His answers to some of my questions seemed aggressive and his questions often appeared patronising. On his questionnaire he wrote, 'I think that the interviewer should possibly have directed the questioning more rigorously'.

Perhaps, however, my inability to establish rapport with this participant was more to do with my own preconceived ideas and hang-ups than his and my annoyance that he should tell me what I should be asking him. Further, this was an example of the different power dynamics between researcher and participants. In this case, it was the participant who clearly felt in control of the research process; it was I who felt vulnerable and uneasy.

I did not have any problems establishing rapport with the other male participants although, as I have indicated above, it was the women to whom I chose to disclose more about myself. None of the men in their final interviews said that being interviewed by a woman was a problem for them and the participant above said, 'I think that I find it easier to talk to a woman about personal attitudes and feelings'.

Of course, it might be hard to admit to feeling uneasy when the person who interviewed you is asking the questions.

Age

None of the participants said that they felt the age gap between us was a barrier in any way. Tom Howarth (77) said, 'We can learn from each other'. Maureen Williams (81) explained, 'I relate to younger people, having granddaughters. Mentally, I don't feel old'. Ann Revitt (91) felt that it was more to do with the personality of the researcher than with their age or gender, she said:

I think that you are a likeable person so I really took to you straight away. I wouldn't have talked to anybody who was officious as they are sometimes. Had you been harder, more officious, to talking down to me, I don't think I could have done it. I felt easy talking.

Ann went on to tell me about voluntary worker who had asked about her life and tried to probe her too much about things that she did not want to talk about, so she told him to leave. Janice Roberts said that our age gap made no difference, she commented, 'We get on famously, don't we?'

When I asked Josephine Buxton (61), who came to England from Jamaica, whether the fact that I was younger than her and white made a difference to her in any way, she said:

Well I'm used to people, young white people. All my life I have worked with young people and I always find it easy. Same age as my daughter. I don't find it hard and I talk to you with more confidence.

Josephine elaborated:

It's more to do with the person and the way they approach. People's attitude has a lot to do with it, because if you had come all matter of fact I would not

have been able to converse with you as a human. We all have ups-and downs and you share with me.

Using an interpreter

Since two of my participants were originally from Bangladesh and spoke very little English, I had to use an interpreter - Safuran - who worked for the central library. She had undertaken her own oral history work with Bangladeshi people and knew the community so she had also helped to recruit these participants. We met before the interviews in order to discuss the purpose of my research and the way I liked to conduct the life stories. I asked her to give me direct quotations from participants where at all possible. I felt, however, that these interviews were very different from the other interviews, partly I think, because I was not able to talk to individuals and share something of myself with them. My feelings are best explained by describing the conditions under which the interviews took place.

Muzafar Uddim

Mr Uddim (65) lived in a small terraced house in the once industrial side of Sheffield. He lived with his wife, their daughter (who was divorced) and her young twin daughters. It felt crowded in the front room where the interview took place: sometimes everybody would join in the conversation, speaking in Bengali, so I would have no idea what was being said! There was a single bed in the room and all the family were present. A video of the *Lion King* was playing on the television throughout the interview. Muzafar requested that I told him the questions before the interview commenced, so that he could consider his answers whilst we were having tea. Consequently, prompts were given through the interpreter, rather than referring to the interview guide per se. This made me feel somewhat out of control regarding the interview although by the second interview when I felt that I had got to know Mr Uddim and the interpreter a little better, I felt more at ease and asked more questions.

Hiron Balla Davi

Hiron Balla Davi (70) lived on her own in a council flat. Her daughter was doing the housework whilst the first interview was being carried out. Mrs Davi asked if I would like a cup of tea and then proceeded to bring out platefuls of snacks - English and Asian - so it was some time before we could commence the interview. Although she could speak and understand a few words of English such as 'please' and 'thank you', she did not know enough to speak without an interpreter. Once again, I did not feel that I could ask and prompt the way I did usually although perhaps I had developed more of a relationship with Mrs Davi than I thought. At the end of the first interview, Hiron asked me to stay for a meal. Unfortunately (I could smell a wonderful aroma drifting in from the kitchen), I had to decline because of a previously arranged engagement. After the second interview, she took me downstairs to a small room, which she had devoted to her religion - Hinduism. The room as decorated with pictures and statues of Hindu gods and garlands of flowers and bowls of food were laid before a small shrine. She seemed proud of this room and looked pleased at my interest.

On the whole, I did not feel that I achieved the same rapport with Mr Uddim or Mrs Davi as I had with most other participants. Their stories were short and once transcribed, already had an 'edited' feel about them. I did not really feel that I was reflecting their lives or views - there were very few direct quotations from them. On reflection, I think that there were several reasons for this. First, because I did not like to ask Safuran to give any more time to the project than was really necessary (she was offering her services free of charge), I did not visit either of these participants to introduce myself prior to the interview, so the first interview was the first time that we had met. Secondly, the presence of an interpreter made me feel somewhat awkward (this was my first experience of using an interpreter). When I asked my question, Safuran translated it and Mrs Davi or Mr Uddim answered. However, their answers often appeared long and Safuran's response much shorter which worried me! It was also difficult to know what to ask and when to prompt. Due to our different cultures, I was anxious about causing offence, for example, I did not know if it was appropriate to ask people's ages or about their marriage or financial status. I

also felt awkward about asking personal questions due to the fact that an interpreter was present and, in MrUddim's case, several members of his family.

Although I had reservations about the interviews, both participants said that they did not feel that our differences in age, ethnicity or gender caused problems. Again, it should be acknowledged that people might feel reluctant to say otherwise! Mrs Davi said that taking part in the interviews made her 'happy' because:

I've told my story to a student who is doing a study and will get a degree. One day, she will remember me and that I helped her. If I feel I can help somebody, I feel happy.

Mr Uddim said that he 'enjoyed' his involvement in my project. He said that he did not have 'any difficulty' talking to me, and that there was 'nothing hidden'. He said that it, 'did not matter if someone is man or woman, black or white - we are all humans, all the same'.

Less articulate/confused participants

Bogdan and Taylor argue that:

People simply do not have the same ability to provide detailed accounts of what they have been through and what they feel about it

(1984:84).

Booth and Booth define inarticulateness as, 'an inability to communicate fluently in words: an inability that goes beyond mere shyness, anxiety or reserve' and can be compounded by other factors such as 'a lack of self-esteem, learned habits of compliance, social isolation or loneliness and the experience of oppression' (1996:56 and 1998:21). They feel that inarticulateness does not present an insurmountable barrier to people telling their stories, but concede that it does mean that the interviewer will have to work harder both in terms of listening and prompting and in the editing of their stories.

The potential difficulty that may arise from interviewing less articulate or confused participants, was illustrated by the following example concerning one woman participant. During her first interview, she became very animated when she began to talk about her early life. This made listening to her very difficult; the more she talked, the faster she spoke and her accent became stronger. She was also very quietly spoken. Her son related that this was usual for her; even he did not always understand what she was saying. Although I thought that she was slightly confused, her son said, 'She's fine up here', pointing to his head.

This interview was shorter than any of the other interviews with participants; she appeared very tired and it became increasingly difficult to understand what she said. However, I felt that the problem, if it could be called a problem, was mine. This participant was talking about things that were very much outside my experience, her accent was not familiar to me and I saw her at the end of a busy day, so I was probably not as alert as I should have been. It also raised an ethical concern: whether or not to use all of what she revealed in my findings. Some of what she said was sexually explicit and *I* (the emphasis here is on 'I' since this may have had as much to do with my embarrassment as anything else) was not at all sure what she was telling me:

So me and Pete, we played together in this big house, and we played together all the time, hide and seek and this game called strength. We would lie on the floor and see who could turn the other... (indecipherable). And he said, 'Girl, you are big and strong, aren't you?' (indecipherable). And he said, 'Where are you going with it?' 'Going home', I said, 'I'm not letting you put penis in it' (indecipherable). 'Sit down there'. And I bite him and kick him in the face and we are turning, turning, and... (indecipherable).

She continued:

I was thirteen-year... (indecipherable). I said, 'You're the only one, nobody else has put their penis there (indecipherable). He wasn't pretty...

(indecipherable). Put his penis there, (indecipherable) game of strength (indecipherable). We played strength, game of strength, until the baby come.

It seemed that she was talking about her first sexual encounter, but was it consensual - with the man who was later to be her husband (she went on to say that she got married) - or was she talking about sexual abuse or even rape? Further, I might have totally misunderstood her; perhaps she was talking about something that she had enjoyed or perhaps she was trying to convey a sense of youthful innocence, she used the word 'play' after all; she may have been used to talking openly about this episode, or perhaps she welcomed the opportunity to talk to an outsider. Booth and Booth (1998) believe that researchers should address first their own deficiencies, rather than laying the blame on the interviewee. So, perhaps the problem really was with me: my assumption that older people do not like to talk about sex and by omitting this part of her life - which may have been a pivotal part of it - I was in some way censoring her words. It is also interesting to note that this episode provoked a very different response in me compared to the male participant I cited earlier. When he spoke about sex, I felt uneasy for myself, when this participant talked about sex, I was uneasy for her: was this an understandable or a patronising response?

Whatever the case, even if she was not confused, she may not have been fully aware of the implications of the research, how her words might be used, who might read them, whether she could be identified from her story. Because of my difficulties in communicating with her, I was not satisfied in my own mind that she had grasped the full implications of the research. For example, she could have misconstrued the reason I was there; she called me 'nurse' several times, despite the fact that she did not know that I was a nurse and that I had carefully explained what I was doing before commencing the interview.

Above all, I felt uncomfortable describing this sexual encounter in the context of her life story, since, as I have already discussed above, the use of biographical methods does raise specific ethical questions; namely, it is possible to identify people through their life stories so participants can never be truly anonymous.

I also found it hard to listen to William Buxton's (79) life story, since his Jamaican accent was very strong and he seemed very shy. Whilst he was talking to me, he spoke very quietly and often looked at the floor or around the room, rather than looking directly at me. Jim Caldwell's (84) story showed how important it is to spend time listening to people who find it difficult to articulate their experiences, who speak or express themselves in a way that we find hard to understand and/or spend time dwelling on subjects that we feel at the time of the interview are of little relevance to the research. As Booth and Booth found, lack of verbal fluency does not present a barrier to people telling their story, but the interviewer should expect to work harder and be aware that the full story may emerge only slowly, a bit at a time (1994:421).

Jim Caldwell

Jim had little formal education, as the eldest of nine children he was responsible for taking his siblings to school and caring for them when they got home. He left school when he was thirteen years old because his father, a steelworker, could not afford to send him to secondary school; it was 1926, the time of the General Strike. Jim had lived in Sheffield all his life and spoke with a strong accent; he often found it hard to find the words he was looking for and repeatedly used the phrases 'thingy bob' and 'what do you call it?' In addition, Jim spent almost the whole of his first interview talking about his experiences in the war. I felt frustrated that he did not want to talk about anything other than the war despite my (misplaced) encouragement to talk about something else, he 'stuck' with his story. Jim commenced his narrative by describing his father's homecoming from the First World War and went on to detail his own experiences in the Second World War. After leaving the army, Jim spent thirty years as a miner.

Jim said that he missed 'going down pit' for the same reason that he missed the army: comradeship:

You see, when you were working you couldn't work for a better team of people. You'd argue, you might start fighting one minute, but then next you'd be laughing and joking with one another. Even deputies and that. Threaten to

sack you and all sorts, and then next day, they'd say, 'do so and so'. Aye, it were real comradeship, they'd do anything for you.

The lack of male companionship in his present life, seemed to cause Jim to dwell on the past rather than the present or future:

I think about the past – if I had my time to come again I would do same as what I did when I first joined army. I'd join again. Even though they would send me to India. Same with going down the pit.

Whilst Jim was relating his many stories about the war and about his experiences as a miner in great detail, I found myself questioning how relevant they were going to be in relation to the research. Yet Jim's story, like Bill Carter's above (see section 'Revealing assumptions about later life') illustrated that an individual's present life may be better understood if it is not seen in a vacuum, separated from his or her previous life. That said, although it is useful to hear about people's pasts, it is also important that we do not dwell on the past, thereby devaluing the person in the present and negating their potential futures (cf. Adams et al., 1998). Linking the past to people's present and future has implication for practitioners in the health and social services. Jim had spent most of his working life in the company of other men; his life in retirement revolved around socialising in the pubs and clubs near to his home - a second floor flat in a local authority sheltered housing complex. When I asked Jim what he liked best about his present life, he replied:

The socialising. I like going up to pub. I've been here twelve month now and within six weeks of me going up, everybody knew me in that pub. I go every evening and everybody knows me, 'Jim's here'.

When I first saw Jim, he said that it still felt 'a bit strange' being in the flat and thought that he would be happier if he had more male companionship. He said that the few men in the flats were not 'sociable enough'. This was understandable, given Jim's past working life; spent in the army and down the pit, in male dominated environments. When Jim first explored the possibility of moving from his own house into sheltered house, if someone had listened to Jim's account of his past life,

it would have become clear that he needed to live in a place where he could participate in activities and socialise with other men of a similar background, since this was what he had always done. The fact that nobody had done this (Jim told me that he had seen a social worker prior to his move), might have had something to do with Jim's difficulty in expressing himself, but this should not have been an excuse to let his needs go unheard. Booth and Booth argue that the 'emphasis of research should be on overcoming the barriers that impede the involvement of inarticulate subjects instead of highlighting the difficulties they present' (1998:37). This takes time and commitment on the part of researchers and also a willingness on the part of participants to engage in the study.

Participatory biographical research in practice

Reasons for participating in the research

How participants perceived me and the aims of the research may have affected what they told me; what they saw as 'relevant' or useful (Sapsford and Abbott, 1992). This may be illustrated by the comment of a participant in one of the pilot interviews, and later, echoed by other participants, who premised her account (before the tape recorder was switched on) with the statement, 'I'm just trying to think what will be useful for you'.

This supported the findings of Coleman et al. who describe how many of the participants in their study:

associated the term 'story' with the degree of interest recounting their life story might arouse because of its variety, eventful episodes, high and low points and the vivid imagery that would be required to capture them

(1998:400).

Brian Jenner (62), who constantly used deprecating language to describe himself through his interviews, said of a work colleague, 'He'd be far more interesting to interview than me. He's an incredible case'. Coleman stresses the influence on the narrator's choice of material on the perceived potential interest in it from the listener:

There is an interplay between what people are able to tell about their lives and what they perceive to be of interest to other people

(1991:121).

This was also apparent when I needed to contact a warden to help me recruit participants from a sheltered housing complex. She said that she would try to think of people who she thought would be 'interesting' (cf. Miller, 1995; 1998).

Three participants - Brian Jenner, Josephine Buxton and George Daley - said that they volunteered for the project mainly because of 'a general interest in things sociological'. Brian Jenner also said that he wanted 'to see what people in a similar position to myself thought about their predicament' - the word predicament also revealed something about his feelings regarding older age. Josephine Buxton had read a book called, *Where did I put my spectacles?* (Heim, 1990) in which the author asked her friends to write down their feelings about later life and this, she said, had stimulated her interest in the subject.

George Daley (78), a retired teacher and whose son was a lecturer, said that it was his 'willingness to help a student' that had caused him to volunteer; he had answered an advertisement that I had placed in a community magazine. Tom Howarth (77) said, 'Old men love to talk about their past!' but added, 'more seriously, I do like to help in most research projects especially when it may assist in understanding better the conditions of the elderly'. Similarly, Maureen Williams (81) hoped that her participation would be of help. She thought it would be 'fulfilling' and hoped it would be 'of benefit to someone'. Winifred Blinkhorn (83) said that she welcomed the opportunity to talk to somebody about her life because she had 'just had a stroke and was so thrilled to be alive.' She very much seemed to enjoy my company as did Ann Revitt (91) who actually wrote to me at the end of the project and said, 'Many thanks for contacting me I have enjoyed knowing you'. She had underlined the last sentence twice!

Further involvement in the research process

While the researcher and participant collaborate in a power relationship during the life story/interview process, after data collection that power in terms of ‘apparatus of truth’ (Foucault, 1980:132) becomes even more problematic, since as the researcher, I construct my interpretation of events (Seibold, 2000). I attempted to involve participants in the analysis and writing-up of data with limited success. When I spoke to participants on the telephone to arrange the third interviews, I asked them whether they would like to see a copy of their edited life story so that they could add to or amend it if necessary. If they wished to see a copy, I either arranged to send it prior to my visit, or took it with me. When I met participants face-to-face, in addition to questions concerning the research process (see above, ‘Researcher/participant issues’), following Phoenix (1994) I asked: how they felt when they read their life story for the first time; if there was anything different to what they thought it would be and if there was anything that they liked or did not like. I also asked them to comment on a list of the main themes and sub-categories that I had generated by this point with the help of *Nudist* (see appendix).

In the Lewisham Older Women’s Health project, in which older women were involved in designing and undertaking a health survey, it was found that not everyone wanted to be involved in the research process to the same degree (Peace, 1999). Despite my intention to involve participants in the editing and interpretation of their stories, albeit to a very limited extent, in practice, only two participants changed their edited story and few made suggestions or negative comments about the interviews. George Daley and Tom Howarth went through their stories, changing the grammar in the direct quotations and adding or deleting small details. Similarly, one of Echevarria-Howe’s (1995) participants, when looking at her transcript, said, ‘the grammar of it wasn’t somehow how it should be’. For example, George Daley added ‘of tragedy’ to the sentence, ‘George and Anne involved themselves in pastoral care with the Quakers; they found that their experience (of tragedy) helped them with this work’. This referred to their son’s death in a motor accident. George (his wife had died) also changed the emphasis in the sentence, ‘Anne described this as *one* of the

major turning points in her life' to '*the* major turning point.' This pointed to Anne's diagnosis of terminal illness.

Some participants seemed to see the project simply as an opportunity for a chat, to talk about their lives to an interested party. Others seemed to indicate that to be further involved in the research was my task. For example, Brian Jenner answered the question, 'Do you feel that you were involved enough in the study?' with, 'I don't think that as an object of research it's my role to be 'involved' other than to answer the questions clearly'. None of the other participants indicated that they felt too involved or would have liked to have had more involvement in the project. This could have been for a number of reasons: they may have felt unable to contribute further simply because of physical tiredness or the lack of time (although none indicated that this was the case); it may have been unclear to them what being 'involved' meant; and /or they may have lacked confidence in their abilities so may have been unable to see how they could make a contribution (cf. Peace, 1999; Warren 1999; Barnes and Shaw, 2000). When Chambers (1994) asked the women in her research to help her select the material for her MA thesis she found that they tended to defer to her, the researcher. Similarly, some participants indicated that they 'trusted' me to get on with it (see Josephine Buxton, above).

Moreover, whether or not participants felt involved may have depended on what they felt to be the nature and degree of involvement before and after the interviews. Perhaps they were happy to be offered the opportunity to talk about issues that concerned them during phase one and phase two of the interviews, but saw this as the extent of their involvement; analysis and/or editing may have been viewed as an entirely different matter. In retrospect, the fault may have been partly mine; I should have made the degree and extent of their involvement clearer at the outset. I did not outline the fact that I wished to give them the opportunity to be more involved in the analysis and editing stage of the research process in my correspondence with participants at the beginning, partly because I did not want to overwhelm them with information, although I did talk about it at each interview. In addition, due to my personal circumstances, there was a much larger gap than intended between the second and third phase of interviews, which may have meant that participants had lost interest in becoming involved further.

Despite the fact that few participants were directly involved in editing their stories, I feel that to some extent I must have facilitated a sense of greater participation in the project amongst participants because of their comments. For example, three participants - Ann Revitt, Winifred Blinkhorn and Hiron Balla Davi - wanted me to use their real names since they said that they had 'nothing to hide' and seemed to feel a sense of achievement regarding their work with me. Ann Revitt went further and said that she was 'proud' of her 'work'. It is interesting to note Ann's use of the word 'work', indicating that she felt her involvement with me was a two-way process.

Conclusion

I argued at the end of the last chapter, that one of the reasons why biographical approaches are not utilised more might be because they are not a 'quick-fix' solution for policy-making. It has been seen that when biographical approaches are translated from theory to practice, a number of problems are raised. These include: the amount of time needed on the part of both participant and researcher; the vast amount of data generated, which raises particular problems regarding the editing and using of material; ethical issues, particularly surrounding the power relations between researcher and participants; issues concerning the relating of distressing stories and interviewing less articulate or confused participants. However, rather than using such problems as an excuse to neglect biography in later life, researchers should expect to work harder, and to address these issue by being open and honest about the research. Seeking participants' views will facilitate this process. Echevarria-Howe (1995) draws attention to Glazer's (1972) proposal that it is beneficial for research and researchers to be exposed to 'the observations and sensitivities of their subjects'. Glazer recognises the value of this exchange of understandings and suggests that:

Seeing ourselves as others do would be an invaluable aid in planning future field work, or perhaps deciding that certain kinds of research should not be pursued at all

(Glazer, 1972, cited in Echevarria-Howe, 1995:45).

In sum, the problems raised by biographical approaches, although not solved, are at least made more explicit through taking a reflexive approach. As I write about my assumptions and beliefs concerning later life and older people, I make myself more accountable to my readers and to the older people whose views I attempt to present.

Morbey writes:

The work presented in my doctoral thesis is more than the research project it presents. It is more than the theoretical and empirical work it contains, more than the older women's voices and stories that are heard within, more than the research training a Doctorate is designed to be, and more than my personal experience as the social researcher who has undertaken it. It is all of these things, and probably more besides

(2000:331).

Chapter Four

LOOKING BACK

Life is lived forwards but understood backwards

Nietzsche

No event is humanly complete unless it has at least the possibility of being re-experienced by telling

David Edgar

A story has no beginning or end: arbitrarily one chooses that moment of experience from which to look back or from which to look ahead

Graham Greene, *The End of the Affair*

Introduction

In this chapter, I focus on two main areas: first, I discuss the appropriateness or otherwise of encouraging older people to look back at the past. In particular, I ask whether it might perpetuate the widely held belief that older people are always talking about the past and whether it encourages a view of the person as they once were, rather than as they are now or have the potential to be. Secondly, I describe the actual process of looking back; how participants' felt about looking back and how they recalled and constructed the past. I argue that it is important to acknowledge the negative as well as the positive effects of remembering. I also explore possible variations in the ways in which men and women recall the past. Although I did not set out specifically to explore gender differences, differences did emerge in what kinds of stories men and women told and how they told them, so these could not be overlooked.

Peter Coleman, in the introduction to his book *Ageing and Reminiscence Processes*, welcomes the greater interest in older people talking and thinking about past experiences and the concurrent decline in the belief that this was one of the traits of later life that should be discouraged (1986a:1). In an earlier journal article, Coleman illustrates his claim by citing Havighurst, a developmental psychologist, who in 1959 was advising older people to avoid reminiscence⁵, but just over ten years later, was researching its benefits (1986b:50). Coleman believes that it was Butler's paper 'The Life Review', which provided the catalyst for change. Butler was a psychogeriatrician working in the United States in the 1960s. His observations of older people living independently in the community led him to argue that the life review is a:

Naturally occurring, universal mental process characterised by the progressive return to consciousness of past experiences, and particularly, the resurgence of unresolved conflicts

(Butler, 1963:66).

Slater observes that:

Judging by the enthusiasm by which it has been embraced by residential care workers, reminiscence as reinterpreted by Butler as part of the life review, appears to have become seen as a necessary, if not quite obligatory, activity for older people in order to come to better terms with their own ageing and eventual death

(1995:120).

⁵ In chapter two, I explained my preference for the terms biography and life story, as opposed to reminiscence, life review, life history and oral history which vary in their methods and aims. However, it is difficult to explore the concept of the past without using these terms, particularly when delineating the literature on the subject, so these terms will be used here as found in the literature.

This understanding of the life story as an integral way of bringing to a life a sense of meaning and completeness, supports Erikson et al.'s concept of 'integrity' in the final stage of life; a search for 'balance' as opposed to 'despair' (1986:37. See also chapter seven). It may also be the case, however, that reminiscing by older people may reflect a life-long pattern, rather than a unique, end-of-life stage specific phenomenon (Webster, 1999).

As was seen in chapter two, although there is still a relatively scarce amount of research which uses biographical methods to facilitate an understanding of the subjective meaning of later life, the use of life stories in the field of ageing does seem to have attracted increasing interest over the last decade or so in Britain. Such is the interest in biographical research, that in 1999, oral history and reminiscence were two of the main themes of the annual conference of the British Society of Gerontology. However, although gerontologists and others have placed increasing value on older people talking about the past, and have incorporated its use into their own practice, it is also important to recognise its potential negative effects. First, asking older people to look back at the past may have a detrimental effect on the way society - lay people, practitioners, researchers/academics and the media - perceive older people. Secondly, remembering the past is not always a positive experience for the narrator.

Reminiscence is a normal part of human mental activity at any age (Bornat, 1998; Webster and McCall, 1999). Yet, encouraging older people to reminisce may help to perpetuate the view that older people spend much of their time preoccupied with the past:

By asking older people to talk about their past experience, professionals in ageing may inadvertently reproduce the cultural image of the older person as habitually ('naturally') reviewing the past

(Wallace, 1992:124).

It may divert attention away from the person in the present:

With its focus on an often distant past, those of us involved in reminiscence work with older people are in danger of ignoring: the astute and often emotive observations which frail old people may be making about their present lives; and the *present* person

(Adams et al., 1998:38).

Further, reminiscences may 'sentimentalise' (cf. Woodward, 1988a and 1988b) older people by making others feel that anything they recall is worthy of veneration or that any insight they express is illuminating, rather than mundane (see chapter five, section 'Older age as attitude,' particularly Gladys Peters' story).

In addition, as Coleman (1986a) and Slater (1995) amongst others have pointed out, not all older people reminisce or want to reminisce. Although encouraging older people to look back at the past has been seen as 'a panacea for many things, and a source of happiness and satisfaction' this may not be the case for some people (Bornat, 1998:41).

Thinking and talking about the past

'Boring old fart syndrome'

Wallace observes that one of the most widely held beliefs about later life is that older people frequently think and talk about the past:

The propensity of the elderly for telling stories about the 'good old days' is seen as a natural and normal part of growing and being old

(1992:120).

The perception that talk about the past is a natural part of growing older, does seem to be widely accepted by social gerontologists and other academics, and amongst people in general (Butler, 1963; Lewis and Butler, 1974; Erickson, 1963). The

reactions I received from friends and family when I described my research seemed to justify Wallace's comment; many exclaimed, 'You won't have trouble getting old people to talk about their lives!' 'How will you stop them talking?' Tom Howarth (77), when asked why he had volunteered to take part in my project replied, 'old men love to talk about their past'.

Ann Revitt (91) thought that older people have more 'time to sit and to think and reminisce':

And now you see, even though I'm active, I still rest and I do tend to reminisce. And the Luncheon Club that I go to, I've got a friend who is only in her seventies and we both talk about things. Only last week, I said to her, 'When you sit, do you think about everything like I do?' And she said, 'Yes. This is why we get on well together'. And it's because now we've got time to sit and to think and reminisce.

Boden and Bielby (1983) observe that 'in the everyday social world, there exists the common belief that old people talk about the past, revel in past glories and even live in the past' (1983:308). Further, the past often is seen as repetitive and tedious. In *The Simpsons*, Grandpa Simpson frequently is shown telling stories about his past, making extravagant claims and telling increasingly far-fetched stories about his youth. An episode of the *Rory Bremner Show* (BBC 1, 1998) also illustrates the way in which older people's memories are denigrated. It depicts a skit on the *T.J. Hartley Yellow Pages* advertisement:

A grandfather and granddaughter are watching a television programme about the Second World War. The grandfather begins to reminisce about his own experiences in the army, 'The army', he says, 'the best days of my life'. He talks fondly about the gun he carried as a soldier. In response, his granddaughter searches the Yellow Pages looking for a similar gun. She leaves the house to buy the gun and returns to the house to find her grandfather still talking about the war: she shoots him.

The message is that older people are always talking about the 'good old days' and that their reminiscences can get on your nerves. In my study, Brian Jenner (62) clearly had views that supported the Rory Bremner image of older age. He said:

You do get people who are always going on about the old days. And a lot of it's interesting, but it can get you know, boring old fart syndrome.

A few participants had internalised the view that talking about the past is boring. As Coleman argues, 'Everyone has a story to tell but not everyone is certain of its interest to others' (1991:125). This was also the experience of Adams et al. (1996) whose study involved listening to the life stories of women patients on a long-stay ward and is summed up by the title of their paper, 'You wouldn't be interested in my life, I've done nothing'.

When I asked Dorothy Twigg (82) to tell me about her life, she asked where she should start; she was concerned that if she went as far back as her childhood, it would be boring:

I thought it might be a bore to you, you know. Well I mean, if you think that's boring stop me, by all means stop me. Well, I was just sat there and I scribbled a bit (took out a small piece paper). I don't want you to look at this because it's scribbles - I can't read it myself (laughed).

Janice Roberts (64) said that she had volunteered to tell her story because there were 'some interesting things' in her life that 'might be helpful'. She commented that she would tell anyone her story 'as long as they were interested', but she said that 'if I feel that they are being bored, I would stop'.

Brian Jenner (62) seemed to think that asking older people about their past, was a 'waste of time really'. When I asked him if looking back, there was anything he had learnt in his life, Brian replied:

No, no. I don't think so. I don't know the mystery of life, the secret of life and all this stuff, you know. It's cobblers really. Only small things that perhaps

you wouldn't do again, I don't know, but I would never prescribe anything to people, waste of time any way.

Brian concluded his life story by apologising for his 'ramblings' which he thought were 'all irrelevant':

I'm trying to make it slightly relevant, whether you call it rambling or not, but it gives you... Er, I suppose it's a bit pointless in some ways, looking at things retrospectively. It's what smart arses do, you know (laughed).

Cornwell and Gearing (1989) also found that some of the older people in their study did not always believe that they had views or a story to tell. This sort of attitude has implications for applied research in the sense that it may not be thought worthwhile to take into account older people's attitudes and opinions or that older people themselves might believe that they have nothing 'interesting' or useful to say or, even if they do, that they will not be taken seriously.

Remembering the past

Webster and McCall's (1999) psychological study indicated that men and women of all ages reminisce equally frequently. Coleman's (1986a; 1986b) longitudinal study explored the process of recalling the past specifically in *later life*. Coleman interviewed and collected data from twenty-seven men and twenty-three women, with an average age of eighty, all of whom lived alone in sheltered housing schemes. He asked people how they felt about remembering and found individual differences and variation in older people's attitudes to reminiscence. He found that there were clear differences between those in his study who chose to live in the present and avoided, to a large degree, looking back on their lives in order to find satisfaction with their present, and those for whom memories and reflection were a major source of satisfaction in later life (1986b:58). Two groups of people were identified who said that they did not reminisce at all and saw no point or purpose in it. A high morale group, who did not feel that the past was important to them in their present circumstances and a low morale group for who did not talk about the past because it was too painful.

Coleman comments (1986b) 'some people opt for and some against' an involvement with the past. In a later article (1997), Coleman argues that although disengagement theory is much maligned, it still has a relevant message about the importance of 'letting go' of the past in some cases. However, it should be recognised that some older individuals, for example, those suffering from dementia, mental health problems or profound memory loss, may not have such agency over whether they chose to remember the past or not (see also chapter three, 'Less articulate participants'). Further, having a retentive memory can also be a burden as Terkel describes:

A memory like that's a curse too, because it means I remember things I don't want to remember, things I'd sooner forget. Incidents I'm not too proud of, that I'd sooner pretend hadn't happened. I can't wipe them out of my mind

(cited in Parker, 1997:210).

Memory - 'tell me that story again'

Maylor's (1996) study regarding older people's memory for the past and future, suggested that age-related memory loss was highly variable, both across individuals and across different aspects of memory. In my study, most participants commented that they could remember the past more easily than the present. Josephine Buxton (61) said:

Well I was lying down in bed actually, putting little sketches, such as when you get older, your eyes get weaker and your hearing gets lazy (laughed) and your hair starts to go grey and as you get older, you can remember things of yesteryear, but you can't remember the things of today, tomorrow, you can't remember what you had for supper yesterday, but yet you can look back, you can remember things that happened when you was a little girl and it's so vivid, I think it's for most people.

Doreen Thomas (96) seemed proud of her memory:

And I get stroke twenty odd year and I don't lose my memory. I can remember things that my mother told me when I was twelve-year. When the children of Israel came out of the wilderness and went through the Red Sea.

Doreen's memory might have had something to do with the element of rehearsal; it is likely that she had many opportunities to retell the stories she had been told as a child to her own children and to her grandchildren. In Wallace's (1992) study, a few participants were able to relate full-length narrative accounts of their life with little or no assistance from the researcher, but in each of these cases, Wallace found that they had 'rehearsed' the story of their lives previously (see also Tom Howarth below, 'Men and women: telling different stories?') Older people as a group may appear better at storytelling since they have had many years to perfect their skill (Wallace, 1992). This was certainly true in Jim Caldwell's (84) case. When I first explained the nature and purpose of my research, Jim told me that he had done something similar before; whilst at college, his son had undertaken a project which looked at the work history of his father. Jim appeared to have rehearsed many of his stories before; he told the account of his father's homecoming on two of the occasions that I visited him, and he repeated several stories about his exploits in war. For example, he seemed very fond of Assam tea:

Eventually, we got to this place and went up into Assam. We got some food dropped from aeroplanes, it was the first time we'd ever had any bread while we were in India. All we got every day, were three biscuits and they were like dog biscuits. And two sausages, we got that. Two in the morning, three at dinnertime and two at night time. That was every day that was. And tea, what do you call it? We had it sweetened with everything. Anyway, we were going up the road and an army truck came by and it were carrying food, it was tinned stuff - tinned carrots, tinned 'tatoes (laughed). That was the first time we had ... and they dropped fresh bread to us and it were lovely and tea, you can't get any better tea than Assam tea.

Moreover, as Wallace (1992) too found, when people were given the opportunity to tell their stories, often it seemed to prompt them to remember much more. After she had told one story about her early days at work, Ann Revitt (91) commented, 'It's funny I should remember that'; she said that she had not remembered the episode, 'for years and years'. Bill Carter (80) described in increasingly vivid detail the long winter of 1947. Reginald Green (78) remembered an episode from his childhood that he had not recalled 'for years':

And do you know, it's funny talking of Hiawatha, I had an accident when I was seven years old. I fell at the bottom of the passage and took a lump out of the bottom of my chin and I had to be taken to the hospital and be sewn up. And I remember that evening, it's funny how things stick in your mind, I remember that evening being sat at the fireplace and reading Hiawatha, at the age of seven and understanding it and it's a wonderful poem and unfortunately I haven't got it.

Coleman (1991) points out that the way in which some people come to consider their story interesting while others remain unsure, depends on such personality traits as self-confidence, but also on the reactions shown by others. Janice Roberts (64) had also told her story, or more accurately, stories, repeatedly, to her daughter. She explained:

And the things I could tell you. You know, you remind me of my daughter, every time she comes she wants to hear about it. Every year she says, 'Mum, tell me about it again. Have you started to write it down yet?' There is so much, so much. She says, 'Put it on tape mum and I'll see to it'. And I say, 'It's not important to anybody', but she says, 'It is mum, it is'.

However, Janice confided that she rarely told people the details about her second marriage:

I only tell you because you're interested. Sometimes I say I did marry again, but I never, never tell the whole story and I say it just didn't work, because

nobody bothers today. But very rarely will I tell that story. My daughter knows, but my son doesn't.

When asked whether this was because she did not want to upset them, Janice replied:

Yes. It is really, especially Susan because she loved me so much and she liked him. But when she knew some of the things that he'd done, she always begged me not to go back, but if I told her everything, she would worry. ...but er, no I don't tell that story except to my daughter - she always wants to hear it every year, over and over again, and my sister knows a little bit, but I daren't tell her all of it.

Appreciating the opportunity to tell their stories

Tobin (1988) argues that the ability to make the past vivid, preferably in the company of an appreciative listener, may be beneficial for the narrator (cf. Miller, 1998; Parr, 1998). Marriott (1998) describes her work as a volunteer, recording the life stories of older people. She visits day centres each week to ask if anyone would like to have his or her life story recorded. 'By and large', she feels, 'they love the experience'. She asks the reader to imagine:

What it might feel like to have somebody prepared, eager even, to listen to all you have to tell them without interrupting, occasionally helping you with relevant questions

(Marriott, 1998:3).

Although Marriott does not imply that this enjoyment is peculiar to older people, it is important to reflect on the fact that people's pasts do become 'greater' over time, so in this sense, older people are more likely to talk about the past since it takes up a greater proportion of their lives. As Maureen Williams (81) in my study observed, 'as you are getting older, you haven't got as much in front of you as you've lived, the years will be fewer than they have been'.

For some people, remembering will be a satisfying and enjoyable experience. Before they told their stories for the book, *Growing Old Disgracefully*, the Hen Co-op said that they went though:

The gamut of disclaimers about our own participation: 'I can't write well enough', 'I have nothing important to say', 'My life is not unusual – who'd want to read about it?'

(1993:13)

After they had written their stories, they concluded:

We found that it was not what we said or how we said it that made the difference in feeling better about ourselves. It was the process of speaking and being listened to that was empowering. As we recounted things we had done in our lives, we began to appreciate that even though we had followed ordinary patterns, we had accomplished more than we had given ourselves credit for

(1993:13).

Participants in the present study generally said that they enjoyed having the opportunity to tell their stories. This view was raised either spontaneously in the course of the interviews, or in response to a direct question. For example, Maureen Williams (81) when asked how she felt about telling her story, said, 'On the whole, it was a pleasant hour or so being reflective'. Ann Revitt (91) stopped abruptly in the middle of talking and commented, 'Do you know, I'm enjoying reminiscing' (see also chapter seven, section 'Beyond death: generativity').

Like Chambers (1998), I found that some participants were surprised how 'full and interesting' their lives had been. When I had written to thank Winfred Blinkhorn (83) for participating in the project, she replied saying that she was worried that she had not been of 'any use', and that her story was 'dull and ordinary'. During the

second interview, she said, 'Mine (her life story) is a bit dull, just teaching and looking after old people'. However, after reading her life story, she wrote:

I didn't want to read it! But when I did, I was quite surprised. It was more interesting than I had thought.

The quotation by Nietzsche at the beginning of the chapter suggests that it is only by looking at the past that we can begin to understand our lives and further, accept life as it has been and as it will be (Coleman, 1999) - what Erikson et al. (1986) call 'integrity'. It is argued that in later life, 'before it is too late, there surfaces the deep desire somehow to pull life together and make sense of the whole' (Jewell, 1999:12). As other research has shown, participants were able to reflect on their lives and to develop their own understandings of their experience. Moloney (1995) found that as the women in her study told stories of their lives, they reflected on what it all meant and frequently made it clear that they were able to see the meaning only then, in looking back. Similarly, Chambers claimed that giving the women she interviewed the chance to tell their stories, helped to give their lives meaning; 'to make sense of things that happened' (1998:7). Bornat (1999) reported on a study that looked at the impact of family change on the lives of older people. It was found that by using a life history approach, participants were able to reflect on their lives during the interview and to develop their own understanding to describe their experiences of family breakdown and reconstitution (Bornat et al., 1998 and 2000). Bornat et al. (2000) describe how in the telling of stories about unexpected and sometimes inexplicable change, participants attempted a storyline which had narrative coherence. In their study of older women health's issues using a life story approach, Warren and Maltby (1998) found that participants were able to reflect on their lives and to develop their own understandings of their experiences.

In the present study, when Maureen Williams (81) read her edited story, she commented on how interesting it was to look back and see her life as a whole, something that she had not done before.

Maureen reflected upon this from the context of her religious beliefs:

You can see how the Lord has led you, doors are open, doors are closed. How this has happened, how things have turned out.

Ann Revitt (91) said that it was hearing her whole life story on tape and then reading the transcripts, which had made an impression on her:

I didn't realise that even though I have had ups-and-downs I have weathered it and been lucky.

Janice Roberts (64) reflected:

I do think what a life I have had. A life-and-a-half. Two lives really. So many, many things that I had done. Millions of women will never do that and yet I'm so ordinary that no one would ever look at me and think I had had anything at all. Brought it all back from a child. Always had to look after somebody and we were so poor. It takes me back and I remember the bombs, the Blitz, everything, and I think, 'Gosh'.

Janice said that it was when she looked back at her life that made her realise that she did not 'regret anything' 'I would do it again'.

As the quotation by Edgar at the start of this chapter suggests, describing events is part of what distinguishes people as human. Offering people the opportunity to tell their stories may help them to reflect upon their life as a whole, to make sense of their lives as best they can (cf. Erikson et al., 1986).

'No regrets'

In Coleman's study, some participants indicated that reminiscence 'played a significant and positive part in their lives' (1986a:40). Coleman reports that, for these individuals, the past was a 'treasured possession, even with, and sometimes because of, its difficulties' (1986b:53). Erikson et al. (1986) found that many of the

older people in their study, looked back at the past and said that they were satisfied with how they had lived their lives. Generally, Erikson et al. report, people concluded, 'There are no regrets that I know of for things that have happened or that I've done' (1986:70). They describe how their participants struggled to accept the notion that, whether or not they could have behaved differently in the past, they could not *now* alter decisions made or courses of action taken *then* (1986:71). Moloney found that the women in her study, despite their regrets, 'all expressed a philosophic attitude that, 'What's done is done'' (1995:6). In my study, when I asked Margaret Wallace (74) how she felt about talking about the past, given that much of what she had to say was sad, she said:

It's silly being miserable, you can't do anything about what has gone before, you have to live with it, there's no point worrying.

Margaret said that she did not mind other people hearing her story:

I don't mind. I don't think there is anything in my life that I have done really wrong except be an alcoholic and that has ruined my life so that is important and I don't mind you writing about that. Everyone I know in Sheffield, when my husband died they knew that I was an alcoholic and when he died all of them dropped me like a hot cake. Only for his sake that they befriended me but as soon as he died I had no friends at all. But it didn't matter, I made some more.

Reginald Green (78) expressed a similar view. He felt that nothing could be done about the past, although he was sorry for some of the things that he had said to his wife who had since divorced him:

But, er, I realise now, so many years afterwards that I was a bugger up the backside to live with, I didn't realise it at the time (sighed). And I'm very, very sorry for many of things that I said to my wife, very sorry. But you can't turn the clock back, you can't turn the clock back sadly.

Tom Howarth (77) thought it was futile to want to change the past:

It's important to ask, you know, 'What can we do with what we've got'? Rather than, 'If only'. That's more... it's more satisfying I think. So, um, to say, 'What would you do if...?' In a sense, it's a futile question.

George Daley (78) concurred:

I think as you get older you look back on life and think, 'If only I'd done that, if only'. I often say it's the saddest two words in the language, 'If only'. And I've got lots of those regrets, of a personal nature which I don't want to talk about really. Er, 'If only I'd been a little more considerate' is a fairly common one, 'If only I said that' - there the kind of things I'd change, but I can't think of any major thing that I'd change. The sort of thing that I wish I could have changed, I wish I'd foreseen this or that at the time, been more discerning.

Gladys Peters (93) and her husband did not have children. Gladys thought that this was because of the medical treatment her husband had received during the war and the fact that they were both in their forties when he was discharged from the navy. At the time, Gladys regretted this, but she said that she saw 'things very differently now'. She said, 'There's the old saying, 'none to please you, none to grieve you'. In retrospect, she felt:

If we'd have had children, of course I couldn't have had such a busy life. And living at the back of the shop, of course, you've somebody on the doorstep all the time.

When participants did express the desire to change the past, it tended to concern travelling or a change of career. Maureen Williams (81) said:

There are a lot of things I'd do differently I think too (sighed). I would have liked to have travelled more, but of course you didn't have the means or the... well, there wasn't the scope, was there? To get on an aeroplane today is

nothing, but it was quite a thing. You were middle-aged before you'd get on a plane. Um, I would have like to have travelled, to have seen more of the world (paused) and more different kinds of people, you know.

Reginald Green's (78) love of literature led him to comment:

There is something I would endeavour to do differently, but I'm answering that question now, in retrospect. I would have loved the opportunity of going to University. And I would have loved the opportunity to have studied literature, I would have loved that and I think, without looking any higher sighted, I think I would have made an excellent school master and I mean excellent.

Hiron Balla Davi (70) said that the only thing she regretted in life was the fact that she had little education, although she was making up for this in part, by attending night classes (see chapter six, 'Learning new things').

Looking back at photographs

In their study, Booth and Booth (1998) asked people to show them their family photographs. They explained that this was done for a number of reasons: photographs assist in taking the spotlight off the participant; they help to legitimise the asking of questions and the interviewer's curiosity; and they provide a visual representation of the nature of people's family ties (Booth and Booth, 1998:19). Blaikie reminds us that in reminiscence therapy, photographs are employed as a 'trigger' to help people recall past phases or incidents in their lives. He suggests that visual sources are fundamental to the sense of self as individuals move through time (1999:127). Yet, photographs, like people's oral stories, only tell the stories people want others to see; they are another means by which people's pasts may be constructed.

Not everyone, however, wants to, or is able to look at photographs of their (or other's) past lives. I did not ask people to show me their photographs, but some chose to share various photographs with me; these were both of their past and their present lives. About half of participants had photographs on their mantle pieces and

walls. Of course, just because photographs are not on display, does not mean that people do not look at them. Perhaps for some people, as their present and futures become more uncertain and more frightening, it helps to look back on the past, where life was (or at least seemed in retrospect), more certain. As Turner argues, nostalgia is a 'yearning for continuity and familiarity'. It 'allows us to establish some continuous contact with our own past' (1995:245). For others, the present and future may be better than anything that they have experienced in the past, so to recall it visually, may evoke unpleasant memories or remind them that life is not at all certain or has not always been so good.

Janice Roberts (64) had a few photographs in her lounge, mainly of her grown-up children, none of her two husbands or herself. Janice said, 'I don't like to look at photographs. I still can't look at them'. She explained that she did not mind looking at photographs of her second husband, who abused her, admitting, 'I feel nothing when I look at him', or of her stay in the Middle East. It was looking at the photos of her first, happy marriage that upset her:

Whereas I go into some houses and they have their husbands looking at them and I cannot do that. Not without getting so terribly upset and I would be upset for a long time. I will never change and after all these years, thirty-one years, you would think I would be able to look at them.

In contrast, Peter White (72) was surrounded by memories of his wife, Jill: he lived in the large detached house on the outskirts of Sheffield that he shared with her; her photograph was on the mantel-piece; her chair lift remained on the stairs. However, Peter preferred to think of his wife as she had been before her illness:

I have a photograph there (pointed to mantelpiece), which I look at (paused), and that's not my wife, but I still keep it, because it's not too bad. But all the other photographs I've got, which show her in the deteriorating stages, I'm going to burn them, I'm going to get rid of, they're not my wife. In 1946, she had a really nice photograph taken, which I've put in nice little frame by my bed and I look at it every night. And I think of her as she was, I try not to think

of her as she was when she was beginning to deteriorate. To see her going downhill, it was horrible.

Bill Carter (80) also preferred to remember his wife as she once was; when I visited Bill, she was in a nursing home, following a stroke and had apparently put on a great deal of weight.

Bill told me how heavy his wife had become and then said:

I've got a photograph somewhere (got up out of his chair to find photo. Brought back one of a young woman, possibly in her early twenties).

When I commented that she was lovely, Bill replied:

Aye. It is a shame. That's before she was married that were.

Brian Jenner (62) said that he had burnt his wedding photos after his divorce:

I'm trying to remember actually being married, you know, the actual event. And I just regard it as a great embarrassment. I feel embarrassed at this distance about the event itself. But, you know, you start to wonder about yourself, don't you? Not that you're going to do anything about it obviously. But you see, I found some photographs here, I think Clare (wife) must have some too, and I just burned them, because I was so embarrassed about the whole thing. I didn't burn them because I thought, there's that foul woman (laughed).

Reginald Green (78) said that he loved looking at his photographs and seemed to relish sharing them with me. Reginald talked to me in a crowded lounge, surrounded by dusty piles of his 'beloved' books; photographs of his long-dead relatives, mostly from the Victorian era, and of his children and ex-wife, decorated the walls, together with a pencil sketch of his granddaughter, an oil painting by his son and a print of Holman Hunt's painting, *The Light of the World*. Two clay busts of Reginald stared

out from opposite corners of the room; one was dressed with a hat and cravat. I asked if Reginald found it helpful to have the photographs around him. He replied:

Oh yes, oh yes, they're lovely, lovely. That is my mother's father, that at the side of him is his first wife, who I never knew, she was dead about 1916 I think. Now that's my great grandparents and the top one is a photograph of my grandfather sat on his grandmother's knee (laughed). Great Aunt Betty and Uncle William, they are the people I stayed with in Birmingham and that is their daughter with my mother and that must have been about 1924 or 5 I think. Oh yes, I love photographs about me. And that's my granddaughter. My daughter was sat one night idly doing nothing and she sat and sketched her. And of course, that's obviously my oldest son and that's my mother and father. They are all lovely. Yes, yes. Oh I've got there, oh quite a collection of photographs, oh dear oh dear and they are all in a jumble because I've got to sort them all out (got out a pile of photos). There, look who that is (the photograph showed a much younger, dapper, Reginald).

Reginald observed that not all people liked being surrounded by mementoes from the past. He raised this issue as I was drawing one interview to a close by saying, 'On one occasion when you were here, you said you liked this room because it was interesting.' He felt that his room - his photographs, the sculptures, and the books - said something about his past and present life, his personality and his interests, unlike the lounge at a friend's house he had visited the day before:

Yesterday, I took the dog to the vet and I parked on the road where I used to live and I popped into see my ex-neighbour and they're both two years older than me, they're both eighty. And do you know, there was a beautiful carpet on the floor, a beautiful three piece suite, there was an ultra modern fireplace, there was a television set, no radio could be seen and er, there was an occasional table and there were just two family pictures and there was absolutely nothing else. And I thought, 'My God, this bloody house is so immaculately neat and spotless and tidy and...bloody hell', I thought, 'My God, my house looks like a bloody tip compared to this'. But I'd still rather be like this, I'd still rather live like this.

Betty Lomas (90) had photographs of the more recent past on her walls, mainly of her grandchildren and of herself and her twin and younger sister. She pointed to one framed photograph on the mantelpiece, taken at her ninetieth birthday party.

That was given me for my birthday and Pat's got one, 'cos it's framed you see. And we went to the Regency, for the party, because they've had it modernised, very nice. It was a lovely table, long oblong table. Pat and I were at the top with the birthday cake and it was in the middle of us and there were lots of photographs taken. My daughter's coming later on and I'm hoping she'll have them. I still have five to take.

Constructing stories

In chapter two, (section, 'Life stories as joint products'), I argued that life stories are a product of social interaction. Wallace (1992) re-examined life stories originally collected to explore the narrative structure of longevity of thirty near-centenarians, to look at the process of story production. He argues that rather than being a natural and universal process, talk about the past is socially constructed, made necessary and shaped by the demands of specific social situations:

The past is conveyed and constructed in response to narrative challenges that arise in everyday life, when the telling of life stories is pertinent

(1992:124).

Coleman (1991) also draws attention to the social construction of stories; he points out that some people can 'formulate, analyse and record their stories on their own', but that others need someone else to provide the necessary catalyst. Wallace's (1992) findings challenge the view that older people 'naturally' find it easy to tell their stories. Participants in his study were asked to tell their life story, organising the story in their own way with little involvement from the researcher. Wallace describes how most participants had difficulty engaging the general request for their life story; comments such as 'I don't know what to say, or 'I don't know what we're doing', were typical (1992:122).

'Where do I begin?' 'What do I talk about?'

In the present study, my opening question was, 'Can you tell me something about your life? It's up to you what you tell me, when and where you start.' (see chapter three, section, 'Conversations or open-ended interviews'). Most participants commenced their stories from childhood. The exceptions to this were the Buxtons, who started their story when they emigrated to England from Jamaica; Maureen Williams, who started - and finished - her story talking about her husband's death, two years previously (see chapter seven section, 'Accepting death'); and Doreen Thomas who began by telling me that she had many grandchildren. There may have been several reasons why participants began their stories where they did, including: literally convention to tell stories chronologically; the fact that if they faltered, I suggested that they started from childhood; their pre-occupations at the time - certainly this seemed true in Maureen William's case; or, as the quotation from Graham Greene at the beginning of this chapter, states, their starting point might have been purely arbitrary.

Brian Jenner (62) illustrated the difficulty some participants in my study, albeit the minority, had in engaging the request to tell their story. Brian was very unsure what to do; he commented that he had 'never done anything like this before' and throughout his story, kept stopping and starting and asking me for guidance:

I thought you might want to know specific things like, 'What do you think about this and that, about abortion and whatever?' Sorry, anyway, this is vague, shapeless autobiographical stuff. It's here, there and everywhere.

Brian repeatedly asked the question, 'is this relevant?' when he was recalling his story:

Anyway, I'm just losing track of things a bit, in a chronological way, and er, is this relevant? Is this relevant? I'm just reminiscing for my own...?

Brian, however, was the most reflective of all the interviewees; despite his self-doubts, he constantly paused to try and explain and rationalise his past. Brian said he

felt that much of his story was ‘apologising for existing in a way’. He said, ‘You think when somebody’s asked you a question, you’re meant to give a polished, definitive answer, don’t you?’ When asked what he had thought about the interviews, he wrote:

I felt afterwards that I had been allowed to waffle on about (possibly) unimportant aspects.

It is interesting to compare Brian’s introduction to his story to Jim Caldwell’s (84). Brian commenced his story thus:

I was born in Ilkeston in 1936 after much travail apparently (paused). Um, I lived there until I was about three, I can’t remember anything about it. The other day, I was somewhere and they were all talking about Infant Schools and such things, I have no memories of anything until I was about twenty (laughed). And er, then my parents moved to a town near Derby and I lived there until I got married.

In contrast to Brian’s brief résumé of his early life, Jim started his story from a very young age and provided vivid details about his childhood. This was despite the fact that he often struggled to find the words that he wanted (see chapter three, ‘Less articulate subjects’):

*From my childhood I can remember when I was three, nearly four year old, me father he got... he came back to England, it was in the First World War....
...And I can remember them er, decorating the streets for Armistice Day. Aye.*

Oh I’ve got more memories – sometimes I can’t think what happened yesterday but I can think right back to my dad coming home when he got injured during First World War – I was about three years old then. I was born just before the war and my dad got call out papers and he wouldn’t go while I’d been christened. My grandmother was playing hell with my mother for being pregnant- she didn’t tell me grandmother that she was expecting.

Discussing the social construction of life stories, Bornat et al. (2000) point out that a written story may be very different to a story that is told in an interview:

Where an oral account may be lively and responsive, with fresh insights provoked through questioning, a written account of the same events may be pallid, formalised, complying with literary conventions and consequently less personalised

(2000:245).

This statement was born out by one example in my study. My visits to talk to Peter White (72) produced two types of story: a written account of his life and the fuller story he told me later, to fill in the details. Peter had written down his life story prior to my visit and read it out loud; it covered an A4 sheet of paper. His prepared story appeared formal and didactic; it revealed little about Peter as a person. After hearing it, I was concerned that I would obtain very little apart from the bare 'facts' of his life, but my fears were completely unfounded. I encouraged Peter to speak more about his wife's illness, his bereavement and attitude towards his present circumstances as outlined in his written account, and he did so with great sensitivity and depth of feeling (see chapter three section, 'Reciprocity'). Although he recalled his past with relative ease, his mind was on the future (see chapter seven section, 'Looking forward to events and activities'). Peter felt that it was important to talk about the past and the present because:

The only way we're going to learn for the future is through our experience, in my opinion, in the past.

Peter had positive feelings about recalling the past, both in terms of helping himself gain a perspective and sense of purpose in his life and in terms of using the past to help others.

Most participants said that they did not usually dwell upon their past lives, certainly not to the extent that they were required to do for my study; that is, looking at their lives as a whole (see also chapter seven). Winifred Blinkhorn's (83) comment was

typical when she said that she did not usually think about the past because she tended to 'live for the day':

I am, come day go day and don't recall it very often. Occasionally, I think about it, what we did, but not often.

Ernest and Lillian Grayson (83) illustrated the different attitudes people may have about recalling the past. I asked them whether they normally thought about the things that they had been talking about to me. Lillian replied:

When I'm in bed at night I think about me past. Oh I think about...He's in bed at nine. But I often think about when I were a girl, you know, when I were young and school and 'owt like that.

In contrast, Mr Grayson, said that he never thought about the past; he did not like to think about his childhood - he 'never knew his father' - nor his time as a soldier, when he served in Burma and had been injured (see chapter three, section 'Distressing stories'). Lillian, explained:

He don't even think about when he were in the army, do you?

Ernest:

You don't want to think about that.

Lillian:

Oh I don't know, it's nice to relive the past a bit, I always think, you know.

Perhaps Lillian's attitude was different to Ernest's, because Lillian compared her past to the present and focused on how life had improved for her in many ways:

I always think how lucky I was - up to the age of twenty, I'd nothing. I'd one frock and I used to have to wash it out night after night and put it on clean next

day and I had one pair of shoes and one coat, nothing else, no money and now, you know, you can afford to throw clothes away, can't you? (laughed)

However, from listening to the Grayson's accounts of their lives, it would seem that life had improved for Ernest too since the war. Perhaps Ernest's reticence lay in his inability to undo the events of Burma; he could see no purpose in looking back at this particularly traumatic event in his life, because he could not change it. As Erikson et al. found, a large component of reviewing and accepting the life already lived has to do with the inalterability of the past (1986:71).

Coleman (1986a) found that for a few participants in his study, reminiscing was avoided altogether, because it made them depressed or more depressed than they were already. This, Coleman believes was because the past had been fuller and happier than their present circumstances and thinking about the past made them sadder than they needed to be. However, it might also be the case that the past was too traumatic to think about (cf. Hunt et al., 1997). Hiron Balla Davi (70), for example, said of her time in Bangladesh, 'I don't look back. I had a bad time, but I don't want to remember those things'. It must be remembered, therefore, that for some people, remembering can be a negative experience and something that they may not want to dwell on or engage in at all.

Recalling the past to contextual present and future concerns and aspirations

Encouraging people to look back at the past, therefore, may have negative consequences. As Adams et al. state:

While a focus on the past person is indeed an invaluable support to the maintenance of identity and individualisation... it may have the effect of distracting attention away from the present person

(1998:31).

Hence, we need to avoid seeing people purely in terms of their past. Life stories should seek to uncover much more than people's past lives; they should enable us to explore the recent past, the present, and people's plans and future concerns. The focus should be on the individual's capabilities in the present and the possibility for change and self-determination in the future. With this in mind, it is preferable to use

people's pasts when exploring their attitudes and experiences primarily to help contextualise their present and concerns and hopes for the future, something which I have tried to do throughout this thesis.

Some accounts of participants' pasts did tend to be presented in terms of their current concerns and contexts (cf. Adams et al., 1998). Ann Revitt (91) in particular was inclined to use her past to discuss and illustrate her present views or pre-occupations.

Ann Revitt

On my first visit to see Ann, she proudly showed me a newspaper cutting from the local paper. It was a photograph of her, aged ninety, taking part in a keep-fit class. This illustrated the way older people like Ann are seen as 'exceptional' and in possession of the secrets of longevity, not only by the media, but also by older people themselves. However, one of the advantages of using the biographical approach is that, rather than looking at the episodes in people's lives, which deviate from the rest of their lives in isolation, people's stories are viewed in relation to the whole of their lives. Their presents are put into context with the past and the past is seen in relation to the present. Whilst the episodes that deviate from the everyday, mundane things - such as times of crisis and rites of passage - may easily be seen as exceptional, when set in the context of their life story, they may be recognised as 'ordinary accounts' in the sense that other people are able to relate to them. Although each individual's story is unique and the stories diverse, it is the ordinary, everyday things that connect us with each other as human beings. Forster in her family memoir, *Hidden Lives*, comments that amongst all the stories told by our parents and grandparents, 'sometimes their story is the story of thousands' (1995:13). Similarly, Booth and Booth assert, 'Through 'listening beyond' people's words, it is possible to trace 'the echoes' of other people's experience and to identify the themes that connect them to others' (1998:5).

Many women should be able to relate to aspects of Ann's story, whatever their age and generation. During the war, Ann brought up her daughter on her own and started her own corsetry business. In the mid-seventies, she cared for her second

husband, George, who suffered from Alzheimer's disease. As she talked about her mixed feelings regarding whether she should continue to live alone in her terraced house, or move to a sheltered flat or residential home, Ann concluded that she would be all right on her own because 'women are the stronger race.' This, she seemed to indicate, was a belief that had arisen from what Ann had observed throughout her life - through her own life experiences - and from witnessing other women:

I said to my daughter-in-law that women are the stronger race and we have proved this in the fact that there are all these women left. And I say to them, 'you have to go forward'. It is funny about women. We are the stronger race. Yes, you see a woman tackles it if she's in trouble. She gets out and about and concentrates on her home. I was bombed out in Woodseats and I went to live on this little estate and I had never lived in a village before but it was really lovely and my daughter and I got on ever so well. Everybody knew everybody and this is where eventually I got my little business. But every time anybody lost their husbands (in the war) they used to say, 'Oh dear, I bet she has a new gas cooker'. You see, as soon as ever these women were left, they sort of altered and spruced up and made themselves.

Ann felt that she was able to be 'strong' in later life because of what she had been through in the past:

You know, when I was young and first married, er, we had a lot of trouble, a lot of sadness but things got brighter and you weather the storm. I think with any grief, you're given extra strength, you don't realise it at the time.

Although she said that she still felt sad 'from time to time', Ann was 'very grateful' for her life:

You do tend to count your blessings. One night, after George died and I couldn't sleep, I used to count things, you know like people count sheep? Well, I didn't count sheep but I would count the number of holidays I'd had with George, and I'd perhaps count how many hotels we'd been in, because in the olden days, you didn't go in a hotel, did you? And then, I said to our lady

minister, 'Last night, I counted the number of people on this road that I wouldn't change places with. And I got eleven'. And she said, 'Good for you'.

By looking at the whole of Ann's life, therefore, it is possible to more fully understand her attitude to later life; how and why she developed into the woman in the present. She is no longer seen as an exceptional woman of ninety simply because she still went to keep-fit classes, but as a woman who had always been independent, resilient and full of energy and who had, and continued to, make the 'best out of life'. This supports continuity theory, a theory that sees older age as:

A time of ongoing personhood, neither the retardation or complete cessation of development, nor a radical transformation of self from 'us' to 'them'

(Andrews, 1999:311).

As Ann's experience also indicates, looking at the past has implications for helping people to manage their present and future problems and challenges (cf. di Gregario, 1986; 1987; Adams, et al., 1998). Margaret Wallace (74) felt that she was able to cope with the prospect of leaving her present home and moving into shelter accommodation because she had moved several times before. Winifred Blinkhorn (83) said that looking back on the past sometimes helped her to realise how fortunate she had been to experience all that she had, even if her present was somewhat limited in terms of the activities she could participate in because of her stroke. She particularly enjoyed recalling her holidays abroad:

I've had some good holidays. I've been away a lot and, if I can't go now, I've just got to remember all the times when I have been.

Josephine Buxton (61) described how looking back at both the happy and the sad things in her life, helped her to manage her present life. It also helped her to empathise with other people. Talking to me about the sudden break-up of my own marriage, she said:

Throughout my life, I have been through a lot of struggles, but I do not look back on the bad things, I look positively on the good things that happen to me. And there has been more good things I would say, than bad things. I forget all about the bad things because I think through life... I always say to people when they are suffering, 'You are going through a process, you have time to reflect'. When you are suffering, there is time to think, when everything is growing, growing in the garden, we see life with sunshine and think of happiness, but we also have the rainy days, the cloudy days and that's how our life pattern works out.

Josephine did not deny the bad things that had happened, but stressed that she did not see the point in clinging to the past, in letting the past spoil the present or the future:

I forget all about the bad things through the process of life. You cannot grow with bitterness inside you. You have to get rid of it and then you will become free because when you keep that bitterness festering you will never improve. Things won't get any better. Throw the shackles away and you will feel free again to do. I'm glad I'm a Christian. All my rubbish is washed away and there's nothing there to fester.

Josephine felt that experience through age, together with her Christian faith, had helped her to stop feeling bitter about difficult times, both in the past and in the present. This, she said, had given the freedom to move on in life. Notice, too, that Josephine used the words 'grow' and 'improve'; later life, as I discuss later in the thesis (chapters five, six and seven), can be a time for ongoing development and self-determination (cf. Slater, 1995).

George and Anne Daley (78 and 79) felt that their life experiences had helped them not to take things for granted and to make the most of the time they had left. They said that the most important thing in their lives was the fact that they 'still had each other'. George said that their past had enabled them 'be more philosophical' about their present and future concerns, such as Anne's terminal illness.

For some people, a certain amount of distance may be needed to enable them to look back on their lives and to see things in perspective; to remember the good things, as well as the sad. According to Peter White (72), he had been depressed for a year or so after his wife's death; his religious faith had been tested and he was unsure about the direction of his life. He now said, however, that despite the fact that he still missed his wife, he was able to look back on his marriage with happiness and could see how his past helped him in the present. Peter felt that caring for his terminally ill wife for many years, for twenty-four hours a day, had made him 'appreciate life a lot better':

I suppose really, I'm able to enjoy life better and I'm trying to live my life as I would hope is going to be beneficial to other people and probably to appreciate other people more.

Above all, participants' comments revealed the:

Importance of integrating past experiences and at the same time the value of living in the present and with an eye on the future. It is the continuity of past, present and future that appears important

(Coleman, 1986b:127).

Looking back at the past, therefore, does not have to be a negative experience, but can be used in a positive sense to enable people to come to terms with their pasts, manage their present and plan for their futures.

Men and women: telling different stories?

Randall stresses the need to acknowledge that we 'never story our lives in a vacuum' (1996:236). He argues that how we produce our stories, how we order our experience, what we value and why is:

Necessary influenced by the stories we consume from the world around us: through reading newspapers and novels, watching movies and television, or listening to the stories of others

(Randall, 1996:236).

Following Bruner (1987), Randall points out that the 'forms of self-telling', are shaped even more significantly, by the larger stories within which we live: rooted in certain relationships, in a particular family and in specific communities, lifestyles, cultures, classes, creeds and, in Randall's view, most importantly, in a given race and gender (1996:236). Writing about autobiographies, Ribbens (1991) notes that men are more inclined to stress their public lives than women who are more inclined to concentrate on the personal and private aspects of their lives. Daley, writing about the gendered nature of men and women's memories, asserts:

What women remember and retell, and how they tell it, tells us much about their individual experiences and their understanding of the culture place within their community

(1998:344).

Daley (1998) argues that since the economic, social and political world men and women live in, views them as either feminine or masculine, 'their experiences often differ since they are often in different spaces, doing separate things, with gender-specific groups'. This, Daley believes, will affect their memories and therefore their stories (1998:344).

Although I did not set out specifically to explore gender differences, such difference were, to some extent, apparent in the content of men and women's stories and in the way they told or constructed their stories. Men's accounts, on the whole, were dominated by their working lives. This helps to illustrate the social construction of people's stories; male participants may have assumed that I wanted to hear about their paid work predominately, since this is what the society they grew up and worked in would have expected of them, that is, to be the head of the family, to be the provider and breadwinner. Daley (1998), following Carrigan et al. (1985), refers to this as 'hegemonic masculinity'. In other words, male participants had

internalised a dominant form or type of masculinity and told their stories within its framework (Daley, 1998).

Tom Howarth's (77), story was very formalised; it read chronologically, almost like a curriculum vitae. Tom's account was mainly about his work and political beliefs, with occasional, and brief, asides about his family. In the extract below, he described his experience at an agricultural college:

Moved to York, that was where I met my wife, she was a land girl there, and er, I was there for about four years with every intention of making a career of it. Well, it was difficult because I hadn't any qualifications and everybody that was going anywhere had of course qualifications, usually quite well degeed (sic) people, being a research establishment. So, it was difficult, but for all that I enjoyed the work and one or two of the officers, I got on with very well and was able to sort of fill in where they were academic, I was practical and um we were able to balance things very well. In fact, I still have a friend who I met there and he became a farmer after the war, he did very well. Anyway, the war finished and I thought, shall I stay here? Or shall I branch out into some sort of commercialism in agricultural engineering? And I was offered a job in Ely by a chap who was sympathetic towards conscientious objectors, because this was always a problem, it was always a background problem, but he was sympathetic and um he had a run-down agricultural engineering department of an Ironmonger's business and wanted somebody to run it up again, so I thought it was a wonderful opportunity and took it. By this time, we had our first baby...

The 'formal' nature of Tom's account may have had something to do with the fact that he had previously written down his story. Tom gave me a copy of a pamphlet he had published himself (called, *Bits of paper or just a few of my favourite things*) which told the story of his life. He also told me that he had previously taken part in a historical project about his experiences in the Second World War. Compare Tom's account above, to an episode from Betty Lomas' (90) story. She was separated for four years 'and seven months' (this seven months was very important to Betty) from

her husband when he was a soldier in the Second World War. She vividly recalled his homecoming:

It was January when he came home. I had a phone-call and it was Peter and he was in Fitzalan Square, he'd come by train. And I'll always remember he said some women, or something, someone had pushed him to the front because he'd got all his pack on his back, and they were complaining about him being at the front, they didn't realise he'd been abroad all that time (laughed). And he got up, I think he must have come on a tram because I went to the front door after a little while, because he said he was on his way home, and I saw him coming up the street (voice softened, paused). And you can't believe what it was like (voice broke, tears appeared in her eyes). It was lovely, and it was snowing, it was snowing. But he was a good while settling down because it was a different life wasn't it? You see, he'd been amongst men all the time and that sort of thing, but we did finally get really close again, as we'd always been, but it was a difficult time.

Betty's account was so vividly described, that it enables the reader to picture the scene: a weary soldier, haversack on his back, walking up the street with the snow falling on his shoulders; his wife standing at the door to greet him. Yet, the passage of time had not caused Betty to view the past with rose tinted spectacles; Betty acknowledged that in order for their marriage to work, much effort was required. It is interesting, too, to see how memories from so long ago, still evoked tears.

Daley (1998) describes how men often see themselves as the 'hero' of the story, placing themselves at the centre and firmly in control. This was certainly true of Tom Howarth's story and also of both Peter White's (72) written and oral account of his wife illness; it was only as her illness affected him that it seemed to be relevant to his narrative. For example, when talking about his decision to move his wife into a home, Peter said:

...the eleven months when she was in that home, I used to dread. And I mean this, I used to dread going to see her because I knew when I came away I'd be down.

There is little about how his wife must have felt, although he prefaced the above statement, with the comment:

And when she started to cry (eyes filled with tears), um, (paused), er (voice broke), it upset me beyond measure.

Yet, this may be too harsh on Peter; when I visited him for the first time, it was only eighteen months since his wife's death, and possibly it was too painful for him then (if ever), to contemplate his wife's feelings. In any case, it could be argued that Peter was only doing what I was asking: telling *his* story.

The warmth and depth of feeling that Peter White (72) expressed when talking about his wife's illness was unusual in the men's accounts. Whereas none of the women I interviewed had difficulty in talking about their emotions, homes, families and friends (Winifred Blinkhorn's story was slightly different in this respect, see below), most of the men hardly touched upon these subjects.

Jim Caldwell (84) needed much encouragement to talk about his feelings or aspects of his life other than work: his experiences in the army and down the mines appeared to be central to his life. After some prompting to talk about his family, he did say that his wife was 'devoted' to him and he seemed very close to his daughter. Jim explained, 'Daughter used to come everywhere with me, I used to take her fishing'.

Muzafar Uddim (65) did not talk about his family at all, although this may have been because his wife, daughter and grandchildren were all present at the interview and he was talking through an interpreter. Muzafar talked about the reasons why he had immigrated to England from Bangladesh and concentrated on his industrial accident and the fact that since this episode, he had been unable to work. Given the impact of his disability and unemployment on his life - in terms of his self-esteem and lack of material resources (see chapter six, sections, 'Physical limitations and 'Financial restraints'), perhaps this was unsurprising.

There were also differences in the way men and women talked about the Second World War. Maureen Williams (81), Dorothy Twigg (82), Betty Lomas (90), Ann Revitt (91) and Gladys Peters (93) did talk about the war in detail, but their accounts mainly concerned the way it affected their marriages and family life. The men's accounts of the war were bound-up with their experiences in the army (Jim Caldwell, 84), the navy (Bill Carter, 80), civilian duties (Reginald Green, 78) or their pacifism (Tom Howarth 77 and George Daley 78). This supports the argument that the content of life stories is often gendered because experiences are gendered (Daley, 1998). In addition, the fact that the war played such an important part in these participants' stories shows that their wartime experiences should be taken seriously. Although - apart from Ernest Grayson who did not wish to talk about his time in the army - participants did not appear to be distressed in recalling these events, research suggests that practitioners and others who work with older people do need to develop their skills in encouraging people to express their experiences of war (Coleman, 1999).

As well as Peter White, other men did talk about their families. George Daley (78) was interviewed with his wife and talked intensely about his feelings and emotions and about his family. Talking about his marriage, he said:

We have been so harmonised really, there has been little friction at all. We've had the same sort of outlook on things, on life, on and er, consequently, we haven't had to rub hard against each other. It's been marvellous, it really has. A wonderful fifty-two years as far as we're concerned. We realise that we're lucky.

Tom Howarth (77) commented in his second interview that the most important thing in his life was that he had a 'super family' and he also referred to his feelings (see chapter five, section 'I don't feel old'). William Buxton's (79) life story was dominated by accounts of the racial discrimination he had experienced since he had emigrated to England in the 1950s. Although he hardly mentioned his family at all, at the end of the interview he, like Tom, said that his marriage was the most

important thing in his life:

I think the most important thing is me and me wife live good. We try to go the same way together.

The fact that both Tom and William's accounts were dominated by their work, yet said that their families were the most important part of their lives, shows that one aspect of a person's life cannot be given greater significance than another simply because of the amount of time they spend talking about a subject. Some people may wish to keep to themselves the things that they hold dear. Also, this particular generation of men, may not have been used to expressing their feelings and talking about their families. It was Lilliam Grayson, not Ernest, who described how she and her husband, Ernest, worked shifts so that they could take it in turns to care for their young son. Alternatively, it could be argued that the men were talking about their families in effect since they described their roles as breadwinners; that is, employment, in relation to providing for their families, although this was never stated explicitly. Daley points out:

While gender-specific experiences obviously lead to gendered memories, the gendered nature of the culture these people grew up in also has had a profound effect on how they present their life histories

(1998:355).

Further, as I highlighted earlier (chapter two, section 'Validity of biographical approaches'), people's stories - or the emphasis that they place on different aspects of their stories - may change, according to why, where and when they tell their stories and to whom.

Reginald Green's (78) talked very emotively and animatedly about his life. His paid work seemed to be peripheral to the other commitments and interests in his life, such as caring for his wife and children, rather than the other way round, which was more common in the men's accounts.

Below, is just one example of Reginald's accounts of his caring role:

For years, I worked at the factory and when the children were little, I used to come home and um, very often, 'Feed the children'. Every week, I used to do the washing and the ironing. It's in recent years that my daughter told me that her earliest recollection of me was of me standing over an ironing table. Yes. And that went on for years, me doing the washing and the ironing, the cooking, the cleaning. My wife just used to sit and sit and sit and sit. I'm not saying she was idle, she had a mental condition.

The majority of the women in my study, viewed their stories as part of a wider story of family and friends, their lives were subsumed (and in some cases, even subservient, see Dorothy Twigg, below and also in particular, the stories of Janice Roberts, Maureen Williams and, to a lesser degree, Margaret Wallace) to the lives of others. Women's accounts were dominated around caring for siblings, their children, their parents and their spouses at home. Again, this may be a reflection of what Daley (1998) calls 'hegemonic femininity'; participants presented their stories within a feminine framework which views women as caring, unselfish and hardworking. Like Daley (1998), however, I do not want to 'essentialise' women and men; there is no single female, or male, voice to be heard.

One example of women's lives being presented as part of others' lives, is illustrated by Dorothy Twigg's (82) story.

Dorothy Twigg

It seemed that caring was a large part of Dorothy's identity as a woman (cf. Graham, 1982). Her story is one of service: she cared for her mother from an early age, when she was expected to do the housework, cooking and shopping and, as a married woman, when, following a stroke, her mother lived with Dorothy and her husband for ten years. Dorothy's attitude towards caring for her mother seemed to be one of obligation and love (Lewis and Meredith, 1988). On reflection, Dorothy said that she wished that she had not cared for her mother at home. She felt that her husband and daughter, although they had never complained, had made sacrifices because of

her mother but Dorothy herself did not complain about the sacrifices that she must have made. Perhaps she felt that she had little choice; her mother was determined not to go into hospital and her GP simply said, 'She's all right here'. Dorothy's brothers, encouraged by one of their wives, eventually agreed to look after their mother in turn, for a fortnight once a year, whilst Dorothy and her family went on holiday. Dorothy recalled that her mother did not like the arrangement but Dorothy said that she welcomed it.

Dorothy then nursed her husband, Philip, at home when he was dying of cancer. Her account of the events leading up to her husband's diagnosis and of his death, was dominated by her concern regarding her husband's illness, as well as his feelings. Dorothy even referred to herself as selfish in wanting her husband to go on living since he was in a great deal of pain:

And I thought, 'Well now, I'm being selfish'. I knew I was being selfish, I was willing him to live and he was absolutely in agony. He once said to me, 'When the doctor comes, I'm going to ask him to send me into hospital'. And er, I started to cry and I said, 'Well, aren't you satisfied with what I've done?' And he said, 'Yes, I am, but it's too much for you. You're up and down here. I count times you come upstairs'.

Dorothy continued to tell her story without any hint of self-regard. In the extract below, she described her desire to hide the difficulties she was having in caring for her husband from him:

I got him out one night and I were doing his bed but I found that I couldn't possibly get him back in bed, his weight... I said, 'Please God, what am I going to do?' You know, we were struggling. And I heard these footsteps coming up the drive and I heard somebody come through the porch and someone knock and shout, 'It's only me'. And it was his sister who was a nurse. And I thought, 'Oh, my prayers have been answered really'. You know, you can say things like that. So, between us, we got him in bed and I always think about that, you know, 'I'm saying, 'Please God, what can I do?' And I didn't want Philip to see me struggling.

Dorothy did not consider that she had made any sacrifices in caring for her husband. When I commented that she had done a wonderful thing for her husband in allowing him to die at home, she said:

Well, the thing is, we were together people. I always say we were together people. Now, his twin sister, she is very good, and she was close to her husband, but they could do things apart from each other, we didn't. I suppose to some people, especially now in this modern day and age, it's stupid. But whatever we did, we would do it together, all our married life, we did it together.

In a different way, Doreen Thomas' (96) story also showed how her life was bound-up with that of her family's. Doreen emigrated from Jamaica to England at the age of seventy-one. She started her story, not with a resume of her life, but with the statement, 'I have many grandchildren. Thirty grandchildren and forty great-grandchildren, that I know of...'. However, this could be a reflection of the reactions that Doreen might have received from people in the past; people might have reacted with amazement to the fact that she had a large number of grandchildren. As Wallace's (1992) study also showed, the social rewards of being a good storyteller may increase the likelihood that older people will seize the opportunity to talk about the past (see also above, 'Tell me that story again'). Even so, Doreen needed encouragement to talk about herself as an individual; her account is dominated by her married life and children:

I was married when I was sixteen-year. And me and my husband lived together seventy-three years. And we never argue, he would argue a lot, but I don't answer. We had a big house. In this country, you call it upstairs and downstairs, but in our country, we call it double roof. So my mother, she wasn't my mother, my auntie and her husband lived one side and me and my husband in the other.

Winifred Blinkhorn's (83) account was exceptional amongst the women's stories, in that it was dominated by the love of her career, rather than by emotional or familial issues. Winifred was a single woman who had never married. Her story was told

chronologically, from childhood through to her present life. It mainly concerned her education and career as a school teacher which spanned over forty years and culminated in her promotion to head teacher:

And I loved it. I loved, I loved being the head teacher. It was really nice. I enjoyed those years. They were nice children, too.

Winifred lived with her mother, caring for her when she was ill until she died. She was also expected to care for an aunt. However, the accounts of her caring roles were alluded to only briefly. When asked whether there was anything she would change about her life, Winifred indicated that she would have thought twice about taking on the role of carer:

I'd think sometimes, 'Oh mother, aren't you going to get better?' And I had an aunt who was poorly, and although she'd got a son, it was me she sent for and we had er, a friend of my mother's who used to think I was her goddaughter - I wasn't - but she used to have me, 'Ooh fetch me, bring me, carry me'. You know. And I used to think sometimes, 'Ooh, how long is this going on?' You know, because she used to send for me.

The fact that Winifred's account differed from the other (married) women in my study, in that it was not dominated by domestic concerns and family, also points to the social construction of stories; indicating that what participants recall, may be more to do with what is seen as 'gender appropriate' behaviour, rather than a gender difference *per se*. Indeed, Daley (1998) describes how memories may be shaped by prevailing ideas of gender-appropriate behaviour and values. Tom, Jim, Muzafar and William, for example, may have thought, subconsciously or consciously, that as men, their life stories, their worlds, would be expected to be dominated by work, requiring little reference to their family, friends and emotions. In contrast, women might have expected to talk more about their families and feelings, even though all, apart from Margaret Wallace, had worked for most of their lives outside the home. The exceptions amongst the men - Reginald Green and Peter White - both of whom talked a great deal about their caring roles and feelings, may have something to do with the possible interaction of (older) age and gender; that is, in older age, they

were no longer burdened by the need to conform to gender-appropriate roles, so could tell their stories as they were lived.

Interestingly, Tom Howarth (77) acknowledged the fact that he had seldom referred to his wife and family in his life story. When I sent him the edited version of his life story; he wrote:

I thought I came over as far too pompous. I did not like the fact that I hardly ever mentioned my wife.

He went on to say that he thought his story required, 'A little more humility and more attention to be paid to my wife'.

In the present study, although it was by no means clear-cut, men and women did seem to differ both in the ways in which they told their stories and what they chose to tell. However, as Bornat et al. point out in relation to age-related differences in narrative forms, it is not clear 'to what extent such differences are generalisable, or culturally or cohort relative' (2000:248). For example, there may be fewer and/or other differences revealed in the life stories of men and women from, for example, the 'baby boom' generation. What is clear, is that the ways men and women 'present themselves, the stories they tell, or don't tell... need to be investigated' (Daley, 1998:344).

Conclusion

It has been seen that claims regarding the 'naturalness' and usefulness of looking back at the past have been subject to investigation and some criticism. Coleman's (1986a; 1986b) research in particular indicates that remembering the past is not something that all older people do to the same extent or for the same reasons, as my study also suggested. Not everyone feels the need or wants to remember the past. As Bornat writes, 'Coleman's work serves to keep a balance between enthusiasm and sensitive awareness in encouraging older people to remember past events' (1998:41). In addition, the present study indicates that there is also a need to be aware of the effect of gender on life story narrative forms. Although generally, men

and women's stories varied in both delivery and content, the fact that this was not universal indicates that it is possible that in older age, individuals have the chance to present gendered narratives differently.

Moreover, in order to avoid perpetuating the myth that older people are 'lost' in the past and to avoid focusing on people's past lives at the expense of their presents or futures, we need to take into account *all* of what is being offered in people's narratives (Adams et al., 1998). As de Vries has noted, 'individuals do not exist in the past, the past exists in individuals' (1990: 26). To concentrate on the past, may say more about our motives, than about older people's feelings and desires. The past may seem more 'interesting' and easier to deal with; we do not have to do anything about the past and it does not require us to provide people with information and choice about their present and future aspirations and concerns. For Manheimer, reminiscence makes sense only if:

We believe that our memories form a continuous chain from the past into the future, from one generation to the next. Without the idea of generations we would be lost. We would live in a limbo of time made up only of passing scenes. We are mistaken in thinking that people remember only for the sake of the past, when in fact older people live and remember for the sake of the future.

(Manheimer, 1982:98-99).

This idea is taken up in chapter seven, 'Looking Forward'.

Chapter Five

GROWING OLDER: THE GOOD THE BAD AND THE UGLY

What is age? When does it start? The oldest face I ever saw was my new-born brother's when I was six... premature and grey

Jane Gardam

Everyone desires to live long; but no one would be old

Jonathan Swift

Introduction

In the first section of this chapter, I describe and analyse participants' perceptions of growing older. I begin with a discussion of the frequently cited phrase, 'I don't feel old' and then offer possible explanations as to why participants said that they felt this way. I subsequently describe and analyse participants' views on ageing and later life. Despite the fact that participants said that they did not feel old, they indicated that there were times when older age was salient. Growing older was associated with physical and mental decline and illness and being a burden on others, whether or not this was participants' substantive experience. Participants also said that there were times when they did feel old: at times of illness, redundancy and bereavement.

The second section of this chapter describes the ways in which participants tended to disassociate themselves from the category 'old'. For instance, in some cases, they made a deliberate effort to be viewed by other people as 'not old' by, for example, not disclosing their age, disassociating themselves from other 'old people', or attempting to make people forget that they were old by their appearance, attitudes or actions. In contrast, the chapter ends with participants' descriptions of very old age (eighty years and over) as being something to celebrate.

Participants' perceptions were expressed through the positive and negative meanings that they ascribed to the process of ageing through a variety of representations and

self-representations and were given fuller meaning when set in the context of their lives. For, as JB Priestly explained, 'The previous life of old people ... acts as a background and context for their expectations and experiences of old age' (Featherstone and Hepworth, 1989:155).

'I don't feel old'

One way in which to look at age is in chronological terms; an individual's age measured in years. Chronological age (objective age) is not necessarily related to what age means to the individual (subjective age) (Gubrium and Holstein, 2000). On the basis of age, an individual may be classed as 'old' because they have retired from paid employment and/or completed bringing up their children. According to different interpretations, this includes people aged fifty and over (for example, the Better Government for Older People Project), women aged sixty and over or men aged sixty-five and over, the official state retirement ages, and on which I based the criteria for participation in my study. However, it needs to be asked whether being classed as 'old' has any meaning for those who are so categorised. It is this question that this chapter seeks to address.

Kaufman, in her (1986) book, *The Ageless Self*, describes and analyses life story interviews conducted with a total of fifteen men and women aged sixty-five and over. Kaufman found that her interviewees did not:

Speak of being old as meaningful in itself; that is, they do not relate to aging or chronological age as a category of experience or meaning. To the contrary, when old people talk about themselves, they express a sense of self that is ageless - an identity that maintains continuity despite the physical and social changes that come with old age

(1986:7).

Thompson et al.'s (1990) research substantiates Kaufman's findings. They investigated older people's everyday lives, based on tape-recorded life story interviews with fifty-five grandparents; their findings were summarised in the book's title, *I don't feel old: the experience of later life*.

One of Thompson et al.'s participants commented:

I still don't realise I've got to seventy-three because I don't feel seventy-three.
I don't feel what I imagine seventy-three should be like...

(1990:121).

Heikkinen's (1993) research, conducted in Finland, revealed the picture of ageing that emerged from twenty tape-recorded life narratives by ten men and ten women, aged eighty. It supported Thompson et al.'s (1990) claim that the personal experience of ageing did not automatically translate into a certain number of years:

Even though those eighty-year-old people were older people, they did not seem to be living 'an old age existence', they were living their lives just as anybody else

(Heikkinen, 1993:270).

Matthews (1979) describes the ways in which older women attempted to deal with the stigma of older age. Her analysis was based on participant observation at a Senior Citizen's Centre, in addition to interviews with older women. Despite the fact that most of her interviewees were over seventy years old and many were over eighty, a majority of them thought that they should not be interviewed because they were not old and wished to exclude themselves from the category 'old'. Other research findings also report older people who say that despite their chronological age, they do not feel old (Ågren, 1998; Nilsson et al., 1998; O'Brien and Conger, 1991).

In the present study, I asked the question 'How do you feel about growing older?' and participants were unanimous in their response: they did not always 'feel old'. What came over most forcibly from their stories was that there was no set of characteristics peculiar to a certain number of years; each individual gave their own

meaning to whatever age they happened to be⁶. This contradicted the commonly held perspective that tends to allocate certain characteristics, roles and behaviours to people based on their age. Arber and Ginn (1998) refer to this as social age, that is, age which is socially constructed. Consider the numerous magazine and newspaper articles on women who are having babies in their late thirties and forties, and the pictures of beautiful, confident women in their fifties and sixties. The fact that this is seen as newsworthy, indicates that it is perceived as unexpected for women of their age. The Clarke's shoe advert that encouraged people to 'act your shoe size not your age', also implied that people in the same age group are expected and do, behave in similar ways.

An example of how we expect people of a certain age to act was revealed in this account by Gladys Peters (93):

One of my neighbours asked me to make her grandchildren flannels, instead of Easter eggs, and when she gave them to them their mother said, 'You're not to use them, you're to hang them on hooks in the bathroom' and when the little one said, 'Why?' she said, 'Well, the lady who's made them is nearly a hundred'. And this little girl said, 'What are they like when they get to a hundred?' (laughed).

The little girl's comment reflected a similar sentiment to that of Thompson et al.'s (1990) participant above; he imagined that he should feel a certain way at the age of seventy-three, the girl indicated that she expected all people of a hundred to be alike.

Matthews (1979) and Woodward's (1991) research revealed some of the strategies that older women actively use to present a particular self or selves to other people. This has also been referred to and assessed in the literature as 'passing' or pretending to be younger than you really are (MacDonald and Rich, 1984). Granville (2000) interviewed twenty women between the ages of forty-five and fifty about the menopause. Some of the women in the study took pride in telling her stories of how people suggested that they were younger than their years. In the present study,

⁶ Their ages ranged from sixty to ninety-six years old.

although they did not pretend to be younger than they were, Dorothy Twigg (82), Janice Roberts (64) and Peter White (72), said that they did not like to tell people their ages. This was because they thought people would expect them to behave like an 'old person' (see also Janice Robert's comments below, section 'Older people as 'other'). Dorothy Twigg commented, 'There's only one or two people that actually know my age and you're one of them'. She elucidated:

A young man came into the shop where I volunteer a few weeks ago, he was training to be a journalist and he asked me questions and questions and questions and I said, 'Are you finished now?' He said, 'No, can I ask your age?' I said, 'You can ask, but I'm not telling you'. So he says, 'Go on, give us a clue'. So I said, 'Thirty plus' (laughed). So I left it at that, so if anyone else asks me I just say, 'Thirty plus' and they say, 'We don't believe you' so I say, 'Well, put another plus then'.

When I asked her why she did not like telling people her age, Dorothy replied:

I feel that the groups that I'm mixing with now, especially the volunteer shop, they are all a lot younger than me. And I feel that they are saying, you know, 'Can you manage?' And I don't like that. I suppose it's because I've always been so active and done that for other people and now I feel that people are doing it for me I feel a bit, oh dear, granny, you know.

In describing how she felt about growing older, Janice Roberts' (64) response was typical:

It's very difficult for me to think that I am old. My age, would be, 'I'm old', but inside I don't feel any different at all.

Maureen Williams (81) thought that feeling and *acting* old was nothing to do with chronological age:

I think you can be old at sixty-five and you can not be old at ninety.

Lillian Grayson (83) said that she felt little different from when she had first met her husband over sixty years before:

I don't feel much different to what I did when I first met him (laughed). I don't feel in my eighties to be quite frank.

Peter White (72) described how other people's reactions affected the way he perceived himself. He recalled a holiday in his nephew's caravan in Whitby. When he met his nephew a few weeks afterwards, his nephew told him that the owners of the adjacent caravan had said that they had 'met the nice old gentleman'. Peter commented:

Well, I know I'm old, but I don't think that I'm that nice you know. Having said that, I thought, 'Old gentleman, I don't think I'm old' (laughed). I don't think that you have to think that you're old, you're as old as you feel. Keep imagining you're forty-two.

Tom Howarth (77) said that he did not feel he had grown old because he reacted to things emotionally in the same way as when he was younger:

I haven't noticed growing older because I like to think that a lot of me is still very young. I can still react romantically to things which you wouldn't think an old man could, or I don't know, perhaps old people do, I don't know, but I do. I can see a film and be very, very moved to tears very easily and at the same time realise that I'm being silly about it. But it doesn't alter the fact that I'm a young man again and going through the same emotions that I went through when I was a young man and in that respect, I haven't grown old.

It is also interesting to note that neither Hiron Balla Devi or Muzafar Uddim, who were originally from Bangladesh, were certain of their real age. Apparently, in Bangladeshi culture, little importance is placed on chronological age.

The fact that participants said that they did not feel old could be seen as a denial of ageing. However, it is also bound-up with what is meant by the word 'old'. As

Palmore points out, although it might be thought that the word 'old' is a neutral or even a positive term since the Latin roots, *alere* and *alescere*, mean to nourish or grow, most of the synonyms for old make it clear the connotations are usually negative: for example, antiquated, archaic, senile, worn, discarded, infirm, frail (2000:645). It is a limitation of the present study that I did not specifically enquire what participants understood by the word 'old'. From their replies to more general questions about growing older and later life, it seemed that meaning as applied to age, was not fixed chronologically rather, it held diverse meanings based on their feelings, experiences, interactions with others and by reflecting some of the commonly held, mainly negative, stereotypes about later life. Other research has suggested that older people have been around long enough to assimilate society's devalued appraisal of later life (Matthews, 1979; Bengston et al., 1985). Tulle-Winton argues:

At the present time old age becomes a difficult label to apply to oneself because it is caught up in a network of images and pronouncements which the call to age successfully forbids one to identify with. ... is it the onset of old age as an existential event or the modalities of its regulations which old people resist?

(1999:297).

As Bernard and Davies argue, this is a resistance that is understandable given that our culture and society 'systematically devalues, marginalises and discriminates' against older people (2000:61). Thompson et al.'s (1990) study concludes that the myths of ageing which we are fed in youth and middle age do not fit the lived experiences of most older people; hence, it is unsurprising that the grandparents in their study do not recognise themselves in the stereotypical images of later life. Saying 'I don't feel old' is 'a cry of protest against a myth which causes pain and fear: a call for the recognition of human individuality and resourcefulness at any age' (Thompson et al., 1990:259).

Further, Minichiello et al.'s (2000) research conducted in Australia, examined the meanings and experiences of ageism for older people, including personal

experiences and views of becoming older. They found that older people themselves exhibit ageist attitudes in that participants' descriptions of oldness consisted of an extensive list of negative terms including: unattractive, burden, lonely, vulnerable and unproductive. Heilbrun, talking about her own experiences of ageing, states:

Old is a dirty word in our culture. If I say that I am old, outrage is heard from all quarters. But you are not old, they say, you are vigorous, powerful, doing wonderful things. Exactly. And I am (thank God) no longer young. 'But you don't look your age,' they argue, in a last-ditch stand. 'Yes I do,' I say. 'I look the way I feel at the age I am.' But I cannot redeem the word *old*. It is a down word, a depressant, a doom

(1997:428).

It is unsurprising, therefore, that older people themselves do not identify themselves with the word 'old'; as Andrews argues, 'what rational, non-depressive person would?' (1999:307).

When older age is salient

Regardless of whether participants in my study felt that they were old and, despite their own experience often to the contrary (see chapter six for a description of their substantive experiences of illness), older age was associated particularly with physical and mental decline and the fear of becoming a burden to others (cf. Thompson et al., 1990).

Rae (1990) researched older women's self-identities and discovered that an 'old age identity' was dependent partly on the situational context when interaction took place. Rae (1990) found that one of the most typical kinds of situations where the older woman may begin to think of herself as old was during a period of illness, disability, or 'general weariness'. Thompson et al.'s study suggests that 'feeling old' is 'a giving up' - feeling exhausted in spirit, and lacking the energy to find new responses as life changes (1990:250). Nilsson et al.'s (2001) research, conducted in Sweden, looked at the life-stories of fifteen people aged between eighty-five and ninety-six years of age. The experience of feeling old was found to entail four characteristics:

being able to date the beginning of feeling old; fear of helplessness and of being unable to manage one's life situation; not recognising one's former self; and feeling different from others.

In the present study, although all participants said that they did not 'feel old', when I asked more specific questions, such as 'how do any physical changes make you feel?' it was apparent that there were times when participants did think of themselves as old. For example, when they experienced physical decline, when they were ill, when they were made redundant, and at times of bereavement.

Physical and mental decline/illness

Expectations that older age necessarily involves illness and disability is a common idea (Bernard and Davies, 2000), despite the fact that studies have shown that functional impairment is less than the stereotypes would suggest (Reed and Clarke, 1999). George Daley (78) said that he first noticed that he was growing older when he could no longer physically carry out the things that he could when he was younger:

When you realise that there are certain things that you can't do that you used to be able to do, that's when I think you realise that you are old, or older. I'm not so strong, I can't do heavy, really heavy work like I could do when I was in my prime. That does from time to time strike you.

It is also interesting to note that George changed the word 'old' to the more subjective 'older', supporting his assertion that he did not feel old but at the same time, recognising the fact that everyone grows older in terms of chronological years. His use of the word 'prime' shows the more positive connotations associated with being younger. Brian Jenner, at sixty-two, sixteen years younger than George, appeared to agree:

I'm not really conscious of ageing in a sense, you just feel the same in your head, don't you? Well, mostly I think. Well, you're conscious of not being so

fit I suppose. Doing physical things. You don't climb trees these days, you know (laughed), that sort of thing.

Brian's comment, 'you feel the same in your head' was reiterated by most participants. According to Dittman-Kohli (1990), meanings and values are continuously readjusted and reorganised with ageing. This is clearly seen in the area of health. Although participants said that they did not feel old, when they felt ill or tired, they became aware that their bodies were changing and tended to link this with ageing (cf. Thompson et al., 1990; Heikkinen, 2000). This view is reflected by many people *whatever* their age. For example, John Diamond in his column in *The Times Magazine* describes his declining physical state brought on by cancer as making him feel like an old person. Diamond writes:

Never mind middle age. I have skipped the better part of the premium-grade life-begins-at-years and jumped straight into decrepitude...

(1998:75).

When I visited Maureen Williams (81) for the second time, she told me that she had been poorly with a stomach upset for a couple of days prior to my visit and had, unusually for her, spent a day in bed:

This week, I've said, 'No, you're not getting old, you are old' (laughed). But I think illness... anybody, whatever age you are makes you feel...? Doesn't it? I think it comes home to you when you're taken ill. If you've got good health and you've got your faculties, I don't expect it hits you...

Maureen repeatedly said in all her interviews that she did not feel old, but she said that at times she told her self that she 'must be getting old':

Well I suppose you don't think of getting old until, well, you see your family getting married and children coming along and you think, 'Oh, I must be getting older'. Although again, I think it's an attitude of mind. I mean, some people are old, young, if you understand what I mean, and some people are

never old (paused). So I don't know when I started feeling old. I don't think that I feel old now.

Anne Daley (79) was terminally ill with a bone marrow deficiency at the time of her interview and in fact, died before what would have been her third interview. She felt that it was this illness that her 'aged' her, making her feel increasingly tired. She reflected, 'It has aged me considerably, I know it has. I got much older quite quickly...'

Peter White (77), said that there were several times in his life that had made him conscious of ageing:

When I was made redundant, I thought, 'Well, what am I going to do with myself at my age?' At fifty-six, I still thought I had nine good years of work left in me and I was fit at that time. I suppose that was one time when it struck me that I was getting old and perhaps the other time was when I had the two heart attacks in 1991, late '91. That made me realise that I was getting old and perhaps also, looking after Jill made me feel old. Basically, I suppose, because I was worried about what was going to happen to us both and whether I was still going to be able to cope. So yes, that made me feel old.

Janice Roberts (64) commented that it was when she was ill that she felt older:

I can't accept that I'm old, I can't really. I just think that inside me, I can do everything that I've always done and I just don't think that I am old, except when I'm not well. And I still don't feel old and infirm. ...I don't care if I live until I'm a hundred, as long as I've got my senses and I can walk about. I do worry about getting old and being ill.

She continued:

I don't feel that I'm old, but yet I know I am and all the things come on to you and you think, 'Oh dear'.

Janice's phrase, 'all the things come on to you' referred to the physical problems that participants felt would invariably come with advancing years. Janice said that she could accept ageing as long as she continued to be healthy and happy:

You just take it as it comes, as long as you're healthy and happy, that's the main thing and that's all that anybody can ask for. And I think health is the main thing and your independence. If you can keep that, then you've won the battle, I think.

Ann Revitt (91) said:

I don't feel old, mentally. If I'm stiff then I think, 'Oh it must be old age'. Some days I feel pleased that I have reached that age - providing that you are well.

Like Ann, Hiron Balla Davi (70) related 'getting old' to 'aches and pains':

I'm getting old, but I don't feel that way; my mind is young and I want to keep it that way. I feel tired sometimes but I don't let that stop me doing things. I do have aches and pains in my joints and muscles, but I've got to do things for myself and I do them.

Some participants in Nilsson et al's (2001) research were able to date the beginning of 'feeling old'. When I asked Jim Caldwell (84) when he first became conscious that he was getting older, he replied without hesitating, 'When I had my first heart attack'. Similarly, Lillian Grayson (83), talked about her husband's heart attack in relation to becoming more aware of age:

I think you're conscious of ageing when you've got a serious illness, don't you? Ernest had a very bad heart attack when he was sixty-seven.

Ernest, her husband, agreed, 'That's when you realise that you are getting older' and Lillian continued:

And I had the fear that I was going to lose my eyesight for years I had that you know because my eyes were so bad. But I said to him, 'We're getting old'. We feel us age now.

Lillian said that however a person *felt*, it was inevitable that age would 'catch up' on them and bring physical problems. In the extract below, she linked breathing difficulties specifically with ageing, although she had said already that she had suffered from asthma for some time:

Your age catches up with you. When you're out walking you haven't got that strength in your legs that you had when you were young, you know. I mean, I have a job getting on and off the buses now with this right leg and it keeps me awake at night. Ernest says it's rheumatism, but I don't think it is because I had small strokes a few years ago and I think it's after affects of that myself. You can't do all what you want to do, you get out of breath quick. That's one of the things that catches up with you, your breathing.

It is interesting to note that Lillian said that she and Ernest felt their age, but she did so in the context of talking about their medical conditions. Earlier in the interview, she had said that they did not feel old, now she said that their bodies told them otherwise. Participants' descriptions of themselves substantiated Cremin (1992) and Nilsson et al.'s (2001) findings that older people tend to draw a distinction between *being* old and *feeling* old. The former refers to chronological years - a physical state - the later to state of mind - a psychological state (cf. Fairhurst, 1998). As Bamford (1994) argues, 'it is as though being old, to use existentialist language, is the 'other' from which people in their later years separate themselves' (1994:110).

Such a distinction between mind and body has been explored through the concept of embodiment: 'the experience of the lived body' (Lawler, 1997:31). According to Merleau-Ponty (1962), all human perception is embodied; we cannot perceive anything and our senses cannot function independently of our bodies. Yet we are not

always conscious of our bodies, the body tends to be 'taken-for-granted' or 'absent' except in times when our bodies are not functioning as intended - such as when we are in pain, ill or dying (Nettleton and Watson, 1998; Heikkinen, 2000). In terms of later life, since we are more likely to experience ill health and disability as we age (Department of Health, 2001), in addition to changes in physical appearance, such as greying hair and wrinkles, it is understandable that we become more aware of our bodies as we grow older. As Featherstone and Wernick maintain, 'It is a truism to say that ageing is about the body' (1995:1). Such a view is encapsulated by one older woman who suffered from Parkinson's Disease in the documentary *Sod the Wrinkles*. She commented:

At earlier times in my life, I was not conscious of my body, it worked and it worked well. But now I just feel that it's out of my control and I hate that

(BBC2, 1998).

The idea that the body cannot be separated from the conscious - how one feels - however much one would like to do so, was also summed up by Lillian Grayon (83) who, in response to my comment that the second interview would focus on her views about growing older said laughing, 'Oh aye. The mind's willing but the body's not'.

Supporting other research (Thompson et al., 1990; Minichiello et al., 2000; Heikkinen, 2000), what was clear was that whether or not participants had noticed changes in themselves physically, it was apparent that they *expected* to suffer either physical or mental decline or both as they aged. Brian Jenner (62) was very downbeat in his last interview (his mother had recently died). He associated his flu with older age:

(Coughed). Crikey, I can't get my breath you know. Visible ageing (laughed). I feel that sometimes, it's almost repulsive. But there is this aspect of oldness, of ageing. Sometimes, well, I went to see my mother in this nursing home and there is this smell of piss, you know. ...I mean, it's quite sort of horrible really and it's no good denying it.

Brian continued:

I just feel decrepit all of a sudden, it's funny that you should come round, you caught me on a good old person day. (Coughed). When they find I've got lung cancer or something... Nobody wants to be old do they really? You know, it's just inevitable, unless you die earlier, but I mean... No, I don't think it's anything to look forward to at all. It's downhill all the way I reckon. And you know, if you can just keep reasonable health it seems to me... and make a decent exit you know, slip off one night.

For Brian, a 'good old person' meant someone who showed 'visible signs' of ageing; decrepitude and illness. He reflected:

It's (ageing) essentially the result of being alive. You do these things and think, 'What is there next?' You know, you're a kid and then you ripen, you reach maturity and then you fruit, it's like an organic thing, like a tree, and then you stand around and things drop off (laughed) until you finally collapse.

He also associated later life with mental decline:

Everybody when they're young says 'I don't want to be old'. It's like the famous rock quote 'I don't want to live when I'm old', and I suspect the nearer you get to it, you start to modify it a bit, 'Well, when I'm a physical wreck, as long as I've got my brain', you start to talk like that yourself.

Brian's comment raises the paradox that although we do not want to age, we do want to live a long time (Minois, 1989). The quotation from Swift at the beginning of this chapter suggests a similar sentiment (see also chapter seven, section 'I just hope I live longer').

Josephine Buxton (61) said that her work as a nursing auxiliary had influenced her view that the body deteriorates with age:

As you grow older, your body changes and like infection and things like that, you don't get over them as quick as you know when you were younger. If you've got a pain, it's a different pain, it feels new, it feels like something you've never had before, you know, as I said, it takes on a different characteristic. A sore throat is not like a sore throat when you were twenty or thirty, it seems to be different. And of course, one tends to get a bit slower, like you know, you put things down and you tends to mislay things and, as I was telling you, about that book, 'Where is my glasses?' You put things down and you can't find it and you feel all flustered you know and well, I can say that, I'm growing old and I'm taking things in its stages, you know, I'm lucky than most, you know, with health, touch wood.

Older age as burden

The theme of 'the elderly' as 'burden' (Warnes, 1993) also emerged from the present study, supporting Minichiello et al.'s (2000) findings that people expressed a 'taken-for-granted belief' that at some stage most older people would need looking after and that they would inevitably require help themselves. This was similar to the findings of Bernard and Davies' (2000) study in which participants at a nursing conference on older people were asked to complete a questionnaire on 'reflections on ageing'. Amongst other anxieties about later life (illness, loneliness, identity, dignity and appearance), Bernard and Davies (2000), found that the fear of becoming dependent was linked to losing independence, being dependent on others for personal care and becoming a burden to family and society. The concept of dependency and participants' actual experiences of dependency or otherwise, is discussed further in chapter six ('Dependence versus independence'). Here, however, I concentrate on participants' worries that later life would one-day mean that they would become a burden on others.

Heikkinen (2000) found that it was when individuals felt unwell in later life that they appeared to value health more than they used to. In particular, they started to look at

health as a resource which was crucially important to maintaining independence in later life (Heikkinen, 2000). Nilsson et al.'s (2001) participants said that they felt old when changes in physical activities - such as difficulty in walking and moving around - made them dependent on other people. Receiving help was experienced as being a burden to others and something 'you have to learn to do' (Nilsson et al., 2001:7). Feldman (2001) conducted a study funded by the Australian Research Council in which she analysed stories written by forty women between the ages of seventy and eighty-five who were living in the community. Although their stories challenged most of the negative images of ageing as a time of loss and deterioration, one of their greatest fears was the possible loss of their independence through ill health. The women knew 'the consequences of a prolonged illness - a decrease in independence and the perception by others that caring for a sick older woman is a burden' (Feldman, 2001:273).

It was unsurprising, given that participants linked ageing with physical decline, that they worried about losing their independence and becoming a burden on others. Lillian Grayson (83) said:

I went to see my brother at a home he were in and he'd got this Alzheimer's Disease, and I saw some of these people and I thought, 'I hope I never, I pray I don't end up like that, because I'd rather die to be quite frank'. Because you're only a burden to somebody and that's one thing we don't want to be, we don't want to be a burden to anybody.

The Grayson's fears that they might one day be a burden to other people, could also have been linked to their past work. During their time in London, Mr Grayson had been a caretaker for one hundred and eighty flats. Ernest recalled that most of the tenants were older women:

We looked after them. We lifted them out of bed, put them back into bed, shopped for them, you know, because they were all lonely people. Nobody came near them when they were sick, 'til they died, and then the relatives turned up. And they used to call us out all hours God sends.

Janice Roberts (64) also worried about being a burden. She reflected:

I just worry about getting older and not being able to look after meself. If I can look after meself, I'm not bothered.

She returned to this theme later on in the interview:

The only fear that I have is of being a nuisance to anybody else. So long as I can cope with myself that doesn't matter. If I get that I start walking about with my skirt in my knickers outside singing, just shoot me or put me in a home somewhere.

Janice, clearly did not like to rely on other people. When I asked her to whom she would turn for help if she needed it, Janice replied:

Well I'm not one for turning to anybody to be honest, I don't know who I'd turn to other than me family and then I wouldn't turn to them unless I was absolutely desperate. I don't really know who I'd turn to because I always expect everybody to turn to me so it makes it, like everybody's turned to me, you know, me friend and her husband and then me other friend that died and her children, so I don't know who I'd turn to.

I asked her if her independence was important to her:

Oh yes. It's very important. As I say, I'm not bothered about anything as long as I don't have to be dependent on anybody. That would be terrible for me because I've never depended on anybody.

Janice said that she had been independent all her life and wished this to continue into later life. This shows once again the importance of seeing the interplay between people's present expectations and concerns and their past lives and supported Di Gregario's (1987) research which explored older people's management of everyday living. Di Gregario's (1987) findings revealed patterns of management that were

remarkably consistent throughout participant's lives; one woman who had insisted on being independent in her youth tended to retain this pattern in older age.

Josephine Buxton (61) was worried about becoming a burden on her children. She said that her independence had always been important to her, particularly within her marriage and she wished to maintain this independence in later life:

I love my freedom because my husband, you know, we don't get in each other's way, if he wants to do something, he can do it, so I leave the way open that he's got to give me my choice too, you know, so I give him his freedom and he gives me mine (laughed). When he first retired, he didn't have much to do and he was always around the house which used to drive me mad. And I used to say to him, 'Go on, join a club, do something'. And he was saying, 'I'm happy, I don't want to do anything'. And I said, 'You know, you're going to get really bored'. You know, we were lost for words, because everything you need to say was already said and you're repeating yourself. And if I couldn't get my freedom, I'd go mad, you know. I mean, in the house, I've been in for a day or two and that's the most, I want to get out.

When I asked Maureen Williams (81) what was the most important thing in her life, she said:

Getting by I suppose without being any problem to anybody, because you always feel that you don't want to be a trouble to anybody, you want to do as much as you can for yourself.

Maureen had in the past, cared for her father and husband when they were dying at home. Perhaps, particularly for the women who, on the most part, were very used to being care givers, they felt less deserving of care for themselves or felt, as Janice seemed to indicate, that if they were no longer able to care for others they would lose a major part of who they were.

As Bamford posited:

I feel there is an unhappy paradox here, for if much of women's sense of self-worth is derived from caring for others, it is sad indeed if they regard as burdensome that same caring work being done for them

(1994:124).

Gladys Peters (93) was adamant that she did not want to be a burden on anyone:

Because I once heard somebody talking about an older person and she said, 'She's only having somebody else's rations'. Well, I never want to feel like that.

It is interesting to note the phrase 'somebody else's rations', illustrating that the concept of older people as burden is widespread, amongst younger and older people themselves. Gladys clearly did not want to be perceived as a burden. She wanted to decide for herself what she could and could not do and she did not like receiving from others (see below, 'Older age as an attitude'). Older people's longevity and older women's in particular, 'is often taken as an indication of failure, not success, with those have made it to old age constructed as 'past it', dependent and no longer useful' (Feldman, 2001:270).

The concept of the burden of older age, stimulated a debate between George Daley (78) and his wife, Anne (79). George felt that it was the media who portrayed older people as a burden:

The old, there is a tendency you see for the old now to be, to some extent, considered as a encumbrance, as... not quite a nuisance, but certainly as a huge problem, when you talk about the welfare state for instance and how you're going to... old age pensions and the like, that's a comparatively recent attitude towards old age, a portrayal of it being a sort of a weight on society, encumbrance or whatever, that's one aspect.

Anne appeared to have internalised this negative view; she referred to the increase in the ageing population as a ‘problem’:

Within our lifetime, the age-span has increased tremendously... You know, people now are living well into their eighties, most people, and they used not to. The problem has increased, it's genuinely increased, there are many, many more older people.

George replied:

There could be a danger there, couldn't there? Of old people being not quite victimised, but thought of as a real nuisance by the young and that possibly is happening to some extent now I think. It's interesting that it's viewed as a problem, when perhaps it should be viewed as a positive thing that people are living longer.

George reflected the views of some gerontologists (Bytheway 1995; Gilleard and Higgs, 2000) when he commented that rather than being seen in a positive light, the growth in number of older people frequently is greeted with alarm in terms of the perceived demands they impose on others. Bury and Holme argue that concern over being a burden might be a reflection of ‘structured dependency’, resulting from social attitudes towards later life rather the lived experiences or actual needs of the individual (1991:110). Further, such attitudes do not take into account the independence and interdependency of not only older people, but people of all ages (see chapter six, particularly the sections, ‘Helping others’ and ‘Dependency versus independency’). It is also interesting to note that whilst the concept of burden is usually seen in terms of the financial demands placed on government and the younger generation, in the present study, participants tended to worry about being a burden in terms of personal and practical assistance with their daily activities.

The fact that participants associated growing older with dependency and decline, has important implications in terms of their mental health as defined by Ryff (1991). Ryff argues that ‘mental health means not only a positive present self-evaluation but also the expectation that one will do as well or better in the future’ (1991: 294). A

fuller understanding of people's attitudes toward prospective older age together with the actual experiences of later life, should assist health and social practitioners to help older people retain their optimum health and independence status for longer. Participants' own experiences of ill health and 'dependency' will be taken up in the next chapter.

Resisting the category 'old'

Older people as other

Minichiello et al. (2000) found a number of ways in which participants disassociated themselves from the category 'old', including describing themselves as having:

A positive attitude, not looking old, not acting old, portraying the self as intellectually driven, while those who are 'old' are no longer trying to be mentally challenged; being fit and active compared to 'old' people who are sedentary; and about acting in ways that are perceived as 'old'

(2000:260).

Comparisons with others may prompt people to feel good or bad about themselves or, in turn, feel good or bad for others who are experiencing similar things (Gubrium and Holstein, 2000). Participants in my study saw themselves rather differently from most of their peers. One way in which they appeared to resist being placed in the category 'old' was by defining only others as old; perhaps because they were anxious not to be identified with the more negative aspects of ageing and later life (cf. Matthews, 1979; Thompson et al., 1990). In the three examples that follow, Reginald, Anne and Janice also attempted to disassociate those people close to them from the category 'old'; indicating that they felt it was possible to become old or to be considered old by association. Reginald Green (78) spoke of the older people he saw when visiting his wife in hospital:

The ward that my wife was in, they were all, old, old people, many of them are going to be dead within the next... I was watching one old lady and her

grandson was feeding her - the next day she was dead. And that's the sort of... poor, poor, poor old women and many of them looked as though they'd lived hard lives...

Anne Daley (79) talked of older people as 'them':

There are things for them like the Evergreen and the luncheon club. Tea dances and (laughed) bingo clubs and all those sorts of things. George does the ferrying for the luncheon club, he fetches the old people in and out, but he wouldn't dream of being an old person and going for his lunch (laughed), he's just helping them.

It is interesting to note Anne's observation of her husband, 'he wouldn't dream of being an old person'. What made these people 'old' in Anne's eyes appeared to be their needs - for transport, a cooked lunch and the sort of activities in which they engaged - or that they were dependent to the extent that they needed to consider them. These were not activities that Anne and her husband wanted to engage in; they preferred to attend classes at the Workers Education Association (WEA) as varied as philosophy and computing skills. They had been involved with the WEA most of their lives. Possibly this was another reason why the older people Anne described were seen by her as 'other'; Anne and George had nothing in common with them. It also demonstrates that older people are divided in their attitudes to care and the services offered to them. They do not always want to be independent or even interdependent. Some may take the services offered by others as their right (Wilson, 2000).

Janice Roberts (64) said that it was her son, Tony, who did not think of her as old. He felt that she might become depressed mixing with older people. When Tony discovered she was working for a charity run by older volunteers he asked, 'What do you want to go and sit with all those old people for?'

Janice replied:

'Because I am old' (laughed). I say, 'I am old people'. He says, 'Oh, well, don't get depressed will you?' I say, 'No I won't get depressed. I don't depress them and that makes me feel good and I can make them laugh'. They say, 'Oh we've enjoyed it' and that makes me feel good.

However, Janice's subsequent comments seemed to indicate that she was worried that she could 'catch' old age:

I must be honest with you, lately I've thought, 'Why am I mixing with all these old people?' And our Rosemary has said, 'Mother, why do you mix with all these old people' and I think she's right. A lot are probably not as old as me, but they look old, they have grown old, old, with their hair permed and their sticks and now I think, 'Maybe I shouldn't mix with all these old... it may rub off on me'.

Janice's belief that her taste in music would be seen as unacceptable for a woman of her age, revealed her presumption that her older neighbours would have different tastes from her own, hence she could not place herself in the same category of 'oldness' as them:

I love to listen to music and these don't seem to be on that wavelength. I'm embarrassed to put my music on because I've got all the latest music, Celine Dion all them and I love to listen to them. I don't like a lot of this music that just makes a noise, but Elton John and Lionel Richie and Tom Jones. I'm embarrassed to put it on in case they think, 'Well she doesn't want to listen to that kind of music'. And I think, 'How can I expect these to listen to this?' I mean, half of them won't know what it's all about. It's just people will think, 'Who is it upstairs? Is it a young woman listening to all that disco music?'

Participants compared themselves to other older people and generally concluded that they were 'better off' than them, particularly in physical terms.

Maureen Williams (81) reflected:

If you're blessed with health and strength and faculties, you don't get old so young as some people get old. I mean, some people at seventy get arthritic problems, shut-in problems, so it's a degree really.

Janice Roberts (64) said:

There are people that are worse than me, tonnes and tonnes, it must be terrible for them to have to wake up every day in pain and not to be able to do anything about it, I feel so sorry for them, you know, and if they can't get out, at least I can get out.

Lillian Grayson (83) compared herself to the people she saw in hospital:

Sometimes when we go to the hospital and we see these people I think to myself, 'We're lucky we can walk'. We're very slow walkers now, some of these people, well I don't think I'd want to be like that.

Reginald Green's (78) opinion was also shaped by his experience of visiting friends in hospital:

I'd like to be fitter than I am, but I can't grumble at my state of fitness when dear oh dear, you see some poor things in hospital. You know, one's to count one's blessings and be very, very grateful.

Hiron Balla Devi (70) described her life as both 'sorrowful and happy', but said that she recognised that there was always someone who was worse off than her.

The fact that participants saw people who, in their eyes were worse off than them, may have led them to think that they were not old *compared to others*, or may have led to the perception that they had no right to complain. There is also the possibility that participants' responses were tempered by their desire to challenge cultural norms

and expectations. For example, participants may have claimed to be enjoying later life because they did not want to be pitied.

This may be something to do with the fact that my research group comprised volunteers - perhaps they volunteered to be part of the project to counteract the more negative views to be found in society generally. However, these were not the reasons participants themselves gave for taking part in the project (see chapter three, section 'Reasons for participating in the research').

Thompson et al. (1990) argue that one reason why older people might be reluctant to admit that they are old or to identify with other older people is for fear of being placed in a ghetto or segregated from younger people. One of the worries participants voiced about the future concerned going into long term care (see also chapter seven and Coleman et al., 1998). This, despite the fact that figures suggest that only about seven per cent of older people over the age of sixty-five are cared for in a care home or other form of accommodation other than their own home (Reed and Clarke, 1999). However, as Reed and Clarke point out, this may be artificially low; service use is as much determined by the level of provision as by the level of need and rationing of services may prevent some people who need support accessing it (1999:210).

Following a fall, Margaret Wallace (74) convalesced in a residential home, she recalled:

I hated it. If I thought that was what I had to look forward to, I should kill myself. Oh God it was ghastly, oh I couldn't bear it.

For Margaret, it was her fellow residents with whom she found it hard to live:

They were always fighting with one and other, yelling at one and other. The staff were sweet. It was the other people, they were old and cantankerous. I didn't like them a bit.

When asked to expand on this, Margaret recalled:

Most of them had those tripod things, there were none of them who could walk out, well they could, that was my opinion of them, they could have gone out if they wanted to but they were just too damn idle. They were so used to sitting down on their bottoms and being waited on hand and foot, they just couldn't be bothered to go out and I used to think they were mad. I used to think I was amongst all these all women, I thought of them as old, much older than I was, which was awful of me I know, but I used to.

Betty Lomas (90) also said that it was her reaction to the other residents which spoilt the two weeks she had spent in a residential home:

The staff were ever so good to me, but you'd be surprised what an impression it makes on you. Rose used to get her head down and her tongue was nearly touching her chin and she'd dribbled down. And then there was another one who was always crying, she'd got her handbag on her knee, take everything out, she was crying all the time, put it back out again, in and out, out and in and, 'Our Fred, he hasn't been'. It really worried you, it could have got to me. But - this was rather nice - the cook, Sarah, called me and she'd just taken two trays of home-made scones out of the oven and she wrapped me two up to bring home and Erica, who was in charge, said, 'Betty, any time you want to come up, get a taxi and come and have a cup of tea with us'. They said they'd miss me, because I did try to talk to them as much as I could.

Bill Carter (80) described visiting his wife in a nursing home. He said that he felt sorry for those he saw:

I go down Sunday because I have my dinner at my daughter's. I don't like to be there when they're having their tea, but if I'm there on my own, they give me my tea as well. There's some rough cases down there. Some over ninety and all. Makes you wonder. Never done anyone any harm. Poor souls. But I suppose you can't do without those places.

Although they described older people as 'other', participants also said that they only realised that they were getting older when they saw their peers. Lillian Grayson (83):

You never think about getting older when you're younger and you don't realise you're old when you are sometimes... You don't realise 'til you look at other people and they've grown old and I look at them and say, 'They look old, don't they?' I don't think it about myself, you know.

Similarly, George Daley (78) said:

On some occasions, when it does strikes home that you are, if you like, in the old bracket. When you go to something like a family gathering like a wedding or a funeral where all the relations, brothers and sisters and aunts come together and you see these old people with grey hair and bald heads and so on and you think, 'Oh Heavens that's us' (laughed).

Anne Daley (79) agreed:

And they must notice the same in us, but you don't realise yourself do you?

Anne (79) acknowledged that despite not perceiving themselves as old, because they felt no different inside, younger people saw them differently:

Photographs... I mean the grandchildren can hardly recognise us as young people when they see old photographs, us being young, it's difficult for them to think, 'Oh that's granddad', you know, they know us like this (laughed).

Taking care of your appearance

The meanings attached to age, like all aspects of social life, are dynamic. One of the ways in which age is socially constructed is the age the individual is accorded by others, influenced by their appearance and behaviour (Arber and Ginn, 1998). Older people stereotypically, are thought to be unattractive and asexual; dressing themselves in drab, uniform clothing. One edition of the *Fast Show* (BBC 2) showed

an older couple looking at clothes. The shop assistant greets them and comments, 'Hundred percent artificial fibres, no danger of shrinking'. 'Would sir prefer something a little more beige, a nice dull brown perhaps?' Those older people who are reluctant to alter their appearance or who prefer the fashionable, arouse derision or surprise (Hazan, 1994). According to Hazan (1994), older people are surrounded by a society that confers on them false images. Even if they wanted to rebel from the unattractive image of older people such as that found on the *Fast Show*, the self-conception that emerges is confusing. Indeed, Hepworth calls the outward appearance of later life 'the mask of age' because 'the inner or subjective sense of 'real self' ... paradoxically remains young' (1991:93).

Individuals assign meanings onto age through interaction with others. This is reflected most explicitly in the way people present themselves. In the present study, women participants appeared to struggle with their perceived idea of how people of their age 'should' look and how they themselves wanted to look. Yet, as the quote at the beginning of the chapter from Jane Gardam illustrates, it is impossible to define in objective terms what 'looking one's age' actually means. Undoubtedly, as the body ages, physical changes do occur in terms of the composition of bones, the process of degeneration of body tissues and functional impairment, but these changes cannot simply be 'read off' from chronological age (Arber and Ginn, 1998:136). 'Looking one's age' in terms of physical appearance is a relative assessment and depends on preconceptions about what people of a particular age 'should' look like; what is seen as 'normal' (Thompson et al., 1990; Thompson, 1992). Further, although the body does change, as Bytheway (1995) argues, it is a lifetime of change, not a momentary change.

Fairhurst (1998) found that the main preoccupation of women going through the menopause concerned their own 'normality'. Janice Roberts (64) drew a distinction between how she would like to look and how she felt people expected her to look. She was extremely conscious of what other people would think of her and whether her appearance deviated from what others would perceive as 'normal' for a woman of her age.

One way in which Janice coped with this was to modify her appearance:

I've toned it down from really young stuff, but I cannot dress old. I have to be a bit different, not to stand out like, but I don't want to look like I see these old ladies with their shopping bags...

Janice continued:

I don't think I will ever grow old gracefully. I'll give you our Rosemary's interpretation of growing older. She says, 'Mother I hope you are never going to have your hair permed in a crinkly cut because they all look as if they go to the same hairdresser - that perm with curls, grey and glasses - they all look the same'. I don't want to be mutton dressed as lamb, but I do like to be smart.

Women participants seemed much more preoccupied with how they looked, how they presented themselves and how others saw them than the men (cf. Gergen and Gergen, 2000). Gergen and Gergen (2000) examined the autobiographies of celebrities in the United States and found that the body varied considerably in meaning according to whether the individual was male or female. Generally, men took their bodies for granted and if anything, tended to use their bodies instrumentally, as a kind of tool they used to accomplish what they did. In the present study, only George Daley (78), articulated his feelings about his appearance:

From time to time it strikes you, when you look at your face in the mirror (laughed). And you think, 'Oh good Heavens, all those lines and so on that were not there years ago'. It isn't a thing that you hold with you all the time, but just occasionally...

Öberg's study reports an eighty-three-year-old man as 'hardly wanting to recognise himself in a photograph' (1996:711). George Daley, however, felt that what he had said could be true of people of any age:

I suppose all of us, when we get up in the morning sometimes after a bad night's rest, you look at yourself in the mirror...

The fact that women talked more about their appearance, was perhaps largely to do with the different cultural expectations of men and women. Society tends to define women in terms of their physical appearance, illustrated by the way in which women's bodies are used to sell newspapers or almost anything else (Fairhurst, 1998). The ways in which women experienced or internalised this, was investigated by Harrison (1983) who used biographical accounts to examine the extent to which older women adopted or discarded the widespread negative images of ageing found in Australian society. Her findings suggest that growing older can be particularly traumatic for women (cf. de Beauvoir, 1970; Sontag, 1978; Itzin, 1984; Arber and Ginn, 1995). This is not to say that things are easy for men. For example, if they are perceived as over-preoccupied with retaining a youthful appearance, they are derided (consider media reports about Peter Stringfellow or Cliff Richard). However, it is clear that the dominant cultural pressure falls on women, who are expected to retain their youthful appearance. The most obvious example being that whilst grey hairs are seen as distinguished in men, women are encouraged to colour their hair (Fairhurst, 1998). The topic of hair colour was reiterated by many women in my study. Janice Robert's (64) comments showed that the colour of a woman's hair is potentially problematic as far as exceeding the acceptable boundaries of age-appropriate appearance:

Tony said to me one day, 'Oh you've got a lot of silver in your hair mum'. 'Oh', I said, 'I'll have to stop with these rinses'. He said, 'What for?' I said, 'No, when you put red onto grey it goes orange, tomato colour and I can't be doing that'. I can't grasp feeling old inside, even though I know I'm ageing outside. I can't dress old.

When I asked Janice how she felt about the ways in which older people in the media were portrayed, she replied:

That one in Neighbours, Madge, she annoys me and I think, 'I wish she'd take her hair back and just look more oldish, lady like'. I mean, she's probably going grey like me and wants to keep it... but having it all hanging, all that blond hair and she hasn't got a young, she's got a rugged face really and I

think, 'Oh Madge, for God's sake, can't you have it cut or taken back sedately?'

This cast light on what Janice said earlier about not wanting to be seen as 'mutton dressed up as lamb'. This phrase was used several times by women participants and makes a clear distinction between old age and youth, 'the metaphor rests on the idea that lamb is tastier meat than mutton and the former is more highly valued than the latter' (Fairhurst, 1998:261).

Another phrase used only by women participants was 'growing old gracefully' (cf. Fairhurst, 1998). Maureen Williams (84) talked about 'growing old gracefully', rather than 'disgracefully'. She provided an example from the television to illustrate this:

All these soap operas, I think it's degrading the way they show older people because they're there either dressed up young and being daft or else they're shown as a bit... gone a little. I don't think there's much dignity shown for older people on what's on television. I mean, you see them there with all their make-up on and trying to be twenty years younger than they are. I don't think they show, as a general rule, older people as older people are.

Josephine Buxton (61) reflected:

I suppose you know, everybody's different really how they get to this, how they grow old. Some people grow old gracefully, others grow old disgracefully.

It is interesting to note that participants used the term 'disgracefully' in a negative sense, in contrast to the 'Hen Co-op's' usage of the term:

We use 'growing old disgracefully' as a challenge to the image of 'growing old gracefully' which implies that we are to be silent, invisible, compliant and selflessly available for the needs of others

(1993:106).

In contrast to Harrison's (1983) study, there was no indication from any of the participants (with the possible exception of George Daley's comment, above) that they had a negative body image. This was supported by the findings of a Swedish study (Öberg and Tornstam, 1999) that suggested that not only did older men and women have a generally positive body image, but that for women, body image was increasingly positive with age. The women's stories in Feldman's (2001) study also challenged the pre-dominantly negative view of the physical manifestations of ageing. One woman in Feldman's study said, 'If there is one thing that irritates me a lot it's the 'use-by-date' attitude' (2001: 272).

In the present study, the women who commented on the importance of taking care of their appearance reflected that this had always been important to them; it was not something that had changed as they had grown older. If anything, they seemed to be saying that they took more care in older age. Dorothy Twigg (82) said that she had always enjoyed looking smart. She was appreciative when people commented that she looked younger than her age:

A lot of relations who know my age, they say, 'Well, you look in your seventies' and I say, 'That's good', you know.

The women seemed to take care to live up to the previous images of their youth. Margaret Wallace (74) said that, throughout her life, she had spent a lot of time on her appearance and spent a lot of money on clothes:

I've certainly always been terribly vain. That's why it's hurt me so much to put on weight and get so fat, I hate it. But I'm there now so there's no point worrying. I'm having my hair done tonight. I have it coloured about once every six weeks and then the hairdresser comes twice a week just to shampoo and set it. I have it cut short for ease really because I can, if necessary, wash it myself.

The women were also concerned not to 'let themselves go' (cf. Granville, 2000). Gladys Peters (93) said that she liked to maintain certain standards:

I think getting dirty and smelly er, people lose confidence and I think it's most important as you get older to keep yourself clean. And, that to me is the most important thing, I do that every day. There's nothing worse, I should hate to offend and, we are all women and every woman, I don't care who they are, unless they take care of themselves, they can get smelly, can't they? You've got to keep yourself clean.

It is interesting to note that Gladys seemed to imply that it was inevitable that people, or more specifically, women, become dirty and smelly as they get older. Perhaps her view was not surprising given the prevalent stereotypes about 'dirty and smelly' old people. Consider the following use of blatant ageism in the comedy quiz show, *They Think It's All Over* (BBC1, 3.12.98). Celebrity panel members were shown a clip from the Special Olympics for older people in Australia. Nick Hancock, the show's presenter explained, (in a loud, slow voice as if speaking to the deaf), 'competitors are given a urine test before they are allowed to compete; if they don't smell of urine they get chucked out'. Rory McGrath, one of the panel members listed the events as: mint-sucking, smelling of cat urine and talking about operations.

Given attitudes like this, it is not surprising that Josephine Buxton (61) said that she was 'paranoid' about her hygiene:

You tend to get a bit paranoid about your personal hygiene, things like your teeth and, you know, as people get older, they tend to, well, worry about what I call stale breath and things like that. So I am very careful about how I look after myself, I go to the dentist, have my teeth checked...

Her perceptions also were influenced by her work as a nurse:

I look after my appearance and I'm very conscious, mixing, caring with people over the years, you see people start to let their appearances slip, their reflexes like, when they're eating and that, and they've got food coming out and things

like that. You get more conscious, you think about, keeping the same standard. Well, for me, I want to keep to the same standard that I was when I was sixteen, seventeen, twenty, you know.

Ann Revitt (91) felt that she looked younger in her nineties than her mother had done in her seventies because of her dress. In her first interview, Ann had used the phrase, 'two or three years ago since I have been old'. In the subsequent interview, I asked her what she meant by this. Ann replied:

Because I think once you turn ninety... you see, at one time eighty was dreadfully old. My mother was an old lady in her seventies. She wore a black velvet blouse and a big brooch. They did not have makeup in them days. They did not go to the hairdressers.

It is interesting to note that Ann felt that her mother was old because she looked old - a comment that was shared by other participants when they recalled their mothers (cf. Granville, 2000).

Older age as an attitude

Participants felt that there was more to the process of ageing than a decline in physical capability or changes in physical appearance, it was also a question of attitude (cf. Thompson et al., 1990). Minichiello et al.'s (2000) study also indicated that attitudes toward ageing were important. They found that a difference could be drawn between older people who were seen as 'still trying' and those who were 'no longer trying' (Minichiello et al., 2000:269). Their participants' views indicated that it was just as important to appear to be trying to meet the expectations of others as it was to be able to do what was expected of them. Further, an older person who was perceived to be still trying was described and treated more positively than an older person who was perceived to be not trying (Minichiello et al., 2000:269). In the present study, similar sentiments were expressed. Maureen Williams (81) felt that the experience of later life was a lot to do with attitude, 'I'm not perturbed about getting older... I've got a good attitude to getting older'.

Margaret went on to say, however, that this could be because her health and quality of life were relatively good:

But I'm well and I'm not... Well, it depends on quality. If you've got no aches and pains and you have a supportive family and you've got no cares... In that sense, I've been blessed and am blessed. I haven't got my husband, which is dreadful, but that's (his death) two years ago now. I've been very, very fortunate and I think a lot of old people if they've got no prop at all, it must be dreadful...

When I began to explore with participants why they thought there was a difference between their attitudes and those of other people of a similar age, their biographies came into play. Dorothy Twigg (82) felt that people's attitude to ageing had a great deal to do with how an individual had always been:

It's every individual, it's what they are, what they feel like, what they do and what they don't do and what they won't do. You know, a lot of people won't. Now my mother was like that, my mother was a 'won't do' type of person. I've always been so active and done for other people and taken an interest and so on...

Reginald Green (78) expanded on this idea:

Of course we all have different personalities don't we? I mean, you can talk to Peter (a friend) and I'm sure he spends his life on the golf course, or you can talk to somebody else and he's involved in woodwork. I was talking to a chap who I went to school with actually and his wife in their home yesterday, he's eighty and when he retired he went and took cookery lessons (laughed), so he does all the cooking at home. You can talk to some chaps and all they're interested in is getting their next pint of beer down them, you can talk to one chap and he can talk extensively about his holiday on a long-boat that's he's looking forward to. Other people don't do anything. We all have different interests.

Reg continued:

And they are differences that would have stood at any time, at any time of life.

Reginald himself had always been active. As a father he had carried out most of the care for his two children and looked after his wife who was often incapacitated with mental health problems. It was clear from his interviews that he had always been full of joie de vivre, often repeating phrases such as ‘life is so very, very interesting’.

When I asked Margaret Wallace (74) what she thought made her different from her fellow residents in the convalescence home, she replied:

I don't know (laughed). Perhaps I'm just bloody-minded, but really I think it isn't so much that I wanted company so much as I just wanted to go out. I used to get so cross with the matron because she wouldn't let me go at first without a nurse. That was nonsense. Anyway, I got it through to her in the end and I went on my own, as long as I wasn't away too long (laughed).

Margaret said that she had always had an independent spirit and was ‘strong-minded’:

My father used to say I was stubborn (laughed). But kinder people say I'm strong willed.

Margaret’s ‘strong-mindedness’, as she expressed it, came through in her account. For example, her resolve to overcome her addictions to alcohol and nicotine was something that she achieved largely on her own, although she acknowledged the help of a clinical psychologist. Her determination was reflected in later life when she learnt to speak clearly again following a stroke.

George Daley (78) believed that older age was partly ‘a state of mind’, but also that physical limitations had an affect on whether or not he felt old. His perceptions were partly the result of seeing the older people he took to and from the local luncheon

club every week, who were mostly disabled in some way:

The way they talk, one would think they were twenty years older, I think it is a matter of outlook partly, partly that. It is partly that, it is true that those, usually, those I carry to the Luncheon Club are somewhat disabled, I don't mean completely disabled but they're a bit infirm. They can't walk very far that sort of thing, um, so perhaps that needs to be taken into account, but most of them think of themselves as old, whereas I don't, I don't think of myself particularly as old, I think of myself as living. I mean not being old if you like except as I say, when I get the creaking joints occasionally and a bit of arthritis, and then you become aware, you think, 'This is part of age', but then when I'm feeling normal shall I say, when I'm not having pains or anything like that, I don't feel old, I just don't and I don't behave, I don't think as though I'm old. But I find that most of the people I talk to there do.

The phrase 'I don't think of myself particularly as old, I think of myself as living' is particularly interesting. George seemed to see 'the old' in a sort of limbo, awaiting death (cf. Hazan, 1980). He also felt that people reacted differently to illness and this was more to with the individual than older age per se:

People who are ill vary very much, don't they? My sister moans and groans all the time (laughed), that's it you see, that gives out bad impressions and so on to people who visit her. Whereas other people who are ill, if you go and visit them, you really feel that they are radiating something to you, don't you? But health is tremendously important.

When I asked the Daleys to think about the difference in their attitude and that of the people they saw at the luncheon club, Anne Daley, said, 'perhaps they've not been active earlier on'. George agreed:

I mean we've always cared very much, I will say that, we've always... Early on, we thought we could do this, that and the other.

Talking about her sister, Anne said:

She's got this attitude, 'I'm in these four walls...and nobody takes me out' and to an extent, she's got a point, but she's so damn miserable, isn't she?

When asked if she had always been miserable, Anne said, 'Yes. She's not been the happiest of souls'.

In contrast to the Daleys, the Graysons preferred not to socialise. Unlike her brother and sister-in-law, Lillian Grayson (83) recognised that they were 'won't do' people:

They are in their seventies, but my brother's ever so active, more active than I've been. He had a prostate gland removed a few years ago and she's had an eye removed, but they are very active now, they are very church active. But him, looking at him, you wouldn't think he was his age because he's like a whippet, isn't he? And he's always helping people.

In the Grayson's case, lack of social interaction in later life was a continuation of how they had been throughout their lives. Lillian said:

We're really loners, to be quite frank. We've kept on our own. In London, you don't neighbour.

It was clear that Gladys Peters (93) had no time for her neighbours who, she felt, did nothing to help themselves:

Now, there's a person along the corridor, who calls the doctor every five minutes. And, not very long ago, she rang the doctor in the night. The warden went to check on her and she wasn't in her flat. Four o'clock in the afternoon she called in here, she'd been and had her hair permed. Had a doctor out in the middle of the night. Now that's not cricket, is it?

Gladys saw herself as independent and active; characteristics that resonated throughout her life. As Andrews argues, 'Old age is a continuation of the life which

has been lived up to that point' (1999:309). Gladys' story helps to illuminate the ways in which the biographical approach can enable us to more fully understand peoples' perceptions and experiences of older age.

Gladys Peters

Gladys left school at the age of fifteen and worked for the Lord Mayor of Sheffield who was a friend of her fathers. She continued to work after she got married at the age of thirty-one by which time she was 'in charge of about thirty girls' in the office. After the Second World War, she bought a grocery store where she worked until she was forced to retire at the age of seventy-four following a fall in which she had broken her leg. The manner in which Gladys found her present home also illustrated her determination to remain as independent as possible. Gladys had been in her current flat - council-run, sheltered accommodation - for three and a half years. Before this, she had lived on her own in a private flat. However, about four years previously she had fallen and broken her hip. She had broken her other hip eight years before and had not been out alone since then. The hospital staff advised her to go into a nursing home, but Gladys refused:

I said, 'I know my rights and I'm not going in there, I'm not going in a home. I like my independence and I'm not'.

Her GP persuaded her to accompany him to look at some sheltered accommodation. Gladys recalled asking the warden:

Before I waste your time and mine, I'd like to ask you a question, 'Is there any 'lights out'? Because if there's 'lights out', I'm not coming'.

The warden reassured her; she told Gladys that there were no such restrictions and Gladys moved in. Gladys was stoical about what she saw as the negative aspects of ageing (she had difficulty walking and had not been outside on her own for nine years), but still felt that it was

important to keep a positive attitude:

I think old age is what you make it, a lot of it. I know things happen, I mean, your legs stop moving, things like that, there's nothing you can do about it, so you might as well accept it. I wake up some mornings, fresh as a daisy. Another morning, 'Oh I ache' (laughed). Funny thing, old age (laughed).

Gladys went on:

And it's like the doctor said to me, 'You can't beat old age'. You can try, but you can't beat it, you've got to accept it and I do. ...I think a lot of my living a long time, I'm responsible for it. I don't mean that I'm not going to have to go when my time comes, but I think you can help yourself tremendously. I have my off days and I just get up and open the window and I put my head out for ten minutes and I get the fresh air and I say, 'Right, today's another day'.

Gladys' attitude that old age had to be accepted was legitimised by her doctor's view that 'you can't beat old age' with its negative connotations. Nevertheless, Gladys felt that she was responsible for her long life and was clearly proud of this fact. Gladys' unprompted comment on her longevity, also reflected society's continual search for the secrets of longevity. As Hazan (1994) argues, the antithesis of the belief that older people's mental health declines is the belief that older people are 'supernaturally wise'; that they hold a perspective on reality which is of a totally different order to that of 'ordinary' people. Hence, younger people attempt to draw on older people's life's experiences for answers to their most fundamental existential questions (Hazan, 1994). It might be argued that my whole research study does this by seeking older people's views about their experiences and beliefs about later life. Gladys therefore might have anticipated that I would be interested in her prescription for a long and healthy life.

Celebrating age

Nilsson et al. (2001) found that most of their interviewees, who were aged eight-five and over, took a pride in their age. In the present study, too, in contrast to other participants who did not like to disclose their age (see above, 'I don't feel old'), it was apparent amongst older participants (those in their eighties and nineties) that they were proud to be the age they were. Some women participants spontaneously raised the subject of celebrating their birthdays. Gladys Roberts (93) talked extensively about her birthday celebrations:

When I had my ninetieth birthday - I had had my hips done about six months before - I said to the warden, 'I'd like to have a party'. And she said, 'It will be a lot of work for you' and I said, 'I think I can do it'. We had prizes and games of bingo. Then we had dinner. The butcher sent me fresh cut meat - ham, tongue, chicken - and we had salad with it and potato croquets, warm. Soup to start with and then a friend of mine made me two great big gateaux - orange and strawberry and my husband's niece sent me a cake. And we had cherry and lemonade, port and brandy and then we had After Dinner Mints. And the afternoon we had a cup of tea and biscuits. I really enjoyed it. Lovely day.

Despite the fact that Dorothy Twigg (82) did not like to tell people her age, she did enjoy her annual 'birthday treat':

Well, since Philip my husband died, my daughter has made a point to take me somewhere. One year, she was talking about 'Phantom of the Opera' so she said, 'Would you like to see that?' I said, 'Oh I'd love to'. But she didn't say any more and eventually, only about a week before, she said, 'I'm taking you out for your birthday'. I said, 'Where are we going?' She said, 'Mind your own business'. Anyway, I thought it would be 'Phantom' but it weren't. She'd tried ever so hard to book for that, but she couldn't, it were 'Al Johnson'. It were very good and then the coach picked us up and we went back to this hotel for an evening meal.

When I visited Betty Lomas, she had recently celebrated her ninetieth birthday - some of her cards were still on the mantelpiece:

Did I tell you I got seventy-three cards for my ninetieth birthday? Well, it speaks for itself. I'm lucky aren't I? That was taken in June, when my youngest sister was eighty (pointed to photograph). That was given me for my ninetieth birthday. We went to the Regency, for the party, because they've had it modernised, very nice. It was a lovely table, long oblong table, seats there, seats there, Isabel and I were at the top with the Birthday cake and it was in the middle of us and there were lots of photographs taken.

Like Betty, Ann Revitt talked about celebrating her ninetieth birthday, a year before her interview:

I like surprises myself, and I love to give people surprises. I've been very lucky really. I had a lovely ninetieth birthday. Granddaughter made me this lovely party.

At the age of ninety-one, therefore, there were still things which could surprise Ann. What was apparent in many participants' accounts was the belief that whatever their age, it was important to retain the ability to wonder and to anticipate the future (see also chapter seven). In later life, significant life events such as major birthdays and anniversaries continue; giving people the opportunity to express that innate human instinct - to celebrate (Jewell, 1999).

Conclusion

It has been seen that participants presented a variety of meanings concerning growing older, based on their own perceptions and self-representations and by reflecting and resisting some of the commonly held and socially constructed views about later life. This suggests that there is no single definition of the word 'old' nor is there a common way to grow old. On the one hand, participants said that they did not feel old, on the other hand, they described times in their lives when they did feel old. They talked about growing old in terms of illness, decline and burden but they also

talked about celebrating older age and, as will be seen in the next chapter, the freedoms it can bring.

Reed and Clarke argue that it is 'untenable' for those who work with older people to rest back on the arguments of relativism; that some of the problems of later life are simply part of the 'rich tapestry of human life' and that it is the academic role to observe and chronicle this, rather than trying to criticise or change it (1999:213). What is required, they maintain, is a lay construction of age which is not necessarily consistent with that of professionals and society, together with an exploration of how society can support alternative and pluralistic definitions of age and ageing (Reed and Clarke, 1999:213). This is particularly important in post-modern society, since no previous society has consisted of individuals who could all reasonably expect to live a long life (Laslett, 2000).

I have suggested that older people may not think of themselves as old because the word 'old' has symbolic meaning which encompasses the negative stereotypical views about older people and therefore they wish to dissociate themselves from the category 'old' (cf. Minichiello et al. 2000; Wilson, 2000). This supports the view that older people's attitudes towards and experiences of later life are shaped not only by the interplay of social and physical constraints on their lives, but also on their efforts to resist them. Participants did not deny that they were growing older, rather they resisted the application of ageing stereotypes to themselves (cf. Andrews, 1999). As participants' stories showed, the unpleasant aspects of growing older cannot be denied, however, their comments also indicate that their attitudes, behaviour and actions, could to some extent, help later life to be a more positive experience (cf. Minichiello et al., 2000).

The present study suggests that there is an ongoing dialogue between differing conceptions of what it is like to grow older and to be older. As Gilleard and Higgs argue, in post-modern society:

Ageing has become more complex, differentiated and ill defined, experienced from a variety of perspectives and expressed in variety of ways at different moments in people's lives

(2000:1).

Chapter Six

FREEDOMS, OPPORTUNITIES AND CONSTRAINTS IN LATER LIFE

Nobody who grew up listening to Elvis and Buddy is ready to settle back and watch Richard and Judy (over a photograph of a distinguished looking older man in a wet suit carrying a surfboard)

Advertisement for Senior Railcard, Saga Magazine

The time will come in your life, it will almost certainly come, when the voice of God will thunder at you from a cloud, 'From this day forth thou shalt not be able to put on thine own socks'

John Mortimer, The Summer of a Dormouse

Introduction

I argued in the introduction to this thesis, that in contrast to negative views about growing older and later life, there are more and more images and stories which describe later life as an active period, in which individuals continue to live their lives in an engaged way. The post-retirement years are being represented increasingly as a time of release from the responsibilities of parenting, and as a time to travel and an opportunity to pursue new interests (Feldman, 2001). Indeed, Bernard and Davies' study found that younger people looked forward to older age for 'family reasons', the 'time and freedom' it would bring and the opportunity it afforded to 'be oneself' (2000:70). Although the turnaround to viewing later life in a more positive light is welcome, Feldman points out that:

There is a tendency to oversimplify, to replace images of frailty with strength, weakness with courage, hopelessness with optimism, illness with good health

(2001:270).

A recent article in the *Sunday Times Magazine*, for example, was headlined 'Mods and Shockers': they prefer body-piecing to blue rinses, and fire-eating to toasted teacakes. Britain's older generation proves you don't have to be a teenager to be a rebel' (Vidler, 2001:18). It included photographic and pen-portraits of older people including a teddy boy, a sword-swallower and the world's most tattooed senior citizen. Although it was clear that the people portrayed had participated in their unusual hobbies for years, it was the fact that they had continued to pursue them into older age that appeared to make them newsworthy.

The argument that the experience of later life should not be oversimplified was illustrated by participants' stories in the present study when they talked about growing older. Although one of the themes that arose most strongly from the interviews was the sense of freedom participants enjoyed in later life compared to their younger years as their work and familial commitments decreased, participants also referred to some of the more negative experiences of later life, mainly due to a decline in physical capabilities and financial constraints. However, these did not always impact on participants' everyday lives in an anticipated way. Rather than fostering passivity, as structural approaches to ageing emphasise, participants showed great resilience and determination in carrying on with their lives despite such constraints. Further, they spoke overwhelmingly of their participation in society - through the numerous activities in which they were engaged and the help that they offered to others. Such accounts challenge the notion of older people disengaging from society and offer a contribution to the debate about burden (see chapter five) and dependency in later life.

Freedoms in later life

Howarth (1998) feels that the debate surrounding disengagement and engagement in later life has become confused. Free from worries about career prospects or bringing-up children older people may '*re-engage*' with the present (Howarth, 1998). This form of engagement with the present is radically different from the goal-orientated engagement of youth or middle age which is why, Howarth argues, 'activity-driven middle-aged researchers' may feel that older people have disengaged from society (1998:675-676). Erikson et al. (1986), for instance, state that they are

unsure whether they can describe their participants as having ‘vital’ involvement in society, despite their varied activities and relationships. They indicate that this uncertainty is because these activities are not the same as the ones with which participants were engaged when they were younger, for example, their occupational and familial commitments (Erikson, et al., 1986:324-325). In the present study, it was clear that participants were very much engaged in the present; they talked of the freedoms they experienced in later life: freedom brought by a sense of contentment and freedom from familial and occupational commitments which allowed them to pursue old and new activities and roles. This was similar to the findings of Thompson et al.’s (1990) study. One of their participants commented that following retirement they could ‘do what pleases me. I’ve got freedom - it’s the freedom I like’ (Thompson et al., 1990:157).

Age of contentment

Howarth (1998) refers to the need for older people to conclude that life has been satisfactory in order to ‘re-engage’ with the present. In the present study, the feeling of satisfaction with their lives, was one of the most striking aspects of participants’ stories (cf. Coleman et al., 1998; Charles et al, 2001).

Coleman et al.’s (1998) longitudinal study of older people’s lives found that references to pleasure, happiness and contentment were related principally to family life. In my own study, the knowledge that their families were themselves settled and happy seemed to be one way in which participants were freed to enjoy their later years. Tom Howarth (77) said that he was content now that his children were settled. He elaborated:

The most important thing in my life, the thing that I’m most proud of is the fact that we’ve got a most super family. We’ve got four kids and none of them have been on drugs, none of them have been in prison, none of them as far as I know, have done, you know, anything nasty... they’re all married. I’m sure that’s the main thing I feel happy with in life. None of them have done anything spectacular, it’s not as though they’re millionaires or anything like that (laughed), but you know, little things.

Providing people with the opportunity to tell their stories enabled them to think about their present lives in relation to the past. Ann Revitt (91) used the phrase, 'I've reached the age of contentment' several times in each of her interviews. In her third interview, Ann said that she felt content because her family and friends surrounded her:

I am very content. I have a good family and good friends. People and contentment. Acceptance.

Ann said that contentment was not reliant on whether or not you had money:

As you get older, you realise that money isn't anything, you don't think so when you're young because you crave for more. But, the old saying, you don't realise when you're younger, but the old saying is right that, 'Money doesn't bring happiness'. It can't buy you happiness. It helps with a lot of things, but it doesn't bring happiness. When you are younger you are always striving for something for your home and you worry about clothes. ...Now, I get pleasure out of the simple things - little surprises.

Ann married for the second time at the age of sixty, which she said had its advantages compared to her first marriage at a younger age:

You're not hampered really and when you are first married you are so happy and it is so different, but you are struggling for different things. A lot of these couples today, my daughter laughs at me, but it is hard work keeping up with the Jones'. I've seen, when I have gone to friends visiting they have gone on a new estate, that's all one keeping up with the Jones'. It's lovely that you can please yourself.

Being free from striving after material things therefore enabled Ann to be free to please herself.

Josephine Buxton (61) commented that she was more content in later life than she had been when she was younger.

Most of the things that I wanted I've got. I wanted to travel and I've travelled. I wanted to be comfortable and I'm comfortable. I'm not saying I'm rich, but I'm not poor. I was thinking yesterday how good it was that I can share what I've got with my family. Lots of things financially. My grand children coming home from school, always come here before they go home because there's always a hot meal and I always have something to share with them. And I think that I have a full life and I can share with people. I love sharing and I love caring. I have a wonderful life.

Like Ann above, Josephine linked the idea of contentment to the feeling that in later life it was no longer necessary to 'strive after things' that had seemed important in earlier life. She said that experience had taught her that having money did not prevent difficulties:

I know you can't have everything in life. If you are very rich you have to pay back. Always pay back time. You know something will always go wrong with your family whether you are rich or poor.

As Bamford (1994) and others (Coleman et al., 1990; Koenig et al., 1988) have found, some participants described their religious faith as a source of comfort in later life (see also below, 'Freedom to enjoy leisure activities' and chapter seven). Gladys Peters (93) used the word 'peace' to describe how she felt about later life rather than the word 'contentment':

I've found that there is a peace comes with old age. It's a peace that passeth all understanding. When I had this operation (touched hip), and I was sixteen days out. I asked Professor Bennett what it was all about and he said, 'Don't worry darling, there's sixteen days of your life that you'll never remember'. But I had a feeling during that time that there was somebody there at the side of me and one night I saw someone and I told a Sister and she said, 'Oh yes,

*that's an Angel of Mercy, we have them you know when people are very ill'.
So, I leave that with you, I don't know. But I know there's a peace and a calm.*

Participants also indicated that it was easier to put things into perspective as they grew in age and life experience (cf. Heikkinen, 1993; Andrews, 1999). Again, this can be seen more clearly when seen in the context of their whole lives. Janice Roberts (64) said that she had experienced times of great joy and times of despair in her life. Yet, what came over most forcibly from her story, was her resilience and determination; the way in which she rebuilt her life in the face of tremendous personal hardship after her escape from her second marriage. Janice said that she felt that in later life, she could put things in perspective and, like Ann Revitt above, accept the 'simple' things. After telling her story, she reflected:

I think we've only scraped the barrel of what has happened. I mean you think of things after and you go through terrible things and nice things. So whatever happens now, you just take it in your stride and if it's great, it's lovely. Now, I think you look for the simple things, you know, just to have a laugh, to see people you like and discuss things.

Janice explained:

When I went to the Middle East, I had a brilliant lifestyle, but with the wrong person in the wrong country. But it never really mattered to me, money, because I'd never had money, when I was young. And now it doesn't matter, as long as I've enough to get by and I don't owe anything and I can have a bit of pleasure, that's all that matters to me. I don't want houses or...

Janice said that she was content with what she had:

I think I've learnt to be grateful that I'm okay and as long as I can keep okay, that's all I want, I don't want nothing. I just want to be healthy and for my family to be okay. And I think that's what I've learnt, not to want this and to want that, like, 'I want a new car and I want a new carpet and a new suite'.

Her view reflected that of other participants in the study; that health, family and friends mattered more than material things. This may have been due in part to the financial security of some participants; it is easier to say that money matters least when you do not have to worry about poverty. However, since I did not ask about financial matters, and participants rarely mentioned the issue (see below, 'Financial restraint'), this is only a supposition.

Freedom from familial and occupational commitments

The Carnegie Inquiry (1993) primarily used existing statistical material to look at the life, work and livelihood of people in the third age (defined in the report as between the ages of fifty and seventy-four). The Inquiry argues that for the individual, this period is a time of emerging from the imperatives of earning a living and bringing up children and that personal development can once more become a central concern. In the present study, reflecting Thompson et al., (1990), Bamford (1994) and Coleman et al.'s (1998) findings, participants talked of how much they enjoyed life since external demands and social pressures had lessened. In particular, they talked about the freedom from familial and occupational commitments in later life. The nation's favourite poem in 1997 was Jenny Joseph's 'Warning; when I am an old woman I shall wear purple' (Martz, 1991) in which Joseph looks forward to older age as a time of irresponsibility and belated self-expression. In later life, she would be free to do the things that she had longed to do but never had the courage to do before, hampered by the responsibilities of being a parent, employee or home-owner. These themes were reflected in participants' accounts of their everyday lives.

Freedom from caring for others

It is important to point out that half of all family carers (those looking after an adult disabled child, parent or spouse) are aged between fifty and seventy-four (Carnegie Inquiry, 1993). In the present study, only Hiron Balla Davi was a carer in this sense, although some participants had cared for either their spouse or parents earlier in their lives. Margaret Wallace had cared for both her parents and mother-in-law in their later years at her home; Maureen Williams had nursed her father through cancer; Dorothy Twigg had cared for her mother and husband at home; Betty Lomas' father

had lived with Betty and her husband after his retirement; Peter White had cared for his terminally ill wife; Ann Revitt had looked after her husband at home following his diagnosis with Alzheimer's disease; Janice Roberts had cared for her mother and best friend when they were dying; Jim Caldwell had looked after his wife who was a diabetic; and Winifred Blinkhorn had cared for both her mother and her aunt when they were ill.

Since much of the literature describes the importance of grandparenting in the lives of many older people, it might have been anticipated that participants would talk at length about their grandchildren and roles as grandparents (Bamford, 1994; Bengtson and Robertson, 1985; Cunningham-Burley, 1984; 1986; Generations Review Special Issue, 2000). Some participants did talk about their grandchildren in terms of the pleasure they gave them. For example, Maureen Williams and Ann Revitt talked about going shopping with their grandchildren whilst Dorothy Twigg and Maureen Williams described their excitement about the prospect of their granddaughters' weddings and Doreen Thomas boasted about her large number of grandchildren. The Graysons and Janice Roberts spoke of their sadness at never seeing their grandchildren due to their children's divorces (cf. Bornat, et al., 1999; Drew, 2000). What seemed unusual was the fact that few participants described the experience of *looking after* their grandchildren. This might have been because I did not ask specific questions about this role or probe when the subject of grandchildren was raised, or simply because their grandchildren were themselves mostly in their late teens, twenties or older and no longer in need of care (see also chapter three, section 'The impact of the researcher on the final report'). It might also have been the case that participants' children who had children of their own might have been financially secure enough to obtain paid child-care if it was needed.

Josephine Buxton (61) was the only participant to mention caring for grandchildren. She often met them from school and looked after them until her daughter returned from work. Josephine said that although she enjoyed caring for her granddaughters, it meant that she was not always free to take holidays when she chose or to attend church meetings (see chapter seven, section 'Religious beliefs'), although she still led a very busy life (see below, 'Learning new things').

Hiron Balla Davi (70) cared for her adult daughter, who appeared to suffer from mental health problems. She said that she preferred to live on her own and take care of her daughter:

My children say that they will take me to their homes, but I want to stay on my own and look after my daughter - she is not very well. I am quite happy as I am.

Most participants who had cared substantially for others in the past appeared to value the freedom from caring later life had brought. The clearest example of feeling a sense of freedom after being released from the responsibility of caring for others was seen in the following account by Reginald Green (78).

Reginald Green

I asked Reginald whether he thought he was the same person that he had always been or whether he felt that he had changed in some way over time, Reginald replied:

Yes I have changed. I can recall very well, as a youth, I always had a smile on my face, I was always happy. I always had a very pleasant outlook on life. Now then, what changed me? I was twenty-three when I was married and before I'd been married a year, my wife was a voluntary patient in the mental hospital, then our first son was born and she was in hospital again with what some people call nerves, depression. Whatever treatment there is for mental conditions, my wife has been subject to and in all we had three children and it fell to me... My daughter says, 'Dad, you were mother and father to us'. And that was a period of my life when I did change, I did change, I became very introverted (paused).

Reginald continued:

Now, many years afterwards, after the children had grown up and shortly after I retired, my wife left me (paused). She left me and she now lives alone, she has lived alone for ten or more years. And um, so for most of my retirement,

I've been on my own. And it came home to me one morning, I was walking along the road and past a little shop that sells all sorts of second hand stuff and the owner of the shop and her daughter were on the front and the lady said, 'Oh there's Reginald there again, he's whistling'. And I was reverting, I had reverted. Since my wife left me the load has been... it's as though a load has been lifted off me and whilst I still see my wife, well, I've taken time off this morning and taken her up to the doctor's, I still see her quite regularly, but I could not live with her again, I could not, no I could not live with her again. So I am back in personality to what I was when I was a late teenager and in my early twenties.

This last comment, supported Andrews' finding that older people, 'through the passage of time, gained a perspective not only of who they are, but of who they have been' (1999:315).

Not only did freedom from occupational and familial responsibilities enable Reginald to express himself, he said that it also allowed him to do more or less what he wanted:

It's a freedom of which I'm very, very jealous. My daughter when she was here, was asking me about when I was going into hospital and one thing and another and she said, 'You know you'll have to organise perhaps a home help when you come out?' I said, 'Don't you talk to me about home helps. There's no help coming through my front door or my back door. I shall stay on my own'. I will, when I've had this operation I shall look after myself somehow. And you are a very, very honoured person to be here. The most important thing in my life is that God grants me the permission to keep on living, but the next most important thing is my freedom.

This freedom was despite the fact that his lack of finances was a worry to him (see below, 'Financial constraints'). Reginald enjoyed the extra time he had to read his books, which cost him little since he 'raided' second hand bookshops.

Reg expanded on what freedom meant to him:

A colleague of mine, long dead, before I retired said, 'I reckon you're taking retirement Reginald'. I said, 'Yes, I am'. He said, 'What are you going to do?' 'How many bloody millions of books are there that I've not read?' And you look round this house, layers of bloody dust, a pile of ironing waiting to be done, I'm reading all the time, reading, dear oh dear. The kitchen looks as though a bomb's dropped in it. Well, I live alone, I can please me damn self, as long as I've got clean clothes to put on and a clean bed to go to at night, what the hell more do I want?

Jim Caldwell (74) said that he had learnt to relax since he had retired and his wife had died:

I have learnt to take it more easier because before I had an active life working in pit and since I retired nothing to do you know. My wife she was chronic diabetic and I used to do the cooking and it stopped me leading the life I had when I was in pit. I did not drink heavy but I always used to go out with mates every night and this had to stop when I was looking after the wife.

Maureen Williams (81) was widowed two years before she was interviewed and lived on her own. Although she missed her husband, she said that she liked the freedom that came from living alone:

I'm not averse to people and company, but if I have to choose, I will choose to be quiet and to, well, please yourself. It sounds awful, but I do like that. I tell myself sometimes, 'If I want a cup of tea now, I can go and have it. If I want to get up in the middle of the night and do something, I can do it'. It's a lovely feeling, that you can do what you want. I tell myself sometimes, 'You've only got to please yourself'. It's lovely, you're not putting anybody out, you can just... And I do get a thrill out of that, just telling myself I can do what I like (laughed).

Maureen said, however, that she appreciated the support of her family:

I have a supportive family... I think a lot of old people if they've got no prop at all, it must be dreadful, because there are days when I get through the post, bills or whatever, something that needs sorting out, and I think, 'Oh dear, I've got to read this form, I've got to do this' and I think, 'I can't be bothered' and then my daughter will come up and I'll say, 'I've had this and it is not right'. It's lovely if you can pass on... It's lovely when somebody comes up and says, 'Don't worry, I'll do this for you', or, 'I'll do that for you'. I do appreciate that and I'm finding that it is lovely to be able to put a little bit of responsibility on other people (laughed). I do find that I want to pass over a little bit of responsibility.

When I asked Peter White (72) what he most enjoyed most about his life he said, 'Freedom. I have freedom to do exactly what I like'. After having cared for his wife at home when she was terminally ill he felt that since her death, he was free to enjoy life more:

I've now learnt to relax by reading. I will also now watch television and pick my programmes. When I had Jill with me, and I'm not blaming Jill for this of course, but my time was so involved looking after her that my leisure as such just didn't exist. So I suppose really, I'm able to enjoy life better and I'm trying to live my life as I would hope is going to be beneficial to other people and probably to appreciate other people more. I think I'm learning every day. I'm now doing crosswords, not very good, but can now finish the quick crossword in about half an hour. I'm enjoying the video now too. I went walking on Monday and it was a delightful day.

It is interesting to note that, with the exception of Maureen Williams and Winifred Blinkhorn, it was the men who emphasised freedom from their caring roles, perhaps because women see caring as part of their normal duties whereas men regard it as something extra which they would therefore be more likely to report (Dalley, 1996). This could also be another reason for participants' paying less attention to the role of grandparenting than might have been expected.

Freedom from occupational constraints

Participants talked a great deal about the freedom later life brought in terms of being released from occupational constraints (cf. Thompson et al., 1990). As paid employment took up less time, many found that they had fewer regular demands on their time (cf. Bamford, 1994). Even those who did voluntary work or led very active lives said that this was very different from the busyness of their working lives. George and Anne Daley (78 and 79), who always found it hard to fit in an interview with me, said:

When you were working, slogging away at school and that sort of thing, you hadn't the time to devote to some of the things that we have done since, that is, our personal interests and so on. We've had more opportunity now to develop those interests.

Tom Howarth (77) recalled:

When I was selling insurance, the life rather lived me in those days and perhaps now, you know, I'm living life a bit more, now that there's nothing I have (stressed 'have') to do in the future as it were...

Tom's comments reflect Howarth's (1998) argument that although older people are engaged in the present, their motives are very different from the goal-orientation of their younger years. Tom continued:

I know it's a trite thing to say, a lot of people say it, but I don't know how I ever found time to go to work really (laughed). And I often remark at it myself because things are so varied. You see, my wife's got different interests from me, but I fit in with some of hers and she fits in with some of mine. She is very interested in water-colours and she goes to art classes and gets visits to various art galleries and I fit in with that, which is something I'd have never done myself and I find it vastly interesting.

Similarly, Peter White (72) reflected:

I think when you're younger, there's that many things that you have to do, time wise, you know. When you're are young, you seem to want to learn so much and do so much, you haven't enough free time. I think in general Amanda, you are so busy living when you're younger. I know full well that I'm not going to live another thirty, forty years. I wish I could put the clock back sometimes for time to make people appreciate things which, when you are working you don't always appreciate much. ...I'm now able to live my life not to a clock and I can do so much more with my time now, even though I don't think as clearly as I used to do, I probably don't sleep as well as I used to do, but I think it's because when you are younger Amanda really, you don't appreciate time as perhaps you should do.

After Gladys Peters (93) had retired in her seventies, she and her husband were able to take a holiday together for the first time in their married lives:

For three years after we retired, we were able to have a holiday. In fact we'd planned to have a round cruise when he died, it was all booked.

Freedom to enjoy activities

The Carnegie Inquiry (1993) started from the premise that leisure defines the third age for many and is a major element in it for all. Research suggests that participation in leisure and gaining pleasure and a sense of achievement from it are important factors in life satisfaction (Carnegie Inquiry, 1993). In the present study, participants indicated that freedom from work and family commitments afforded them more time to take part in interests and activities of their choosing and to meet with their family and friends (cf. Thompson et al., 1990; Bamford, 1994; Coleman et al., 1998). Cumming and Henry (1961) suggested that as people grew older they disengaged from society internally, apparently concentrating on themselves and their memories, as well as disengaging socially and culturally. Investing in other people or in the environment is substantially reduced. However, rather than being disengaged from the outside world; decreasing their social roles and activities, detaching themselves

from employment, community, family and friends, the overriding impression from participants' accounts was of involvement and participation in society. This reflected the findings of other studies (Thompson et al., 1990; Bamford, 1994; Howarth, 1998) and is supportive of continuity theory:

Continuity theory is *evolutionary*. It assumes that the patterns of ideas and skills, which people use to adapt and act, develop and persist over time; that a course of developmental direction can usually be identified; and that the individual's orientation is not to remain personally unchanged but rather consistent with the individual's past...

(Atchley, 1993:5-6).

One of the best ways in which to explore the above is through listening to people's accounts of their lives. As far as my research was concerned, physical decline and illnesses prevented some participants from engaging in some activities (see below, 'Physical limitations'). This, however, was nowhere near to the extent that the Carnegie Inquiry argues that, 'there is a trend toward aimlessness, the feeling that life offers little to strive for... which is very high among older people' (1993:62). Rather, as Howarth found, participants had certainly not disengaged, 'on the contrary, most remained firmly to attached to life' (1998:676). Participants in the present study commented that their leisure activities - whether they were a continuation of old activities or new ones - helped them to enjoy themselves. This contradicted the stereotype of older people living isolated and boring lives.

Leisure activities

Unlike the Carnegie Report (1993) which found that older people spent a great deal of their time engaging in solitary activities such as watching television, reading and gardening, participants' activities varied considerably from gardening and reading, to going to the gym, painting, attending church or other religious activities, walking in the countryside, drinking in the pub and attending computer classes. It is interesting to note, too, that these activities do not always necessarily require a great deal of energy or expense. Participants also carried out voluntary work or helped others in

less formal ways. This may, of course, have been a reflection of my research group; as volunteers for the study they were, by nature, people who were concerned to be active in society in one way or another.

Anne Revitt (91) said that she could 'do with two more days in a week' as she described her 'typical' week to me:

Monday, I have the bath nurse and then I go to the hairdressers at one o'clock. Then I come back and have a sleep. Then Tuesday, I always get up early and I fetch a cup of tea up at about six o'clock and then I go to the church luncheon club and then I stay for the ladies fellowship in the afternoon, so that's Tuesday booked up. Sometimes my daughter comes on a Wednesday now that she has retired and we have a run out somewhere. Sometimes we have a pub lunch in Derbyshire and Thursday I shop, and Friday I have a friend come who helps me to clean and I work harder than her actually. And then Friday afternoon I go to a keep fit class and Saturday I have my daughter-in-law for lunch and do a bit of shopping. And most Sundays I go to my daughters', they fetch me for the day.

Gladys Peters (93) described a typical 'busy' day:

I'm busy all the time. I get up and get myself ready and I wash the pots and then I get down and have a couple of hours in the morning on my sewing work, two hours lay down in the afternoon and then start again, work on my crocheting until I go to bed.

Thompson et al.'s (1990) study found that television provided the most regular entertainment for older people and was cited by almost all their respondents as a leisure activity. In the present study, Gladys was the only participant who talked about enjoying watching television. Although I did not ask participants if they watched television, when I asked them what they felt about the portrayal of older people in the media, most prefaced their replies with, 'I don't watch much television, but...' In Gladys' case, her remark about television seemed more to do with the fact

that she was proud that she could manage the technology required to use her recently installed Sky system to access 'dozens of channels'.

Activities did not always mean a lot of expense or physical exertion. Enjoyment came from active pursuits and from simply observing life around them or spending time with family and friends as the Carnegie Inquiry (1993) and Coleman et al. (1998) also found. Betty Lomas (90), for example, enjoyed looking out of her window:

It's lovely here, I see people I can recognise in the mornings out of the window. There's a man and a woman and he's got a Scotty dog and he gives her his dog to hold and he goes to the paper shop and that little dog never misses looking where he is going to and coming from (laughed). And there is a girl who goes past about quarter-past eight in the morning and I can see her because she peroxides her hair. And I see the children going up to the school.

Betty could not leave her flat on her own, consequently, she spent some of her time indoors painting and drawing - something that she had always wanted to do but had never had the time in the past. She had taught herself from watching 'Painting with Ashley' on the television. She told me:

I was getting on for seventy when I took up painting. I've got quite a few pencil drawings of birds and those are water-colours (pointed to the wall on which were hung several small paintings of birds). A lot of people miss a lot of things, in not taking notice, everybody has got something they can do. I mean, I didn't know I could paint and that sort of thing, but it just shows you. And I say, 'thank you, Lord.

Betty continued:

I've always said it, 'If you've got a talent, if there's anything you do, and you know it's there, and you can do it, you must do it'. And I did.

Gutmann (1987) observes that people come to enjoy a childlike appreciation for what feels, smells and tastes good in everyday life as they grow older. Peter White (72) said that he now appreciated the 'simple things' in life more:

When you are younger, you don't appreciate nature as much, you haven't got time to appreciate it as much I don't think. Whereas now, I've got interested in wild flowers and walking in the countryside...

Thompson et al. (1990) found that both men and women in their study enjoyed gardening. This was true of some of my participants, particularly the Daleys (78 and 79) and Tom Howarth (77) who lived in the country. It was something that they said they could do with their spouses, as a couple. Even participants without a garden, such as Maureen Williams (81) who lived in a flat, said that they enjoyed planting their window boxes and tubs.

Many of Thompson et al's (1990) women participants also enjoyed knitting and sewing. They cited one woman who had 'made a new life around sewing and knitting', as had Gladys Peters (93) in the present study. Gladys had taken the opportunity to try out something new when she retired at the age of seventy; she had learned to crochet and spent most of her time crocheting for charity and making gifts for friends. On my second visit, she gave me a flannel that she had trimmed with crochet. She said:

I don't give my friends Christmas cards, I make them something. I made them all flannels. Three weeks ago, I was talking to a person here and she said, 'I've something to tell you. My daughter came last week and she said, 'Mother, you don't use that flannel, will you give it me?' She said, 'No, Gladys made me that'. She had hung it up in her bathroom for decoration.

Socialising with friends, whether they were older or younger than themselves was an important activity for participants (cf. Matthews, 1986; Jerrome, 1989; Davidson and Daley, 2000). As Thompson et al. found, 'zest for human company does not diminish with age' (1990:165). William Buxton (79), for example, spent most days

at Afro-Caribbean centres for older people, he said, 'We just play dominoes, laugh and talk. It's all homely like, you know'.

At the time of her first interview, Maureen Williams (81) had been in Sheffield for five months. She felt that it was attending church that had enabled her to make new friends and settle in her new home so quickly:

I've been blessed with lovely genuine friends since I've been up. So I've a lot to be grateful for...

Participants talked about enjoying contact with younger people. For example, Maureen Williams said that she mixed 'mainly with younger women' at her church, and Reginald Green (78) said he preferred to talk with the students at his local pub because they were 'more interesting' than his peers. Maureen said:

The church I'm at now, I mix more with younger people and I marvel that they bother with me (laughed). When I go to the Ladies Meeting on a Monday, there are lots of younger ones there and they seem to accept me.

Hiron Bella Davi (70) felt that older people should not stay at home and 'be bored'. She seemed to enjoy most of her activities because they meant that she could see and make new friends. She was pleased that there was a Hindu temple in Sheffield; she enjoyed attending the festivals there, but said that the main part of her enjoyment was being able to see her Bangladeshi friends - 'both young and old' (religious belief and activity in later life will be discussed further in chapter seven).

Learning new things

Schuller and Bostyn (The Carnegie Inquiry, 1993) found that older people gain a great deal from taking up educational activity in almost any form; creating new interests and, where the activity involves going to a class, leading to more confidence and new friends. Bamford (1994) records the attitudes of a widower in her study, who found his life 'enormously fulfilling' and expected his future would be fulfilling too. He talked of 'how he hoped to explore more, to learn more, to become wiser, to

be ready for new experiences, and to be open to change' (Bamford, 1994:103). These observations were reflected by the participants in my study. For example, Hiron Bella Davi (70) discussed the things that she had learnt in later life:

I go to English classes, sewing classes and exercise classes. I enjoy going there. I have some friends who also go there. I have lots of friends, different kinds of people. I mix with younger people too, my grandchildren come and stay with me. I mix with everyone - my own community, Jamaicans, Pakistanis and English. My next door neighbour is English - she loves me - she gives me a kiss whenever she sees me. I'm okay with everybody.

Participants talked about discovering new or neglected activities and spoke of returning to learning. Further, as Bamford found:

Learning in its broadest sense, does not have to happen in particular places or at scheduled times and often, in an interview, people would talk about why have learnt from the things that had happened and the people who have mattered to them at different times in their lives and what they are learning still

(1994:116).

Frankena (1973) has argued that what makes activities good in themselves is not just the pleasure and enjoyment they provide, but the fact that they involve the exercise of skill or ability. George Daley (78) and his wife Anne (79) participated in numerous activities such as looking after injured badgers, rambling, attending classical music concerts and philosophy classes. George said:

Life's still an open book. As a young child looks at the world with starry eyes, we're still to some extent like that, we've a lot to learn.

George also felt that it was important to 'keep up' with technology:

We have realised how far we are out of the modern world now, with technological developments growing so rapidly, er, computerisation of things

and so on. In fact, we've decided to join a local class so at least we've a bit of an idea what they are talking about (laughed).

Josephine Buxton (61) was forced to take retirement from her work as a nursing assistant due to a back injury, but she said that this gave her more time to do other things, 'I have the freedom to do the things that I want to do and I value that very much'. This was despite the fact that she spent a great deal of her time caring for her grandchildren. She described her varied activities:

I go to the college, I go swimming, I goes to the gym... At first I thought, 'Oh God, what am I going to do?' You know. I knew there were things that I could do, but I was thinking, 'Will I be up to it?' But I'm up, you know. I mean, I read and I go to Church and I do things like... as I say, on a Monday, I go to sugar craft and on Tuesday, I go swimming and Wednesday, I go to polish my English up, it's more or less meeting other people, and Friday, I go for maths.

Josephine explained, 'I'm playing at catch-up now because I have the thirst for learning'. And continued, '...Life is a learning process. Experience is the university of life...' She repeated this sentiment throughout her interviews and said:

...and we're all learning, we never stop learning. No matter how old you are, there's always something that you never knew.

Peter White (72) reflected this theme:

Whatever age you get, you're learning every day of your life and even for myself, people can learn.

Reginald Green's (78) front room was piled high with books. When I asked him about this, he replied:

It's so educational. At the beginning of every chapter of Mrs Gaskell, there's a verse or two of poetry. And I've never heard of half of them, amazing.

Gladys Peters (93) talked about trees during one of my meetings with her; not only did this reveal her capacity to remember ‘facts’ (perhaps she told this story because people tended to act with surprise that at the age of ninety-three she had such a good memory), but it also showed that she still enjoyed learning new things:

I like to see the roads being built with trees, trees are our lifeline. People don't understand what a tree does for us. I've written an essay on trees, but I've not finished it yet. I'm going to finish it I hope. The potential of trees is tremendous. It's absolutely amazing. Do you know that it takes one tree to give sufficient oxygen for three people? Yes. And the principle of a tree is to suck the carbon dioxide out of the air, take it back into the tree roots and it comes back as oxygen and that is scattered in the clouds. Well every tree in this country scatters fifty thousand tons of oxygen in a year. It's amazing. Er, somebody told me that the common aspirin came from trees, and I didn't believe it, so I read up and found out that it did. Um, the cattle, some cattle are being fed from trees and they're finding that they are very healthy, but of course, it takes a long time. The life of a tree is three hundred years, if it manages to escape Dutch Elm's Disease, it can live three hundred years. And in Mexico, there are trees, four thousand years old. It's just unbelievable, but it's a proven fact, that there are trees four thousand years in Mexico.

Alternative activities and roles

As Bury and Holme (1991) also discovered, although some participants had disengaged from former activities, mainly because of ill health, they had found alternative activities and roles. Bill Carter (80) had been the champion onion grower in the village, but could no longer garden due to a stroke:

I used to win prizes for my onions and I gave no end of vegetables away to old age pensioners. It's a pity now (nodded to garden, which was covered in weeds), breaks your heart to see it, what can I do? I mean (pointed to hand disabled because of his stroke). Aye, I'd love to do it again.

However, Bill looked forward to visits from his daughter and friends and went every day to see his wife who was in a nursing home:

My daughter comes everyday and there's a gentleman down the lane, he comes sometimes. And then there's the friend who comes from the British Legion and any time I want to go down to see the misses, he picks me up. I also go down at tea-time, depends what shifts John's (son-in-law) on. And I go down Sunday because I have my dinner at my daughter's, he fetches me down and we go then, about two and come back as soon as they get ready for their tea, about 5'o clock. I don't like to be there when they're having their tea, but if I'm there on my own, they give me my tea as well.

Bill said that he could not walk down to the village anymore but was taken by car once a week to the luncheon club; he particularly enjoyed the outings they arranged:

There was an outing the other week with them, it was beautiful. You have your lunch down there and at half past one, it's all cleared away and the bus comes to pick you all up. They always put us on the front seat, me and another gentleman who's in the same position as myself. We had a lovely tea. It was a nice ride round. Oh they are very, very good. I think the next one's at Bolsover Castle, I'm not quite sure.

Jim Caldwell (84) showed me photographs of himself and his daughter when she was a little girl going fishing together. In recent months, he had given up fishing regularly because he had no one to take him, but said that he found plenty of other things to do:

I always go out at about 12 o'clock, have a walk down town. Sometimes I walk down moor and call in pub and have a pint of beer. Then back about 4 o'clock.

Listening to his life story, it was apparent that going to the pub had always been part of his social life, indeed, Jim said that having a routine was important to him, as was

the fact that everyone should know him. In his working life - as a soldier and a miner - it had always been important to him to have lots of friends:

It's a routine, they all know me here. I like going up to pub at night. I've been here twelve months now and within six weeks of me going up everybody knew me in that pub.

Ann Revitt (91) said that she regretted the fact that since she was unsteady on her feet she no longer went dancing, although this was also to do with the fact that her husband died and she did not have a dancing partner. She still participated in keep-fit classes and had a busy social life, which revolved round the church and meeting her friends either at their homes or Ann's.

Bamford's (1994) findings suggested that it was apparent that certain experiences in later life - such as retirement and bereavement - had been the impetus to increasing participants' involvement in society and had helped to give them a more positive self-image. Certainly, this was true of Dorothy Twigg (82) in the present study. Dorothy reflected that since her husband had died she had participated in more activities. These included voluntary work, socialising and obtaining a passport for the first time. She said of her relationship with her husband:

We were together people. If he wouldn't go away, then I wouldn't. I suppose to some people, especially now in this modern day and age, it's stupid. But whatever we did, we would do it together, all our married life, we did it together.

Dorothy said that she now mixed with more with people:

Philip was very quiet and we were two of a kind. If there were anywhere we could go, we made an excuse not to. I knew Philip was worse than I was. But now, anything going, I say, 'Oh yeah rope me in'. I've had to sort of... well, you have to find your own way around, don't you?

Later, Dorothy said:

I'm making an absolute different life for myself now, an entirely different life. ...I feel that I've really achieved something, breaking away from myself. I mean, you can disappear into yourself sort of, you know.

Lillian Grayson, Betty Lomas and Reginald Green all took part-time jobs after they had 'officially' retired. For Reginald and Lillian, this was partly out of financial necessity (see below 'Financial constraints') and partly because they enjoyed 'being busy'. Betty Lomas (90) said that retirement from her job as an insurance collector meant that she was free to take on other, more interesting work:

I never thought I'd go in the Crown Court to be an usher. But it were very good. I was about seventy when I left Court. The other job I had was part-time in the bar at the Greyhound Stadium. I made friends everywhere you know and finished up just plodding on and running the Over Sixties Club - I did that for twenty-five years. I had to stop when I had my knees done.

For some participants, their activities were partly a replacement of their paid work. Tom Howarth (77) admitted that part of the reason he had devoted so much time to volunteer activities was to make the transition from paid work to retirement easier. He conducted his interviews with me in his study, surrounded by files, folders, books and his electric typewriter. Bill Carter (84) said that when he had first retired, he used to leave home early in the morning to go to his allotment, as if he was still going to the factory where he had worked.

The fact that the men and women in the present study talked about participating in society - whether this was a continuation of what they had always done or in new and challenging ways - supports the idea that development and change in later life is possible; that experiences in later life can be rewarding and positive and therefore should be encouraged.

Helping others

Participants took the opportunity to become involved in social and community issues as the demands of their younger lives eased. Freedom from familial responsibilities allowed participants to use their abilities and skills in a manner of their own choosing, especially through helping other people - whether this was through formal (working with a voluntary organisation) or informal volunteering. Activity theory (Havighurst, 1963), suggests that 'successful ageing' is linked to activity in later life, providing new social roles. Leisure or hobbies, for instance, can fill the void left by retirement from paid work. Caring for grandchildren or others can replace caring for a spouse. In the present study, although helping others built on participants' past roles and skills, at the same time, it was different from their caring roles in the past - as children, spouses and parents - where they said that often they felt obliged to help (cf. Lewis and Meredith, 1988). The Carnegie Inquiry (1993) reports that there is no evidence that people choose to volunteer as a replacement activity for work and family responsibilities. Rather, it is argued that volunteering in older age is a matter of continuity; few older people help others unless they did so when they were younger (Carnegie Inquiry, 1993:83). This was reflected in participants' accounts in the present study.

Participants who helped others in some way said that it helped them too and connected them to social issues and concerns. This supported the findings of Bury and Holme (1991) and Bamford (1994). The Carnegie Inquiry (1993) found that older people's main areas of involvement in voluntary work were: health and social welfare, religion, hobbies/recreation/arts and visiting other older people. These areas were reflected in the present study, with the exception of hobbies/recreation and arts which respondents participated in, rather than helped with.

Dorothy Twigg (83) began to work as a volunteer for a local charity after she was widowed:

I knew I was going to crack up, I was crying to everybody ... but er, someone in the family, you know, they knew what was happening to me, they said, 'Why don't you try a voluntary job?'

Dorothy worked first in an Oxfam shop then for a local charity on the reception desk. She enjoyed this; it reminded her of when she had worked in her mother's sweet shop as a child. At the time of the interview, she was working as a visitor, talking and listening to other older people. Her volunteer work took up most of the week. She said that this had helped to broaden her social life, as well as to occupy her spare time:

You're doing them a turn and also it comes back to yourself, I mean, you are occupied and your brain's ticking all the time...

Janice Roberts (64) started voluntary work for similar reasons. Following the death of her best friend, Janice thought, 'there's something got to be done here' because she felt so 'down'. After some encouragement from her daughter, she commenced work for two voluntary organisations - one which offered other older people emotional and practical support - and the other offering advice on a health help-line. She said:

As long as I'm needed, I'm okay. I think for an older person not to be wanted and not to be needed, is absolutely terrible. It's the best thing when somebody says, 'Oh I'm glad to see you. Oh you have helped me'. It's not the praise, it's just the thought that somebody appreciates you and really needs you.

Janice's use of the word 'needed' suggested giving practical help, her use of the word 'wanted' implied reciprocal acts of friendship and love, both of which she said that she gained through her voluntary work (cf. Bury and Holme, 1991; Bamford, 1994).

Janice and Dorothy participated in 'formal' volunteering; that is, they worked for a voluntary organisation. Most participants, supporting the findings of the Carnegie Inquiry (1993), helped others in an informal way, such as visiting an older or sick person, doing shopping for someone, giving advice, transporting and escorting.

In a similar way to one of the participants in Hanson's (2000) study, Peter White (72) appeared almost to have adopted the role of 'surrogate husband' for some of his

widowed neighbours; helping them with jobs around the house and garden and taking them out in his car for rides in the country. He also visited people at a local nursing home. Peter explained that his desire to help other people was because of his own experience of caring for his terminally ill wife. Peter had used his experience positively to help others; he told me how he had befriended the doctor who had helped him to obtain social care for his wife, when the doctor himself was bereaved, and how he liked to help his relatives and neighbours when needed. Since his wife's death, he felt that he had more time to value life and other people and enjoyed visiting people in the nursing homes.

I go either once a fortnight or once every three weeks. When I went about a month ago, one of the ladies who is normally very, very miserable, I usually try and cheer her up but sometimes it's a waste of time. I always take Fox's Glacier Mints.

Both George Daley (78) and Tom Howarth (77) helped to transport people to and from luncheon clubs. George and Anne Daley (79) also supported people as part of their pastoral role in the Quaker church. Like Peter White, the Daleys said that they wanted to help people partly because of what they had been through in their lives (in particular the death of their son in a motor bike accident) since this enabled them to empathise more with other people. Anne Daley said:

I think one of the main things we've learnt is a genuine compassion, having been through a trauma ourselves and getting a lot of bereavements of our age, we really do sympathise now. ... You're more determined to help. Whereas before, I know you don't actually say this, but you sort of say, 'Well, that's their problem', but once you've had the problem yourself, you say, 'I must do something about it'.

George agreed with Anne:

The death in our family... it makes you able to... you're more aware of the sorts of feelings people have I suppose. At least, you can empathise with their

situation and talk to them, shall I say, a bit more tactfully, a bit more understandingly.

Learning, whether in a formal or informal way, may help to empower older people not only in their personal lives, but also to play a more active part in society (Carnegie Inquiry, 1993). It has already been seen how Josephine Buxton (61) had returned to college to 'catch-up' with her learning. She said that she was thinking of enrolling on a course to become a counsellor and reflected that her past experiences enabled her to empathise and help other people:

I often say that misfortune is a process of learning to cope with life and you are able to understand what other people are going through. A lot of people if they've never experienced bad things or pain, always think someone's putting it on and they have no feeling, cannot understand what's going off, but if you have suffered you know what suffering is, what pain is, emotional pain, physical pain and psychological pain. You know what it felt like so you can help other people. And that's how I have helped other people who suffer.

Erikson et al. state that it is important to consider the role of generative experience in the individual's overall philosophy of life, that is, to recognise the extent to which his or her world view incorporates a broad sense of integral concern for the well-being of the world and other human beings (1986:101). This was most obviously illustrated though the social and political concerns of some participants. The Daleys, for example, talked about their interest in Amnesty International and Greenpeace. Although they said that they had always been interested in social and political issues, their retirement gave them more time to actively pursue them. George said:

If people would only realise that the greatest happiness that people can get is when they are actually doing something for someone else. That's when you get real satisfaction.

Tom Howarth (77) was treasurer of a camping association and of the local Labour Party. He had been interested in 'political matters' all his life, but he said that it was

only since he had retired and moved to the country that he had the time to act upon his political beliefs:

I joined the Labour Party when I came here. I hadn't been a member of any party before, but I thought, 'Here's a chance to do a bit', no matter how small...

Participants who helped others in some way on an individual basis, indicated that this was part of their life-long belief that it was important to show concern for others. They described helping others in informal ways; whether with practical concerns such as shopping or fetching a neighbour's library books or, as in Josephine Buxton's case, 'cheering up' her neighbour when she was anxious. Jim Caldwell (74) lived in a sheltered housing complex. He described reciprocal exchanges between himself and his neighbours:

I'll do errands for them if they like. One across here we get on well together. If I give her something then she gives me something.

Bill Carter (80) was largely confined to the house. When I asked him if he helped anybody in any way, at first, he said that he would like to because he had 'always helped old people', but was unable to now because of ill-health - he had suffered a stroke. However, after a bit of prompting, he admitted:

...I'm still interested in the British Legion. ...a friend of mine, he's took my job over and he always comes to me for advice, 'What do you think about this, what do you think about the other?' And I explain to him the best way I can. And he sees to it, yes. You see, I've had some bad cases over the years, I always got something for them, they never refused me, from headquarters, they never refused me. ...It's experience you see.

Above all, participants' stories showed how 'work' and/or busyness can continue post-retirement, some of it remunerated financially, the majority through voluntary activities. This challenges the emphasis of political economy perspectives on the dependent social position of older people (Phillipson, 1982; Townsend, 1981;

Walker, 1980). The idea of structured dependency therefore neglects to address the ways in which individuals may challenge the impact of different forms of institutional control such as retirement (Giddens, 1991; Bury 1995); it has been seen that participants took voluntary jobs, others used their past experiences and skills to help others and some took paid work.

Further, given that participants wanted to and did, actively engage in society, shows that older people should be viewed as a resource not as a burden. Research studies have shown that the reason why most people volunteer is because they are asked by someone they know (Niyazi, 1996). One of the most damaging consequences of ageism, Niyazi (1996) argues, is that older people are seldom asked to volunteer, largely arising from the misconception that they need more support and training and they give less time and stay less long (this is not necessarily true, as the Carnegie Inquiry, 1993 found). Participants' comments revealed that helping others may be a positive and rewarding part of their lives, provided it is desired and not exploited (cf. Bury and Holme, 1991).

Restrictions in later life

As well as the freedoms later life can bring, participants' accounts also revealed the restrictions they experienced as they grew older, these primarily concerned physical and financial problems. However, even in the face of such restrictions, participants' views and experiences were diverse. As the quotations at the beginning of this chapter indicate in their descriptions of very different views of later life, we cannot adopt a negative/positive dichotomy regarding people's experience of later life; as Feldman puts it, 'ageing is not one thing or the other' (2001:270). In later life, a rich variety of human experiences are represented; whether good or bad, negative or positive or simply mundane.

Physical limitations

Research has shown that older people frequently define themselves as healthy despite reporting symptoms of illness (Rogers, 1991; Perry and Woods, 1995). This supports Feldman's claim that 'older age, even with the presence of illness and

disability does not necessarily equal poor health' (2001:269). Although participants in the present study tended to associate older age with illness and physical decline (see also chapter five), their views varied when confronted with the substantive experience of being ill or disabled in some way. Some participants expressed the view that the aches and pains they experienced had to be 'put up with' since they were simply a result of ageing, others were able to separate being ill from being old, whilst others acknowledged that their feelings and experiences changed from day to day (cf. Bamford, 1994; Minichello et al., 2000). As already illustrated by the various activities they took part in, participants did all they could to enjoy their lives, despite their physical problems. As Thompson et al. found, 'part of the freedom of later years is to feel that if the body is ageing, the spirit is still young' (1990:172).

It is important, however, not to trivialise the very real physical problems that some participants experienced. Janice Roberts (64) said that she had, 'Only usual aches and pains, shoulder pains, women's trouble'. She felt that this restricted her in some respects, in particular, she had to give up her paid work as a cleaner because of the arthritis in her shoulder. In her work as a volunteer, she preferred to keep quiet about her pain:

I know my limits, what I've got, but nobody knows about it. You know, 'Come on, give us a lift with this' and, 'Do this'. I feel so embarrassed that I sometimes do it and then I suffer after.

When Janice talked about 'what I've got', she was referring to cancer. Despite Janice's assumption that her aches and pains were a result of ageing, it was likely that she was prevented from doing all the things that she would have liked because of her condition, although this is not to say that ageing had no effect on her physical capabilities.

When participants were asked more direct questions about their health, they recognised that their physical problems might result from specific medical conditions

or lifetime habits. When I asked Margaret Wallace (74) how she felt about growing older, she said:

I don't like it at all. I hate it. I just wish and hope with all my heart that I can die quickly.

However, she said that she had felt like this only since she had her stroke:

I hate not being able to do the things I used to be able to do. I used to be a very active person. I used to always walk quickly and I can't do that, I've got to... The doctor says I must walk slowly otherwise I shall go and have another stroke. So, I have to move slowly now which I've never have done you see.

Since her stroke, she said that she had become more conscious of ageing, 'I reckon I didn't feel more than about mid-forties before I had that stroke'. Her view might have been strengthened by her GP's comment:

The doctor said, 'Well, you have to remember that a stroke can put ten years on your life, so you're not really seventy-four, you're eighty-four'. And I thought, 'Yes, that's what I feel like' (laughed).

Anne Daley (79) described how her terminal illness - which meant that she could catch infections very easily - prevented her from socialising as much as she had done in the past. However, as already seen above ('Freedom to enjoy activities'), she still enjoyed a very busy life.

Muzafar Uddim (65) was able to separate the physical changes he thought were due to ageing from those he thought were due to stress. He described how arthritis affected his 'every joint' which he thought was due to older age. He also said that he had 'a lot of pain all over my body' and a stomach ulcer, which he felt, might be the result of the stress he had suffered over an industrial accident twenty years before. For Muzafar, therefore, his present day problems were a continuation or accumulation of his life experiences.

Reginald Green (78), who said that he *felt* ‘the same inside’ as when he was twenty-five, recognised that the reason why he experienced breathlessness when walking had probably more to do with the fact that he had been a lifelong smoker than his age:

I can't walk as far as I used to walk. I mean when I retired I set off one morning at 9 o'clock and I was walking all day until I got home at 5 o'clock in the evening, I can't do it now, can't do it now sadly.

Reginald smoked continuously whilst he talked to me; his hands were nicotine stained and the house and all his books were permeated with smoke.

Reg said:

You see some people still cycling turned seventy, but they must have been doing it all their lives so they've got used to it and they've probably never smoked in their life, ha, ha.

Participants did not appear to let their physical problems prevent them from enjoying their lives. Despite his breathing problems, Reginald still worked in his son's shop every morning, answering the phone and went to the pub every night for a pint and a chat with the students there.

Participants also learnt to adapt to their illnesses or disabilities; something most clearly seen in Winifred Blinkhorn's story.

Winifred Blinkhorn (83)

Winifred had suffered a stroke and had been treated for cancer twice. However, she seemed determined not to let this interfere with her life:

Not being able to walk really annoys me because people say, 'Can you walk any faster?' and I can't. All the way down on both my legs, it's pain. I'm all right sitting or driving that's fine, it's only when I walk that bothers me.

Otherwise, I am very pleased to go on living and I've not ended my life with the stroke.

Winifred described how she had learnt to drive again following the stroke:

I'm so fortunate - I did have a small stroke - I was in hospital for five weeks, so they must have thought I needed care. And when I came home, I had an automatic car but I did not know what to do with it. But the man who came was marvellous. He came five or six times and said I had only lost my confidence. He was marvellous and not bossy. He said he thought I could go on driving for another two or three years at least.

Further, Winifred Blinkhorn and the Graysons said that initially they were upset because their illnesses prevented them from taking holidays abroad, but had since found coach holidays in Britain which they enjoyed as much. Winifred said:

I've holidayed in a motor all over France but I can't do it now. I've just been away with Heritage to Scotland. It's all organised. One day in the holiday, they have a special meal with Haggis and a man comes with a kilt on and there's a piper that comes all the way round the dining room.

Winifred's life - her past and present and future plans - is also interesting because it contradicts some of the stereotypes about never-married women. O'Brien (1991) cites the following generalisations in terms of never-married people: they have poor relationships with others, they are losers, they have been loners all their lives and they lead more isolated lives in later life than those who have/are still married (cf. Sontag, 1978).

Winifred's narrative, supported O'Brien's (1991) own research, undertaken in Canada, which examined the life experiences of older women who had never married. O'Brien's (1991) findings revealed that although the women's attitudes and experiences were diverse, most had led satisfactory lives and were satisfied with their relationships with family members and friends. O'Brien found that for these women, the maintenance of personal dignity and a positive self-image in later life was

contingent upon retaining the kind of control over their life-decisions that they had developed over a lifetime (1991:314). Hence, for example, only one of the group mentioned moving in with relatives in the event of her becoming unable to live on her own.

As well as her determination not to let her stroke hinder her life, Winifred said that she valued her independence and was determined to live on her own for as long as possible. Also, (as described in chapter four, section 'Men and Women: telling different stories?') Winifred's life story was dominated by her love of her chosen career - teaching.

Betty Lomas (90) talked of 'catching up' with the physical limitations brought about by older age. She explained that she had suffered from several falls in the past year, which meant that she could not leave her flat on her own:

I had both my knees replaced when I was fifty-eight. It was wonderful, it made such a lot of difference. I feel it now, but only in stiffness, not real pain. But now I'm getting older, it's catching up a bit.

How participants felt about restrictions in later life, appeared to change from day to day, and even from hour to hour. Describing the various illnesses they suffered from, Ernest Grayson (83), like Betty above, said, 'Your age catches up with you', and his wife replied, 'We have good days and bad days'.

Similarly, Josephine Buxton (61) when asked how she felt about growing older, replied:

Well some days I feel okay, I can run up the stairs and other days... when my grandchildren are around me, I think they drain me.

Brian Jenner (62) had a bad cough when I interviewed him for the second time. He said:

I don't feel very good. Talking about ageing, I feel decrepit. When you came last time, (laughed) I felt quite normal but... I'm full of this stuff.

Participants' comments showed that any discussion about later life must acknowledge that although the incidence of disease and disability increases with ageing, these are not inevitable, nor do they represent the totality of the experience of ageing (Feldman, 2001). Their stories supported Gubrium and Holstein's claim that the 'ordinary rhythm of daily living' includes:

The mundane inner worlds of personal meaning as well as the social worlds that interpersonally form around the many and varied 'good days' and 'bad days' that comprise old age

(2000:3).

Financial constraints

Phillipson's research regarding retirement and older age supported, to a large extent, the adage that 'retirement is all right as long as you've got money and your health' (1982:45). This was reflected to a certain extent by the views of participants in my study, although money was always given secondary importance to health. However, financial difficulties did not appear to impact on people's lives in a way that might have been anticipated, certainly not to the extent that is argued by the political economic approach; that the main determining factor on quality of later life is the influence of labour market position through and after retirement (Walker, 1981;1993). William Buxton's (79) view was typical when he said:

As long as I've got my health and strength. As long as I've got my health, I'm all right, no pain or nothin'. I don't worry about nothin' as long as I've my health and strength. I don't worry about having no money or anything. I don't want money, just my health.

Undoubtedly, however, money can improve the quality of life for some people. When I visited Jim Caldwell (84) for the last time, he had just been discharged from hospital. He had suffered from lung problems for years, but had only just been diagnosed with pneumoconiosis; a legacy of his years spent as a miner. The doctor had encouraged him to claim compensation. When I asked him what he would change about his present life, Jim answered, 'If I had a bit of money spare, I would go and get some sun on my back'.

It was interesting to note that the two participants, who had the most negative perceptions about older age, appeared to be the most financially secure: Brian Jenner (62) and Margaret Wallace (74). Brian Jenner was an architect who, in fact, still worked part time. He lived in a large, detached house in the country. Margaret's late husband had been a solicitor and she lived in a private cottage. When her health deteriorated further due to a stroke and Parkinson's disease, she moved to a private sheltered housing complex.

Both Brian and Margaret repeatedly said that there was little, if anything positive to say about older age and stressed that they wished to die if they became very physically or mentally disabled. Brian commented:

I can't think there's any advantage of older age, it would be pretentious, because nobody wants to be old do they really? You know, it's just inevitable, unless you die earlier. No, I don't think it's anything to look forward to at all. It's downhill all the way I reckon. And you know, if you can just keep reasonable health it seems to me and make a decent exit, slip off one night.

When I asked Margaret how she felt about growing older, she responded, 'There is nothing to commend it at all as far as I can see'. However, Brian and Margaret's life stories (see chapters four and seven), revealed that they seemed to hold pessimistic and negative views about life generally and had done so throughout their lives, although of course, their past lives and feelings were recalled in the light of their present feelings and experiences; if they were feeling low at the time of their interviews this might have had a negative effect on what they said.

Reginald Green (78) and Muzafar Uddim said that lack of money was a problem for them personally. The fact that they were the only participants to talk about this explicitly, could have been due to a number of reasons, including: the sensitive nature of the subject; participants' reluctance to evoke sympathy because they felt that they had no right to complain when compared to others, because they felt that they were better off than they had been in the past (see Lillian Grayson's comments below) or simply because they might not have had any financial problems.

Reginald had chosen voluntary redundancy from his work as a shop floor inspector at an engineering factory. He received what he thought was a good redundancy package, but after only nine months of retirement, Reginald took a part time job - first, as a cleaner at a golf club - and then as an assistant in his son's shop (where he still worked). It was not only the social side of work he said that he missed; he soon found it hard to manage financially:

It was a considerable concern to me, dropping from what was then a good income, down to living on an old age pension and my company pension. And, what money I'd got in the bank, I was frightened to death to touch it. Even now, I'm still reluctant to dip into it. You see, we don't know how long we're going to live.

Despite his reduced financial circumstances, Reginald appeared to love his life. He repeatedly used the phrase, 'life is for living' and led a very active social life. In contrast, Muzafar Uddim spent most of his time in his small terraced house, surrounded and looked after by his family. He rarely went out apart from going to the Mosque.

Muzafar Uddim

Mr Uddim (65) said that for him, getting older, meant that he was 'worried about money'. He had been unemployed since an accident at work twenty years before and said that he was now a pensioner without any savings and was having difficulty paying his mortgage. Despite the fact that people seemed to respect him to his face,

he felt that they did not like him 'because I am unemployed' and had to rely on his family and friends for practical and financial help.

In order to try and rectify the situation, Mr Uddim had applied for a council house so he could sell his house. He said, 'it will be a relief not to be in debt', but he accepted that he did not have much money and could not get anymore. Above all, he said that he wanted 'peace of mind' and 'prayed to God to give him peace'. His feelings might have been a reaction to the high hopes he had - in terms of job prospects and supporting his family - when he first came to England in the 1960s. Muzafar said that he would like to change his life into 'a rich one' which would enable him to support his daughter and send money to Bangladesh for people who 'were poor and in difficulty'. Despite, his financial hardship, Mr Uddim said that he did not regret coming to England; when he first came here, he had a job and earned money. Even though he had the accident, he believed that he was better off in England than he would be in Bangladesh - 'this is a welfare country; at least I can survive here'.

Muzafar commented, 'no matter what race, you are unwanted if you are unemployed'. His situation, therefore, was not to do with his age per se, but a culmination of the fact that he had been unemployed since his forties and as a result, in later life, he received very little in terms of a pension. It is unlikely that this fact would have been uncovered if Mr Uddim had been asked about his attitudes towards ageing or his present circumstances alone; his current situation, views and experiences make more sense when set against the background and context of his life story.

On first examination, it would seem that a low income kept Lillian Grayson and her husband Ernest spending most of their time alone in a rented upstairs flat. Lillian was asked to retire at the age sixty-two from her job as manager of a large department store restaurant in London. Like Reginald, she sought part time jobs; she enjoyed 'keeping busy' and needed the extra money. First, she worked as a cleaner at a Salvation Army hostel and then worked as a childminder and doing 'odd jobs' and 'making tea' in a travel agent's. She stopped paid employment when she returned to her childhood home of Sheffield, at the age of seventy.

The Graysons left their flat rarely. They shopped once a week together and Lillian occasionally went to the luncheon club at the local church and Ernest to 'socials' at the Blind Institute. Yet Lillian and Ernest said that they were more comfortably off than they had ever been; it was their health that prevented them doing all the things they had planned to do in retirement. Lillian said, 'We thought that when we retired, we were going to have a lovely time, holidays and everything, but...' Her husband (unusually - since Lillian did most of the talking during interviews) interrupted, 'I expect everyone thinks that'. Lillian continued, 'We've been too poorly, on and off'.

Some participants acknowledged that they would not feel so positive about older age if they struggled financially. Maureen Williams (81) said that:

If you are blessed with health and strength and sufficient means, you don't go hay wire, you're careful, you don't drink, you don't smoke, then things are a lot easy for some people than others, aren't they?

Peter White (72) concurred:

I wish everyone was as well-off as I am. Although I can't spend, spend, spend, I haven't got to look at where the money is coming from, for the gas bill, for my electricity, for my food. I mean, I can afford to run the car, touch wood.

Participants' experiences and views supported to some extent Bury and Holme's (1991) study of people aged over ninety which found that although good health and material circumstances were important to older people, they did not always appear essential for high levels of activity inside or outside the home. Participants' sense of contentment and even happiness was more in evidence than some of their physical and material situations might lead one to expect. Winifred Blinkhorn and Reginald Green, for example, seemed active and happy despite their physical and financial limitations. Muzafar Uddim seemed passive in the face of his reduced circumstances, but these, as he himself seemed to recognise, were the result of the sum of his life experiences not the result of older age per se. Brian Jenner and Margaret Wallace's pessimistic views seemed more to do with idiosyncratic personality characteristics than anything else, as their life stories revealed (cf. Jefferys, 1997). As at any point in

life, older age is characterised by diversity as well as commonality, whether in the way such factors impinge upon people's lives or their attitudes towards their circumstances. For example, Jerrome's (1989) research on the nature of friendship and social support in later life, shows older people's active engagement in shaping 'social circumstances' within varying moral and cultural contexts. The impact of individual agency in the face of physical and/or financial need must not be neglected. The biographical approach stresses the agentic construction of lives; emphasising individual agency and difference. This is in contrast to structured dependency approaches which tend to paradoxically reinforce the negative images of later life that they set out to challenge (Bury, 1995).

Dependency versus independency

The attitudes and experiences of participants towards the problems they encountered, whether they were of a physical or financial nature or both, raises issues surrounding the meanings of dependency. This may be illustrated by the case of Bill Carter (80). Bill had suffered a stroke and a heart attack, he lived in a run-down house and, although he did not allude to financial problems, was thin, shabbily dressed and seemed, from my subjective viewpoint, lacking in material comforts. Bill had difficulty walking - he could only just manage to walk down his garden path and needed to be transported to and from the village centre by car. He also had difficulty using his left hand following the stroke. Bill's attitude seemed to one of resignation, he said:

I'm all right some days, other days, I can't do nothing, you know. I mean, you have to put up with it and that's all there is to it.

My initial reaction to Bill was that he was dependent. He had a home-help first thing in the morning to set and light his coal fire, he received meals-on wheels, and his daughter shopped and cleaned for him. However, from Bill's point of view, he was independent; he said that he wanted to remain independent so had chosen to live at home, rather than join his wife in a nursing home. He regretted the fact that his house and garden were unkempt, but he was prepared to put up with this if he could stay in

his own home. Bill said that he did not want anybody to 'carry him'; he would rather take his time and do things for himself:

I'm not a moaner and groaner. I keep doing a bit and having a rest, I try to keep my house clean. I can't grip anything you see, that's as far as it will go, that's the stroke that I had. It's a problem shaving with your left hand (laughed), it takes me about half an hour. You have to cope with the situations that you're in at the time. You try your best, I have a rest, I do a bit and have a rest and carry on and I don't expect anybody to carry me about, not if I can avoid it, if you know what I mean.

Bill's idea of independence was therefore very different from my own. Bury and Holme (1991) and Johnson (1993) amongst others, are uneasy about the use of the terms dependency and independence to discuss older people; they ask, who is independent in our society? Williams' (1990) research into lay beliefs about health and dependency among older people emphasises how 'dependency' is experienced in terms of moral imperatives, shaped and drawn upon by different generations in different ways, in addition to economic factors. Further, Bury and Holme follow Titmuss (1970) and Elias (1985) in suggesting that:

Dependency be seen as intrinsic to the lives of everyone, regardless of age or sex and that reciprocity, either immediate or delayed is a part of such dependence

(1991:164).

Ann Revitt (91) articulated the feelings of other participants when she said that she felt that you 'reap what you sow' in life. Ann's stories described how she had always actively helped other people. When she commented to her daughter that she found that people were 'so kind' to her, her daughter replied, 'Well, mother, a lot depends on you and you've always helped other people and you've always been friendly'. Ann had nursed her husband who had Alzheimer's disease at home until his death, until recently, she used to wash up at the coffee bar at church, and at the present time, fetched library books for a disabled, younger neighbour. Although Ann

said that she did not want to 'be a trouble to anyone', she seemed to welcome the help she received from family and friends. This mainly involved assistance 'getting about,' she needed help to cross roads because she felt unsteady on her feet. Ann's attitude suggests that if people offer help to others when they are capable of offering support, they may be more comfortable later in life about accepting help if needed.

As was seen above ('Helping others'), participants did make a valuable contribution to society in different and varied ways, in the past and in the present. For example, Bill Carter said that he had shopped for 'old people' in the past and had worked for the British Legion, who still benefited from his advice. The Graysons had cared for older women in the flats where Ernest was a caretaker. Betty Lomas had worked as a volunteer with meals-on-wheels and had run the Over-Sixties Club at her church. Reginald Green had entertained at older people's clubs and continued to care for his wife who suffered mental health problems. A biographical perspective therefore emphasises diversity in experience rather than the inevitability of dependency. Viewing older people as inherently dependent, promotes images of older people only as recipients of care. The present study supports other research in revealing the prevalence of reciprocal exchanges between older people and their family, friends and others in their social networks (Matthews, 1993; Matthews and Campbell, 1995).

In addition, Bill's story suggests that dependency may not be all encompassing, even in situations of physical or mental disability or financial difficulties. As Bury and Holme argue:

Different kinds and degree of dependency occur at different stages of the life course, and a realistic recognition of its importance in very old age does not mean that it becomes its hallmark

(1991:164).

A biographical perspective encourages a recognition of the ways in which an individual occupies both dependent and independent statuses at different points within his or her life course (Pilcher, 1995:133). What is seen in our society is a complex interdependency which goes on throughout people's lives, whatever their

age or circumstances. Margaret Simey, an honorary senior fellow at Liverpool University's sociology department, and aged ninety-four has exclaimed, 'Independence! There's a daydream if ever there was one. All my life I have hankered after it' (2000:133).

Conclusion

A structured dependency perspective tends to focus on the disabilities, dependency and disadvantages of older age. Although these words may describe some older people's lives, they are misleading and do little to dispel the myth of older people as a homogenous group. Further, from such as perspective, the emphasis is on the state acting to ensure that older age is a positive experience rather than through individual agency. Older people's capabilities and needs at any point in time are not fixed but change, according to their own desires and attitudes as well as their needs in response to ill health or financial requirements. In the face of physical and financial constraints, participants' views and experiences revealed that individual agency is important. By their involvement in activities outside and inside the home and their relationships with other people, family and friends, participants showed that, for the most part, they can transcend the constraints that later life brought into focus. This is not to say that social and health policies should not be mobilised to support them, but to argue that we should move away:

... from the view that ageing is something that happens to people to recognising it as something individuals have to engage with

(Gilleard and Higgs, 2000:13).

Moreover, it has been seen that some aspects of later life are difficult. For some older people, later life is an ongoing struggle; the stories here describe how lives have been lived, are lived and, as the next chapter shows, might be lived. In attempting to counter-balance the negative images of later life, it is important not to:

create new dualisms of super-ageing in which story-lines of physically fit, creative, active, adventurous ageing become the new unachievable oppressions

(Feldman, 2001:276).

Rather, we need to pay closer attention to what older people themselves say about their lives; to the wide range of experiences and circumstances that accompany growing older. A critical gerontology is concerned not only with the political economy of ageing - the location of the 'problems' of ageing in social structures rather than with the individual - but with the meanings individuals attribute to later life (Minkler, 1996). In other words, we should incorporate into our research, policies and practices, not just how older people are socially constructed, but how they socially construct themselves (Reed and Clarke, 1999:213).

Chapter Seven

LOOKING FORWARD

They live by memory, rather than by hope for what is left to them of life is but little compared to the long past

Aristotle, *Treatise on Rhetoric*

Grow old along with me, the best is yet to be

Robert Browning, *Rabbi Ben Ezra*

Introduction

In contrast to much popular and academic thinking, participants' stories revealed that older people do think about the future. As described in chapters five and six, participants anticipated the future in terms of worrying about becoming ill or dependent. These fears were re-iterated throughout their interviews and will be explored further here in relation to their anxieties concerning planning for the future and thinking about death. Participants also referred to anticipating future events or activities such as celebrating the millennium, wedding anniversaries and holidays, and looked forward in a literal sense to living longer, planning for the future, and passing their experiences on to the next generation. Once again, participants' views and expectations were of an ambiguous nature: there were things that they looked forward to literally, that is, in a positive sense and also in a negative sense. As the opening, and very different quotations by Aristotle and Browning illustrate, in later life, the future is diverse and unpredictable.

According to Heidegger (1962), existence always has a temporal dimension, extending forward and back. 'Our lives', MacIntyre argues, 'have a certain form which projects itself into the future' (1981:201). Heikkinen concurs, 'Humans always look forward because the horizon of meaning in life lies ahead in the future' (1996:204). Yet, there is a tendency to perceive older people as living *primarily* in

the past and revelling in past glories (Boden and Bielby, 1983)⁷. It is argued that as older people withdraw from external activities and social contacts and are unable to appreciate the present as they once had, talking and thinking about the past are seen as natural, universal and enjoyable processes (Cumming and Henry, 1961; Lidz, 1968). Unruh states that 'with the onset of old age, it is perhaps inevitable that memories and images of the past increase in both frequency and importance' (1983:48). The corollary of this is that older people spend little time planning and thinking about the future, at least in a positive way. Matthews (1979) comments:

For old people the prospect of physical and mental infirmity, dependence and death looms ever larger with each passing years, making problematic their ability to project and maintain a desired self-image in the future

(1979:140).

Butler (1975) writes of older people reviewing their lives, concentrating on their past, in order to 'settle accounts' one final time before death. Marshall (1996) agrees, positing that as people become more aware that their time to death may be limited and that death is approaching more quickly, their orientation to time changes; the future becomes less important, the past becomes more significant. Other commentators have argued that older people's thoughts are preoccupied with death (for example, Kalish, 1976; Wass, 1977; Erikson et al., 1986).

These views still seem to predominate in the literature, despite evidence that suggests the contrary. For example, Kastenbaum (1963) discovered that people aged over sixty-five do not differ significantly from younger people in their ability to employ future time as a abstract, theoretical concept. In a later study, Kastenbaum (1966) found that although the concept of a personal future, as measured by the life span, decreases as the individual ages, cognitive futurity remains viable as a tool in the abstract organising and categorising of experience. The individual is bound by these two senses of the future, though one or the other may predominate. Other studies have found that older adults (with some exceptions, for example, people with

⁷ Positive and negative aspects of looking back were explored in chapter four.

dementia or Alzheimer's disease) as well as younger adults are most likely to recall recent experiences (Hyland and Ackerman, 1988; Fitzgerald and Lawrence, 1984; Franklin and Holding, 1977; McCormack, 1979). Moreover, Merriam and Cross' (1982a) study, found that adults, whatever their age, are similar both in terms of time spent reminiscing and reasons for reminiscing. This is not to deny the importance of 'looking back' (see chapter four), but simply to claim the importance of looking forward for people of *all* ages. Giddens argues that developing a coherent sense of one's life history is a means of 'escaping the ties of the past' and 'opening oneself out to the future' (1991:72). Coleman stresses the

Importance of integrating past experiences and at the same time the value of living in the present and with an eye on the future. It is the continuity of past, present and future that appears important

(1986b:127).

McAdams concurs:

(in order) to know who I am, I must have some inkling of what I have done and what I am going to do in the future

(1990:184-6).

A preliminary literature search undertaken before the interviews, uncovered little empirical work on the theme of older people looking towards the future in a constructive, meaningful way. The main exceptions are Erikson et al.'s (1986) *Vital Involvement in Old Age*, Slater's (1995) text, *The Psychology of Growing Old: Looking Forward*, Kaufman's (1986) empirical study *The Ageless Self* and Bamford's (1994) exploration of *Grandparents' Lives*. Erikson et al.'s (1986) longitudinal study of older Californians found that their participants did think about their futures. Many spoke in terms of a direct continuation of the lives they had always lived, that is, of daily activities, and some, of longer-range plans (1989:64). Slater delineates the current gerontological literature in order to, 'encourage individuals to consider their own future' (1995:11). Such considerations, Slater states, might include positive attitudes to the future - such as older people's contribution to society through active citizenship or voluntary activities - as well as concerns about the future in terms of illness or lack of income, all of which were

revealed in participants' accounts in the present study (see particularly chapter six). Kaufman (1986) uses illustrations from her life story interviews with sixty older Californians, to describe what she calls 'future orientation'. For example, Stella an eight-two year old participant in Kaufman's study, comments, 'I don't look back at all. I only look forward to what I'm going to do next' (1986:64). Nevertheless, Kaufman concludes that for the majority of participants in her study, 'the future is not perceived as a source of meaning' (1986:11).

Bamford (1994) looked at the life stories of twenty-eight Scottish grandparents, exploring their hopes, fears and expectation for the future in the context of growing older. One of the themes that arose from her study was 'looking to the future'. She discovered that for some people, later life was a period when the pressures of younger life were over, whilst for others, the future held the possibility of 'big changes and adjustments'. The study found that those who were content with their present lives, looked more positively towards the future. Conversely, people who were unsettled or still adjusting to the present, were less certain about how to make their future years happy ones (Bamford, 1994:103).

More recently, a special edition of *The Observer Magazine*, entitled, 'Britain uncovered', interviewed four older people. The headline to the article which described their lives read:

Just like starting over. Four people in their seventies tell us how their lives and the country have changed - and they would prefer to look forward, not back.

(The Observer Magazine, 2001:62-65).

Living for the present

Since I asked the question, 'what do you look forward to, if anything?' in the second phase of interviewing, it might be argued that I imposed the idea of looking forward onto participants. However, categories under this theme, emerged not only in direct in answer to the question, 'what do you look forward to', but in answer to other questions or from episodes related by participants in the first phase of life story interviews. Direct answers to the question, tended to refer to the anticipation of

future events or activities, for example, celebrating the millennium, wedding anniversaries and holidays, rather than looking forward in the sense of living longer, planning the future, death and generativity, which emerged from the interviews as a whole.

It should be noted that the themes described below which I categorised under the major theme of 'looking forward' might have been categorised differently by another researcher. This might explain why I found it difficult to uncover other empirical studies that supported or contradicted my findings. This is important since the way data is interpreted, organised and categorised has an affect on the way we act upon our research and, ultimately, perceive older people.

'It's all pointless'

Different attitudes toward the future, might be explained, at least in part, by people's present lives; people who are content are more likely to have a positive view of the future, whilst those who are unsatisfied, are more likely to fear the future (Bamford, 1994:103). This is not to say, however, that people do not change their views; as we know from personal experience, whether we feel positive or negative about our futures may change from year to year, week to week, day to day, or even hour by hour. Brian Jenner's (62) views are explored in detail here since he held the most overtly negative views about the future. In addition, his views are interesting because they reveal the importance of setting people's perceptions in context; by looking at people's past lives, we can understand more fully their present experiences (Bogdan, 1974; Kaufman, 1986).

Brian Jenner

Brian's views about the future were pessimistic; 'from now on', he said, 'it's downhill all the way I reckon'. He could see 'no point' in looking forward, since 'there is nothing to look forward to'. Indeed, throughout both interviews, Brian frequently made reference to the 'futility' of looking either back or forward.

Regarding looking forward, Brian said:

In a way, I feel more involved in the present than I did for large stretches of life before, because I'm busy you see and I've the taxman breathing down my neck (laughed). You know, I'm preoccupied with things like that and now I've got to have a chest x-ray and things like that. I mean, it's just boring, everyday stuff that everybody has, I don't sit here thinking, making plans, I can't really think more than a week or two ahead somehow, I never have done.

This statement revealed two aspects of particular interest: Brian was busy - as a self-employed architect - so he had little time to think about the future and, at the same time, he admitted that he had *never* planned long ahead anyway. Hence, in Brian's case at least, this cannot be attributed to growing older; it is something he had never done. Other participants also explained their orientation to the future as reflecting their *lifetime* habits. For example, Margaret Wallace (74) attributed the fact that she liked to plan ahead to having *always* 'been a planner' (see below, 'Planning for the future').

Brian's attitude regarding the pointlessness of looking forward, might be attributed partly by his reaction to his father's illness and subsequent death, over twenty years before. Brian said that his father's death had a 'profound effect' on his outlook on life:

... it was when my dad was ill and died and then that was when I really thought about it. That's when I suppose I thought, 'Is this what it's about?' And, 'I don't really want any of that' (laughed). And it's almost here now (coughed). But I don't think up to that point... well, you're too busy to think about it.

Brian was perhaps reluctant to consider the future in case he ended up like his father; his father had a series of strokes over three or four years. Brian recalled:

He hung on until he was sixty, until he got a pension, and then he became a cabbage in his head, which was very distressing (paused). And you used to go

to visit him - and this was a cruel thing - you started to think, 'What's it all about?'

Later in the interview, Brian said that it was this experience that had caused him the most pain in his life:

I'm just trying to come to terms with it in my own mind, it was wanting my dad to die, that was the pain and the sadness and the anger and the bafflement. ...After the first strokes, he'd recognised what was coming, and he said, 'When I get too much trouble, I want doing away with'. ...But when the time came, you see, you can't do anything about it and eventually, he went down and down and eventually he was a cabbage and you didn't know whether he knew and you'd feel anger and frustration and it gives you a feeling of sort of impotence. I found that very traumatic (paused). It's just admitting it to yourself, that you want a parent to die.

Brian continued:

That's really when I suppose I thought, 'Is this what it's about?' And, 'I don't really want any of that' (laughed). And it's almost here now.

His phrase, 'it's almost here now', referred to the fact that throughout our conversation, Brian was constantly coughing and saw his complaint as a sign of 'visible ageing'. Brian thought that if there was anything to 'look forward to' regarding growing older, it was purely in a negative sense. Again, Brian's attitude seemed to be shaped, at least in part, by watching his father die. He said that the experience invaded his thoughts 'like a disease':

You start thinking, Is this it then? Is this what's waiting all of us, sort of thing. You know, hardly fundamental stuff (laughed). But, it did start to occur to me, you know, 'Oh Christ, is this what...'? (paused) And then I really think I got very depressed.

Bamford (1994) records that several of the people in her study who felt anxious about the future, had recently been through traumatic times; this was true of Brian too. His views should also be viewed in the context of his mother's death, a few weeks before my second visit, at the age of eighty-eight. She had lived in a nursing home for the last eighteen months of her life. Brian said little about this, except:

It wasn't unexpected, but it still came as a shock and... I'm still feeling a bit... not confused, but a bit er, obviously sad, but sort of weighing it up a bit, you know. It's funny, coming to terms with it really. You think your mother is immortal, they're a fixture really, you've always known that they've been there all the time and all of a sudden they're not.

Throughout both interviews, Brian explored existential issues; about life, death and identity. He repeatedly asked the rhetorical questions, 'Why am I here?' 'Is this all there is to life?' and supplied his own answer; that the search was ultimately:

All pointless in a way because you start to look for explanations as to why things happened and it's pointless, everything's pointless. It's pointless getting up in the morning if you don't subscribe to a religion or anything.

It is interesting to compare Brian's very negative views about the future with those participants who did have a religious belief, although Muzafar Uddim - Muslim - seemed to be an exception to this (see below, and section 'Religious beliefs').

Brian's comment also revealed that he had negative views about life in general, his feelings were an example of what Sartre and other existentialists referred to as 'angst'; the possibility that life may mean nothing. Hence, it is unsurprising that Brian had similarly negative views about the future. For Brian, to engage in the process of looking forward in a positive sense, was futile; illness and death are the only certainties.

Muzafar Uddim

Muzafar Uddim (65) also had a limited view of the future; he felt that his life had 'not been fulfilled' in the way he had expected and seemed to see no future for himself. His sentiments, too, are more understandable if they are examined in the context of his present and past life. Muzafar's narrative illustrates how a biographical approach articulates the interplay between the personal and the social.

Muzafar was born in East Pakistan and emigrated to England in the 1960s, when he was aged about twenty-five, at the invitation of the British Government. His main intention was to obtain a 'good job' and to earn money. However, in 1978, his hopes were dashed when he suffered an industrial accident at the factory where he worked. His right hand was badly damaged and he required an operation to reconstruct his hand; he still suffered a great deal of pain from this injury.

Mr Uddim had great difficulty obtaining compensation from his former employers. Four years after the accident, Muzafar's solicitors advised him to accept £25,000, which he did. He regretted this; he felt that he was taken advantage of due to his inability to speak and understand English. In 1987, Mr Uddim brought his family to England, by which time all his compensation money was spent.

Mr Uddim's despair about his present and his future seemed to be linked to his frustration at being unable to fulfil what he saw as his role in life; a provider for his family. Since 1978, he had been unemployed, despite his efforts to obtain work. He said that he found this very upsetting, particularly since he was willing to accept *any* type work, 'even road-sweeping'. When asked if it was particularly difficult in Bangladeshi culture for a man to be unemployed, Muzafar replied in the affirmative; men are expected to support their families financially. He also pointed out that he felt that he was still young when he lost his job; he had not expected to be made redundant at such a young age. Mr Uddim's view of the future was bleak; he ended the interview by saying, 'There are no jobs for me in this country'.

Many of Fenton's interviewees who had immigrated to Britain (although they were from South Asia and the Afro-Caribbean) also spoke about industrial accidents and

the effect on their health of years of hard work (1987:28). Fenton records their feelings of disappointment, sense of loss and pessimism for the future because of their unfulfilled expectations. This supports Bamford's assertion that people who are unsatisfied with their present are unlikely to feel positively about the future (1994:103). Perhaps this is because they have little to base a positive outlook on; in the same way as people use their life experiences to make sense of, and cope with, changes in later life, past experiences may influence them to think pessimistically about the future. Margaret Wallace (74), for example, thought about the future with trepidation:

I used to be an optimist when I was young, but I'm more of a pessimist now. I always think the worst is going to happen, always, and I never did before, so that's changed a lot.

When I asked why she thought this was so, Margaret replied:

I don't know. Perhaps because sometimes, nowadays, it does always happen for the worst. I don't seem to have the ability to get back into the swing of things easily like I used to. I always think the worst is going to happen and so often it does, anyway. (paused).

Elsewhere in her story, Margaret talked about circumstances and experiences that illuminated her perceptions. She said that she found it difficult living on her own although she had lived alone since her youngest son had left home, many years before. She was estranged from her elder son who had been unable to forgive her for her alcoholism and, several years before, she had been diagnosed with Parkinson's Disease and had suffered a stroke (see also below 'Planning for the Future').

'This is it, this is how it is'

Bury and Holme who interviewed more than two hundred people over the age of ninety, discovered that many of their respondents contemplated the future with a sense of 'inevitability' or even 'completeness' (1991:117). Moloney (1995) found that toward the end of their interviews most of the women in her study engaged in a

'summing-up' of their lives and took a 'clear view of the present' (1995:7). She writes, 'there was 'usually an expression of having come to peace, of accepting the way things had been in the past and feeling comfortable about the future' (Moloney, 1995:7). Ågren (1998) investigated how life was experienced by older Swedes at the ages of eight-five and by those who had survived to become ninety-two, seven years later. She discovered that some participants 'resignedly accepted' their situations. There was a general lack of expectation towards the future amongst the ninety-two year olds, due, Ågren believes, to a general satisfaction with their long lives (1998:113). Nilsson et al. report the participants in their study (who were between the ages of eighty-five and ninety-six) as, 'not daring to have any expectations' about the future (2001:7). Similarly, Freeman (1997) describes narrative foreclosure; the idea that some older people may become stuck with an internalised image of their lives in which nothing more can happen, in which the rest of their lives must be a 'foregone conclusion'. It would not, in my view, have been surprising to find this sentiment amongst the oldest participants in my study, many of whom said that they 'had seen it all before'. However, it was Janice Roberts (64) who displayed the clearest example of this internalised image.

Janice Roberts

For Janice, the future held few expectations because of the 'extraordinary' life she had already led:

There's nothing that would come in the future that I would have missed what I've had that's gone, because I've sort of, not had everything in life, but I've done most things, that you would never probably do in another lifetime, you know, or see in another lifetime, or go through in another lifetime. Er, so in the future, whatever happens would be a bonus, and it would be great if something nice, if something lovely happened, but I'm not foreseeing that, I'm just thinking that this is like everybody, just living now for whatever has got to be, you know.

Janice's somewhat fatalistic attitude, 'whatever will be, will be', is perhaps unsurprising, given the events of her life. Since she referred to her past as

'unbelievable', and as 'like something from a novel or film', it can be seen why she believed that nothing could compete with her past. Janice's story is dominated by loss: the deaths of her mother, husband and best friend, and the dramatic circumstances surrounding her escape from her second marriage abroad which left her physically and emotionally ill, homeless for a time and in financial ruin. Just as she would never have predicted her past life, Janice believed that there was no point in looking forward. She said, somewhat stoically:

I can't foresee the future so I don't think about it. Because somewhere at the back of me mind I think, 'This is it, this is how it is'. I'm not sad about it, but this is what it is. I can't see anything happening that's going to be great. You never know, but I never think that.

Later in the interview, Janice expounded the view that she had done all that she wanted to do in life; she had no 'burning ambitions'; anything positive that happened to her in the future would be a bonus:

Now I think you look for the simple things, you know, just to have a laugh, to see people you like and discuss things. But there is nothing really that could excite me to the extent...Maybe travel, if somebody said to me, 'Would you like to go to Australia?' That would be great, I'd love it, not necessarily Australia, anywhere, but um, it doesn't matter that that would never happen. It would be a bonus, if somebody said to me, 'Would you like to go to somewhere, would you like to go to Canada?' But you know, it's not exciting 'til it's happened.

One example of her lack of expectation, was in the area of friendship. Janice said that she was reluctant to make new friends after her best friend Susan's death; they had known each other since their early twenties. Janice had lost contact with many of her other friends when she had emigrated to the Middle East; her husband's jealous nature had prevented her from spending time with them. She thought that she would never have a friend like Susan again, 'There's nobody that can compete with her. I think I am too old to waive all those years'.

Kaufman argues that ‘friendships depend upon building a life together, looking forward to the future and sharing expectations’ (1986:110). Kaufman cites an eighty-one year old woman, who felt, ‘The friendships I’ve made recently, I consider very much on the surface. When you’re older, you don’t go deep into friendship’ (1986:110) (cf. Jerrome and Wenger, 1999). Janice echoed this sentiment:

And there’s nobody that I’m deeply...and I can’t see meself, to be honest Amanda, getting anybody that I will deeply feel for. I might do, but I can’t see it, because there doesn’t seem that time to - to have enough time to get involved with someone that you really love, you know. So you just take them as friends, but there’s nobody that’s quite the same, no, no. No, there’s nothing that I really look forward to because I just take each day as it comes and whatever comes unexpectedly, then it’s lovely.

Lang (1998) reports on the Berlin Aging Study (BASE), which, amongst other issues, explored the future orientation of people aged between seventy and one-hundred-and-three. It found that pessimistic or limited future orientations were associated with feelings of loneliness and few deep friendships. This association disappeared when older people had many very close emotional relationships in their social network (Lang, 1998). Both Janice and Brian, who seemed to have the most negative perceptions of the future in my study, indicated that they were lonely. Brian stated:

You do get lonely I suppose sometimes, but not for long, just at times. I’m rambling now, I’m sorry. But I do get miserable, I mean, everybody gets miserable, don’t they?

Brian said that he missed female company and would like to have a sexual relationship. He also wanted more ‘relationships in a wider sense’, but felt that his lack of friends might not be to do with growing older:

Perhaps I’ve never been very good at it and perhaps it’s an individual thing, perhaps I’ve never been very good at being with people, perhaps that’s why I didn’t stay married (sighed), that’s something in my head, you know. But I just

find... it's perhaps fear of commitment in some way. Perhaps that's nothing to do with ageing.

Janice thought that she had made a mistake moving to her present flat. She would have preferred to have stayed in her house surrounded by the neighbours whom she had known for a long time, although she thought that she would still be lonely:

The majority of my old neighbours are still in their houses, children have gone, like mine have, but they're still in the house and I think I could have been a lot happier there, still lonely, but I'd have been a lot happier.

Perhaps because of past disappointments and losses, Janice did not look to the future with eager anticipation; she was content to 'just live for now'. Indeed, she said of her present life, 'It's nothing to what I did have, but I'm okay, I never want for anything'.

'Taking a day at a time'

The phrase 'taking a day at a time' was employed by some participants, perhaps because this allowed them to gain some form of control over what a few regarded as the increasing 'unpredictability' of their lives (see below, 'Planning for the future'). The expression was found also by other researchers. Rubenstein (1986), in his study of older widowers, describes how participants used the approach of living for the day as a means of gaining control in the face of the increasing imminence of death, diminishing time and the threat of change. Kaufman, too, found that the most frequent answer to the question, 'what do you look forward to now?' was, 'I live from day to day' (1986:111). Ågren (1998) reports that her participants were more likely to say that they took 'one day at a time' at the age of ninety-two, than at the age of eight-five, due, Ågren feels, to their frailty and their shortened time perspective. One man in Bamford's (1994) study told her, 'I plan for the year ahead, and live for the day'. Similarly, in my study, Maureen Williams (82), when asked if there was anything she looked forward to, replied, 'I try to live more day by day'. Nilsson et al. (2001) in their study of the ageing process amongst the oldest old, suggest that that when participants said that they were taking one day at a time, it

meant that they were no longer able to pursue goals in life as before. Certainly, amongst participants in the present study, these were different goals than they had pursued in their youth. However, as I argued in chapter six, this does not mean that older people are disengaged from the present or uninterested in the future, simply that their goals may be very different from the activity-driven goals of younger people (cf. Howarth, 1998).

Maureen Williams (82) thought that living 'a day at a time' was something that people learned as they grew older:

And you think, 'I'm going out tomorrow or next week, I'm going somewhere', and I think, 'Wait a minute now, one day at a time', you know. I do think that is something that does come to you when you are getting older, that you do learn more to live a day at a time, which you don't do when you're younger. Naturally, you don't. If you're going on a holiday in six months time, naturally you are looking forward to it, aren't you? But when you are older, you do think, 'That's tomorrow and that's next week, but we've got today, let's get today done and leave tomorrow for whatever comes'. You get more of a day by day living as you get older I think. Yes, you learn to live more day by day.

Bill Carter's (80) view concurred with this statement:

I take one day to the next. Some things is harder than others, but otherwise, as I say, I'm not a moaner.

Lillian and Ernest Grayson (83) were in agreement that:

We always think one day at a time, you know. That's the only thing you can do when you're living on borrowed time.

Winifred Blinkhorn (83), a retired Head Teacher, had never married; she cared for her mother until her mother died and said that she enjoyed living on her own. Her approach to life was 'Come day go day - what will happen will happen'.

Gladys Peters (93) also lived from day-to-day. Her attitude did not seem to be an expression of resignation, but of an acceptance that life at a very old age was inevitably limited in terms of time. She seemed to be referring to the imminence of her own death when she said, 'There isn't a future. When you get to my age, there isn't a future, you just live everyday'. However, Gladys thought for a minute and then added:

Although, I was thinking the other day, when I had my shop, the gypsies used to come in and they used to say, 'Give me a loaf of bread for my children'. And then they'd say, 'Give me some butter to put on it'. And one day, this woman went through the ritual and I said, 'I'm very busy, do you mind going now? I'm very busy'. And she got hold of hand and she said, 'Thee, thou'll live to be very old'. In fact, she said they'd have to have a pop-gun to shoot me off (laughed). And she said, 'And I think you might get the Queen's telegram' (laughed).

Although Gladys' direct reply to my question, 'what do you look forward to?' was that she did not have a future, here, she seemed pleased with the thought of being a centenarian (cf. below, 'Looking Forward to Events and Activities' when Gladys talked about planning her holidays). She repeated her reference to being one hundred, when she described the party that she had organised for her fellow residents in the sheltered flats, to celebrate her ninetieth birthday:

And so er, they (the other residents) said, 'Are we having another next year?'
And I said, 'You're not, you'll have to wait until I get the Queen's telegram'
(laughed).

She also said that she had a purpose in life, indicating that she felt that she had a future:

I'm doing a lot of things for people. I think, 'Well, there has to be a purpose' and Joan (the warden) will say, 'We don't want you to go next, we don't want you to go' (laughed), you know. And I think I have a purpose in life still and that makes you feel better...

Gladys' view supports Kenyon's assertion, that:

Even the oldest old, although they must adjust to the limited number of years left, are still living time with a present, past and future

(1996:30).

Bury and Holme (1991) in their study, *Life After Ninety*, observe the unwillingness of very old people to complain about their lives (1991:163). One of the questions they asked was, 'do you look forward to the day?' They concede that in their view, it would have been unsurprising to find many for whom another day was just one too many, but this was not so; only a small minority of their participants when asked whether they looked forward to the day on waking replied negatively. Those who were housebound or lived alone were more likely to respond negatively; that is, they rarely or never looked forward to the day. However, ill-health seemed to make little difference to participants' replies (Bury and Holme, 1991:110-111). Gladys Peters was flatbound - she relied on other people to take her out - but she said that she looked forward to each day. Every morning, she said:

I open the window and I put my head out for ten minutes and I get the fresh air and I say, 'Right, today's another day'.

'I just hope I live longer'

Erikson et al. (1986) found that although their participants professed not to worry about future life, they were frightened about death. They were anxious about dying in pain, about dying alone, about being a burden if they were ill and needed care (Erikson et al., 1986:66). In the present study, participants expressed the opinion that they wished to live longer. However, the caveat 'as long as I'm healthy and independent' was added to their desire. Bamford suggests that 'people in later life are, more or less consciously, looking ahead to a time when being old, with all its negative and frightening possibilities, may indeed happen to them' (1994:99). In chapters five and six, I described participants' fears about becoming ill and dependent as they grew older. Many of the people interviewed in Bamford's study,

talked of similar fears. Bury and Holme (1991) found that people worried about losing their health and independence. This response was typical of their participants:

As the years go by I do have my anxieties - I cannot see what the future holds for me if I lose my capacity to look after myself. I should hate having to be looked after by someone else

(Bury and Holme, 1991:122).

Amongst participants in the present study, William Buxton (79), said that he could not 'see anything straight in front at all', but added that he did not worry about the future:

I just hope I live longer, you know. Nobody wants to be dead. Yes so long as I'm healthy. If I'm unhealthy, I don't want to, as long as I've got my health and no pain, I don't mind.

Peter White's (72) story illustrated the desire of most participants to live longer.

Peter White

Peter said that he wanted to 'live at least as long' as his father and mother, who died at the age of eighty-six and ninety-three respectively:

When we're talking about my parents living, my memory is that they both worked hard. Fortunately, neither of them had any real problems, health wise, especially in their later lives and er, neither of them really suffered too long, so I do think about the ages of them and wonder if I should manage to achieve anywhere near their age, but I think there is a possible chance, especially the way I'm looking at life now.

The above statement, however, showed that Peter, too, feared that older age might bring illness and dependency; he said it was 'fortunate' that his parents had not 'suffered' from any 'real health problems'. His phrase, 'the way I'm looking at life now', referred to his more positive, if somewhat resigned attitude, to life since his

renewed religious faith (see below, 'Religious beliefs' and 'Looking forward to death').

...I have no fears now, touch wood, about another heart attack. I've realised that life's for living and if it happens, it happens. I've had a good life, I don't want it to happen, but if it does, there are lots of worse things that could happen to you, so I'm not really bothered. I mean, if I live all right, I don't want to be an embarrassment to anyone.

Peter thought that he obtained what he saw as his positive outlook on life and ageing from his father's determination in his later years:

I remember father... the corporation decided to requisition the house for road widening and father was very upset because it meant he would lose his garden and he also had an allotment and he said to me, 'I don't know what I'm going to do Peter when I go into this flat'. I said, 'The main thing you've got to do Dad, is go out and walk'. And my Aunt, who finished up having a flat about a mile a way from him, had been shopping one day and father was going down shopping but he was leaning against this wall so my Aunt said to him, 'What's wrong, Hugh?' He said, 'This left leg, it doesn't seem as if it wants to go but I'm going to make it go'. Now, that kind of thing makes me realise that if I'm feeling a bit slothful, I think, 'Get up'. And if I feel as if I'm going to go to sleep, which, as you get older, you can be watching that, reading your paper and the next minute you're gone. Well, if I feel that I'm beginning to drop off, I say, 'Out Peter', and I get up and put my coat on, weather permitting. Otherwise, I go upstairs and get on the (exercise) bike now. So I think this is what kind of guided... Yes, I think I'm going to live, touch wood, if you want to come in ten years time (laughed).

Ann Revitt (91) lived a very independent life, alone in a privately rented terraced house. She too, wanted to live longer (so long as she 'kept well'), despite the fact that she missed her husband who died seven years before of Alzheimer's disease:

I don't want to go yet. I don't want to be poorly. I keep going and I do well really. I'm very grateful. I would have liked my partner, someone to talk to about it. If there were two of us, but on the other hand there aren't many of the people that I know still in twos.

Ann did worry though that she might become dependent and be a burden to somebody, although she conceded that the fact that her second husband had suffered from Alzheimer's disease might have influenced her thinking:

I could never imagine my husband going with Alzheimer's and changing to somebody a little bit aggressive and living in the past and forgetful and not knowing - I could never imagine that - and yet, as people say to me, you wouldn't know. Somebody would be stuck with you and you do wonder how. And I am so grateful that I am really well but I am not in pain because you hear such terrible things don't you? You do wonder and you wonder who is going to want you and that is when you should get up and go and not think about it.

George and Anne Daley (78 and 79) were keen to 'live long enough' to see their grandchildren grow up. Anne said:

I suppose this is natural with every grandparent, but I hope I can hang on to see my grandchildren grow up, to see what they are going to do. To see how they are going to use their abilities.

It might be argued that it was understandable for people who were fit and well to have said that they wanted to live longer, but what about the attitudes of those participants who suffered from ill-health and/or disability already? Consider Doreen Thomas' (96) story.

Doreen Thomas

Doreen emigrated from Jamaica to England at the age of seventy-one. When she was not receiving respite care in a nursing home, she spent most of her time in an upstairs

bedroom, in the house of her son; she suffered a stroke twenty-four years ago which left her with restricted mobility. On both occasions when I visited her, she talked to me from her bed. Doreen had a strong Christian faith and repeatedly said that God had 'blessed' her because she was alive. She was grateful that she lived in England, where she could receive free medical treatment:

I come here when I was seventy-one and I get stroke when I was seventy-two. And I am ninety-six. I was only here a month and I get a stroke (paused). But I praise the Lord, I am alive. Some people get a stroke and tomorrow they're gone.

She said that she was not worried about death, but was happy to go on living:

If the Lord take me away now, I am quite happy and if he spare my life, I am happy, for I am getting good care and I am not worried. If I were in Jamaica, I wouldn't be happy, because my neighbours were not good, every day I'd be upset, if I were in Jamaica. Now if the Lord take me right now, I am ready, I am ready.

Although her attitude could be seen as resignation, thankfulness was a sentiment she echoed throughout both interviews, despite her immobility.

Winifred Blinkhorn, (83), too, expressed thanks that she had survived a stroke. In addition to the stroke, she had been treated and operated on for cancer twice. Since the stroke a year before, she had found walking painful, but she was determined that this would not affect her independence and she said that did not 'want to go yet', because, she said, 'This day and age, eighty-three is nothing is it?'

Reginald Green (78) had just been discharged from hospital when I visited him for the third time. Despite the fact that he had been operated on for cancer, like Peter

White above (section 'I just hope I live longer), Reg said emphatically and repeatedly, 'life is for living, life is for living':

When I'm in the pub, I always remind the landlord, that he's going to buy me a pint when I'm a hundred (laughed).

Reginald's appreciation of life was encapsulated when I visited him for the second time just a few days before Christmas: there were fairy lights around the front window and a small Christmas tree on the piano. Reginald said, 'I love Christmas'. His zest for living seemed to result partly from the independence and freedom he had experienced since his wife had left him (see chapter six, section 'Freedom from caring for others') and partly because he said that he had still had 'lots to do', such as reading the many books piled high in his front room.

The prevalent view in the media at least, is that increasing longevity is a negative phenomenon. Rather than celebrate the fact that fewer people are dying prematurely, the tone is alarmist. Consider the headlines, 'Grey boom costs set to spiral if free care falters' (Guardian, 31.12.98) and, 'A demographic time bomb is facing society due to the vastly increased number of pensioners' (The Today Programme, Radio 4, 31.8.95). Reginald recognised the achievement in older people living longer:

There's everything to live for, isn't there? Everything to live for. I mean, particularly as this is 1998 not 1898. I can remember when I was a young lad seeing women who at forty years old looked as those they were absolutely worn out, the parents of boys I went to school with died whilst they were still at school, they were young women. And now, thank God, you can see old age pensioners.

The phrase, 'everything to live for', went beyond the desire to live longer, which could be interpreted as simply not wanting to die. This is not to say that participants were living life as if it had no end (cf. Gladys Peters' comment above, 'Taking a day at a time' and Peter White's comment, below, 'Accepting death'), but to emphasise that participants felt very much alive and felt that they still had plenty to do, achieve and indeed, to contribute to society.

Looking forward to events and activities

Heikkinen (1993) found that many of the older Finns in her study, placed high value and appreciation on life itself. A man in Johnson and Barer's study, *Life Beyond 85 Years* said, 'Don't look back, look forward. Life is what you make it' (1997:12). The participants in Erikson et al.'s (1986) research viewed the future as a time for activity. A similar outlook on life was found amongst participants in the present study, especially when they talked about their leisure time and planning their holidays (see also chapter six).

The Graysons, Gladys Peters and Jim Caldwell, said that they looked forward to their holidays with eager anticipation. Ernest Grayson (83) described how he and his wife, Lillian (83) looked forward to their son and grandson visiting every Sunday and to their holidays. Lillian agreed and explained:

We've booked end of May and September. We're going to Torquay and Scotland. We've picked a firm we've never been with before, but we've been told about them.

Gladys Peters (93), lived in a sheltered housing flat and enjoyed the change of scene brought by her holidays:

A lot of these people here, they can't get out, some of them do. But the people who are confined to four walls, I think they should, it would do them good, it's only the same as being here, but it's a change of faces, a change of scenery and it quite nice, I enjoy it. I shall go while I live, while I can anyway.

Like the Graysons, Gladys planned her holidays well in advance:

...I'm going to Sutton in June. It's er a nursing home but it takes disabled people for holidays. I'm going to Bridlington in September and I'm going back to Sutton at Christmas so I get three changes and it's £240 at Sutton, not cheap, it's nice.

Gladys clearly enjoyed thinking about her holidays, particularly the food:

... This one at Sutton, it's breakfast in bed if you want it, cooked breakfast if you want it, but you needn't have it, there's fruit juice, cereal, toast and then at half past ten, there's your cup of tea and a biscuit, dinner half past twelve, cup of tea again at half past two, tea at half past four. Er light supper at seven o'clock and then a drink of Horlicks or Bovril or something at night. Food's magnificent.

Jim Caldwell (84) lived in a warden-controlled sheltered flat; he suffered from a variety of illnesses related to his work as a miner, but he looked forward to his trips to France:

I've been going down there about eight years now. I went on that channel tunnel when it first started taking passengers. I've been on that about four times. You go in the morning and get back about nine o'clock at night. You get on the train and you don't know it's started. I said, 'This train's supposed to be going at five and twenty past. What time is it now then?' So he said, 'We are half way there' and I said, 'You must be joking!' (laughed)

The enthusiastic attitudes of the Graysons, Gladys Peters and Jim Caldwell towards their holidays may have something to do with their life experiences. They reflected how they could only afford the time and money for a holiday since they had retired. Poverty and hard work dominated both the Graysons and Jim Caldwell's early life; since their retirement, the Graysons felt that they were 'better off' financially than they had ever been. Gladys Peters' work as a shopkeeper, meant that she rarely had the time to take a holiday before she was forced to retire at the age of seventy-four, following a leg fracture.

Winifred Blinkhorn (83) also planned her holidays well in advanced, however, unlike the other participants, she had travelled abroad all her life:

I love holidays and seeing places. Mostly abroad - I've been lots to France. Not many places I haven't been.

Josephine Buxton looked forward to the future because she believed that she would have more time to travel around the world, once her grandchildren had grown up. Since her retirement, most of her spare time was taken up caring for her grandchildren:

I want to travel, I want to go on a cruise, but I never really... it hasn't materialised yet because with the grandchildren around and I'm helping with them... So... I'm looking forward to my holiday. I like to enjoy myself.

Dorothy Twigg (82) worked as a volunteer. She said that she looked forward to going to work and to socialising with the other volunteers:

...they are going to get together and go on a trip somewhere. They've been ringing around and they're trying to get a day to suit everyone and they are trying to settle for a coach trip to Granada Studies, on a tour.

In common with some of the other participants, she also looked forward to celebrating her birthday, when her daughter arranged a day out for them both (see chapter five, section 'Celebrating age').

Hiron Balla Davi (70) said:

I've got hope and look forward. I'm looking forward to my youngest son's marriage and his happiness. When I went to India, I saw a lot of people and asked them to find my son a bride. Humans always look forward to something. I look forward to every day.

Although it may be thought that Hiron Balla's hope for the future was invested in her son, her use of the word 'human' is significant; she implied that the need to look forward is an inherent part of what it means to be human (see also her comments below, 'Religious beliefs' and 'Accepting death').

Peter White (72) felt that most older people ‘don’t look forward enough’, whereas he liked to look towards the future and make plans:

Hopefully, I still have a few more years as my father lived to be ninety-three and my mother to be eighty-six and I still have a lot to do in life and I want to, at least, see in the millennium. I’m enjoying life and looking forward to the millennium. I’ve lots of things I want to do.

Tom Howarth (77) went further and said, ‘the past doesn’t matter. It’s living in the future that matters’.

Planning for the future

Unpredictability of future

Many of Erikson et al.’s (1986) participants found that the future was difficult to plan for because of the increasing likelihood of illness or death. One of their participants noted, ‘You don’t know whether you are going to be here tomorrow or not’ (Erikson et al., 1986:65). Bamford (1994) suggests that later life is often more unpredictable than other stages in life. The women in Feldman’s (2001) study, talked of the difficulties of staying positive in the face of the unknown. In the present study, participants felt that it was difficult to plan for the future precisely because of this unpredictability. George Daley (78) thought that it was harder to plan in later life:

I don’t know whether it’s harder to plan when you’re older, I think it is probably because when you are younger, like we were when we came to this house, for instance, we were quite definite in our plans, weren’t we? Because we said, ‘We can do this and do that’, and we could do it. But, as you get older, you think about what might happen, we don’t know what might happen, you try to plan for it, to some extent but it isn’t easy to plan.

George gave the example of moving to illustrate what he was saying:

We, at the moment are not sure what to do, whether to move from this house here, but where to? You know, that sort of thing. There are no easy answers. I haven't got a son living next door and, as I say, it's a question of whether or not to stay in this house or which house to go to. Whether to go to one near my son's for instance, or whether to stay here where my friends are, er, all that kind of thing is bound to be... But even the business of moving house, for instance, which I understand is a very traumatic experience for anybody, er, when you are in the eighties sort of bracket, it could be a really difficult thing to do. Yes, we haven't moved many times, that's... so, of course, the future's uncertain, but in many ways, it is more uncertain I think, in our case anyway, as we've got older. We don't know which way to jump.

Tom Howarth (77) also felt that it was more difficult to makes plans as he got older:

You don't know what's going to happen, er, not even how you'd know when you were younger. I mean, you can plan if you're going to have some children and they're going to grow up and they're going to go to University and then you're going to have different passages of life, but I think in later life you... well you're settled to a type of life that you want and apart from planning what you're doing in the next six months or twelve months, which is pretty carefully planned, I don't think you can plan for long periods. We make plans for holidays and we think vaguely that one day, even this place, will be probably a bit big for us.

Not surprisingly, however, given that Tom had been an insurance salesman, he and his wife had tried to make plans for their financial security:

We try to make vague plans about finance, which unfortunately is thrust upon you. We have a friend whose wife has had to go into a home, she's got Alzheimer's Disease and um, that's costing him an absolutely bomb, so we've got to sort of plan in that sense, you've got to think, er, what money you've got.

So you plan in this sense, but I don't think we make any definite plans at this stage because really you don't know what's going to happen.

Anticipating feared changes

It has been described already how participants worried that they might become ill, disabled or dependent as they grew older (chapters five and six), but how did such concerns affect their plans for the future? Bamford points out that it takes 'considerable courage to plan for a feared change' (1994:104), but like Bamford's participants, the participants in the present study were grateful that they had planned as best they could for the future. Tom Howarth, for example, had decided to 'shed' one or two of his voluntary jobs:

I mean I do one or two little jobs, treasury jobs for organisations (he was treasurer for the local Labour Party) and I think that is important, I'm beginning to shed them, I'm going to shed one this year for the simple reason, I feel that younger people should be taking them on...

I've run this camping society now for twenty-four years. But you're getting almost the third generation coming now, my sons' children are racing around there now and while I thoroughly enjoyed doing it and still do, I feel I ought to get out and let the youngsters do it and so I've got someone to take the admin' side over. Well, yes and the fact that, let's me practical about it, I mean, I could pop my clogs, couldn't I? Or I could have a serious illness and I'd leave them in a right mess. I shall miss it because I've enjoyed doing it, I'll find something else to do. I feel that I've done my job, I've done a good job there passing it on.

Margaret Wallace (74) had been diagnosed with Parkinson's Disease and had suffered a stroke. Her fear of suffering a further, more serious stroke, together with the experience of watching her father die of cancer when she was a younger woman, had led her to make a living will. She explained that she had always like to plan:

I've always been a planner. I've always wanted to know what lies in front of me, sort of thing. Although I don't know what lies in front of me now, at least I've done things that will deal with what's going to happen, I hope so anyway. And I think living wills are becoming more popular. I don't think we're ready for euthanasia here yet, but I think it's a great pity we're not, but some day we might be.

Mrs Wallace felt that she obtained her need to plan ahead from her father; she said, 'my father was a great planner too, he planned ahead'. Margaret was the only participant who had made definite plans for the future should she become very ill or if she was unable to live independently. Margaret felt that her decision to draw up a living will, was influenced by her father's slow and 'terrible' death from cancer of the pancreas (this is described more fully below, 'Looking forward to death').

George and Anne Daley (78 and 79) lived in a large, detached and isolated house in the country. They thought that they might have to move house in the future, but were reluctant to move until it was absolutely necessary. Mr Daley said:

I don't want to leave this house and this garden and this surroundings, but I feel perhaps I ought to.

Mrs Daley concurred. She explained:

We ought to look for somewhere smaller, more compact. It's a very difficult decision to make. We've got all that slope up to the house and steps and stairs indoors and a huge garden.

Mr Daley thought that there were more 'physical problems' incurred by living in a rural area:

You need a car for instance. Even if you do drive, the possibility comes that your eyesight might go or something as you get older, and you tend to be isolated in the country, that's another slight worry. I suppose we ought to

move, but we're so choosy about where we're going to move to and what kind of a house we want to move to. The choice is cut down, isn't it? There are certain fears, like going into a home where they play bingo and have the television on all day and that sort of thing. I mean, it would drive, me... Well, I think it would finish me off. It's awful, as I say, when you get to the end point and you've got to move into a home, or something like that...

Some participants indicated that their plans for the future were, in part at least, influenced by their desire not to be a burden on the families (the concept of burden was explored in chapter five). Although they had discussed the possibility of moving in the future, the Daleys had not made any concrete plans, unlike Margaret Wallace (74). On my second visit to her home, I found Margaret surrounded by brochures that described various privately owned sheltered housing complexes and residential homes. I asked her if this too was part of her desire to plan ahead. She agreed in part but said that it was also because she did not want to be a 'burden' on her son:

Well, for one thing, it takes the burden off Joe - being in London - he will know that I'm being looked after and he knows that I could get a big stroke and he wants me to be looked after. Takes a load off Peter.

Margaret was worried about the actual process of moving:

I'm frightened to death of having to move house at my age. I'm terrified. I wouldn't know where to start. I've done it several times quite successfully, but I was young and you can do things when you are young that you can't do when you are older and I'm really terrified, I don't know where to start and of course, Peter's so sweet, he just says, 'Don't worry mother, it will be a breeze' (laughed).

She said she dreaded moving partly because she had accumulated so much over the years:

I keep trying not to but we still have a lot of stuff. Upstairs, there are two cupboards in his attic room and er, we have two huge metal trunks which the

boys had to go away with, God knows why. Anyway, I suppose it will happen and Peter says, 'Don't worry, you don't have to do anything, you'll have a taxi and be taken' and that sort of thing. Perhaps it will be that easy, I don't know. If you dread a thing, it might not turn out as bad as you think it will be (paused).

Going into care

Margaret Wallace said that she was not worried about 'going into a home'. Perhaps this was because she had the time to look around the various options with her son before it was absolutely necessary for her to leave her present home and she also had the finances to go wherever she wanted. Other research shows that most people enter institutional care at a time of crisis, so have little choice where they go (Allen et al., 1992, Eliopoulos, 1990). Nilsson et al. (2001) found that their participants all worried about some kind of future alterations, such as being compelled to move to other housing or becoming in need of care. However, in a similar way to participants in the present study, when they talked about moving house, they used words which implied a choice of their own. In contrast, Nilsson et al., found that when they spoke about moving to a nursing home, their expressions implied losing control. Tinker and Askham's (2000) qualitative study regarding the views of people aged over eighty-five, found that the minority who actively resisted going to live in an institution did so because of their desire for independence and continuity, together with very negative views about institutional care. Tinker and Askham conclude that:

a sense of control is the key factor, with even very dependent people seeing themselves as having a greater degree of control at home and seeing institutional care as something which would be imposed on them rather than independently chosen

(2000:163).

In addition, Margaret said that she did not like living alone very much and was anxious that she would become increasingly physically disabled and more isolated. Whilst for other participants, the desire not to go into a home was often linked to the

fact that they wished to hold on to their lifelong independence, Margaret said that she had never been independent. For example, her husband had died at the age of fifty-nine of lung cancer eighteen years before and Margaret said that she had found it difficult on her own:

... it was a very hard struggle because I've never been independent in my life. I'd always had a man to lean on, my father and then my husband. You see, I'd never worked except for a brief time in the war.

In contrast to Margaret, other participants *were* worried about going into a home as other studies have shown (cf. Bury and Holme, 1991; Bamford, 1994; Coleman et al., 1998; Feldman, 2001; Nilsson et al., 2001). This, despite the fact that most older people continue to live in their own homes (Department of Health, 2001). Peter White (72) said, somewhat fatalistically:

I don't for choice wish to finish up in an Old People's Home, but if that's what God's got in store for me, you can't do anything about it.

Winifred Blinkhorn (83) said that she did not want to dwell on the prospect of going into a home, although she felt that she would accept it if she really had to:

So many people I know are in homes and I would not like to live in one, but if it comes to it, then you've got to because you can't always cope on your own, but it would annoy me very much if you can't have a cup of tea when you want one and I can't do... You know, you're restricted aren't you? I visit two people in homes and they are comfortable and cared for, but it's not the same as being in your own home. So I think sometimes, 'What's going to happen to me? Where am I going?' Rita (a friend) said to me the other day, 'Where would you go? Which home would you go to?' I said, 'I think I will go to where your mum is'. But I don't want to - I would rather not - but if it comes to it, I would have to. At the moment I am all right, but it will come I know.

It is also interesting to note the feeling of inevitability Winifred felt regarding becoming dependent as she grew older, perhaps this was because, like Margaret Wallace, she had already suffered one stroke.

Betty Lomas (90) also worried about going into a home. Her fears were based on her experience of two weeks respite in a residential home following shingles and a fall. Although she felt that the rest 'did me good' she 'tried to forget her experience'. She explained:

It was an eye-opener, the poor things that have given their homes up, I wouldn't like to do that (voice softened), I wouldn't like to do that. But it was a good one. I had a Chiropodist and he said, 'it's one of the best homes, nice bedrooms'. I had my own toilet, but you had to go up in a lift and I didn't like that, but I mastered it.

Betty's concerns about going into a home seemed to be bound up with her desire to remain as independent for as long as possible. She felt that she had little in common with the other residents:

You see, you can't converse a lot with them. And the lady whose in charge, she brought one down to sit next to me at the same table and Lily, she was ever such a tiny little thing, she used to be a buffer and she used to be rubbing all the time and swear, a lot of them did, they did terrible.

She observed that many of the residents quickly became inactive and dependent on the staff:

Some of them, who'd given their homes up and been there a long time, they went down in the lift with one of the helpers, but I did get down on my own. But it was sad, lovely people and they were well looked after and they were well dressed. It seems such a shame, because you get a repetition, same thing every day. Er, when I was in, I took my wordbook and I'd done five pages one morning (laughed). Well, you see, they had their breakfast after they came down and there was Lily, Maude and Elsie, their heads were on their chests

when they had their breakfasts and I thought, 'This is not for me' and I did my wordbook.

Religious beliefs

Half of all participants talked spontaneously about their religious beliefs and activities. Some said that their religious faith helped them to come to terms with their pasts and gave them strength for their present lives as well helping them to feel less anxious about the future (and about death, see below, 'Accepting death'). Moloney (1995) found that many of the women she interviewed described having found strength through their faith in God. Other research studies have found higher levels of well-being amongst people who said that religion meant more to them in later life than it used to, compared to those who said that religion did not mean much to them (Coleman et al., 1990). Research carried out in the United Kingdom and America has found a positive association between religious belief and activity and high morale (Koenig et al., 1988; Coleman et al., 1990). More specifically, some studies have demonstrated that both younger and older people who are involved in religious communities have better mental and physical health (Koenig, 2000). Erikson et al. (1986) found that the religious faith of their participants had been important to them throughout their lives, but that in later life, as they looked to a future that seemed more frightening and unknowable than ever before, their lifelong beliefs offered a consolation (1986:69). The present study revealed similar findings. Doreen Thomas (96) said that her Christian faith had helped her since her stroke, which had left her largely confined to bed:

I don't fret at it. My Bible is my company. I have nothing to do at all. I've just finished my lunch now and I've been reading. And when you've gone, I'll be reading again. Anywhere I go, I take it with me, anywhere. Anyway I go I carry it, I never leave me Bible.

Doreen felt that her faith had become stronger as she had grown older:

I am not the same person as when I was young, I have the faith that I didn't have when I was young.

Doreen indicated that she was not worried about the future:

The Lord is taking care of me. He promised me in the Bible that when I'm old and grey-headed and lose strength, he will not leave me comfortless.

When I asked her what she enjoyed most about her life, Doreen replied, 'I am a Christian and I like to walk in the Christian way'. Her family took her to church once a week by car.

Betty Lomas (90) was a Methodist. She said that church had always been important to her. Her husband had been a church warden and Betty had been a Sunday School teacher. She said:

Really our lives were in the Church. Well, you do, once you start and you believe, you can't lose it, it's there you see.

Maureen Williams (81), too, had attended church all her life. She was actively involved in her church, attending meetings midweek and twice on Sundays. When I asked what she thought was the most important thing in her life, she replied:

My church is important to me and living a Christian life. I think to myself, 'It's how you live'. I wouldn't want to say or do anything contrary to what I profess. Live a right life.

Josephine Buxton (61) went to a lively New Testament Evangelical Church attended mainly by Afro-Caribbeans. She regularly went away with members of her church on 'retreat'. She said:

We've got a church that I attend as well, you know. I don't go as often as I'd like and I've not been as involved as I'd like to because I can't make a commitment with the children.

Josephine continued:

My husband doesn't like to go to church, he thinks the benches are too hard, that's his excuse, he thinks they're a bit noisy. But I says, 'You know, you should rejoice. If you go to the disco, you enjoy yourself, and it's noisy isn't it because you're enjoying yourself, so I think if you are serving God, you should do the same, rejoice.

Josephine described how her faith had helped her to get through difficult times in the past. For example, as a nursing auxiliary; she would have liked to have undertaken nurse training, but was not encouraged to do so, despite the fact that she was often relied upon to do much of the work on the wards. However, she said:

I'm not bitter about it now because I am a Christian and sometimes you've got to hide your light under a bushel so to speak, you can't shine. But you do what you can.

Mrs Buxton's faith often kept her 'cheerful' in her present circumstances:

We all get low sometimes, but you've got to find ways of cheering yourself up and I find that with my Christian life, I find it a big support, it's like having somebody to hold onto. If you're a non-Christian and haven't got no faith, you feel you are in this world on your own. Don't get me wrong, sometimes, I feel a million miles from God, there are other times, when I find that the more I communicate with God, the more I feel with him and he's with me.

It also provided a source of security for the future:

I'm confident that my God is protecting me. In a childlike way - my faith - that's what keeps me going. I say if something should go wrong today, I know tomorrow things will change.

Peter White said that he had been a Methodist all his life, but went through a period of 'doubt' shortly after his wife died. He said that he gained comfort and a sense of security through his faith. Peter, however, still worried about being dependent at some point in his life:

I have, since September, started to attend the local Methodist Church, I find I enjoy the services and I read the Bible everyday. Since I started attending church and my belief has been strengthened, the only things that perhaps come into my mind is, 'Am I'm still going to be able for the rest of my life, to look after myself, to cook for myself, to keep myself clean?'

Muzafar Uddim (65) - a practising Muslim - said that despite the troubles in his life - due to illness and financial problems (see chapter six, 'Physical and financial constraints') - he received peace from God. He said that he particularly felt this peace when he went to the Mosque at each day at noon for 'special prayers'.

Hiron Balla Davi (70) said that she was content with her present life and did not worry about the future. As a Hindu, she said that she believed that her future was in the hands of the gods:

I don't think about the future; whatever will happen, will happen. I pray and God is with me. Sometimes I go out at night and come back and pray. Krishna has a hundred names - so I just read his names.

It is interesting to note that Hiron Davi seemed to draw a distinction between looking forward and thinking about the future. It was described above ('Looking forward to events and activities') how she felt that all human beings had to look forward, here, she is apparently contradicting this view. It is possible that when Hiron Davi talked about 'the future' she was thinking about death or other changes in the future that might be feared. In this sense, the phrase 'the future' could be, for some people, an euphemism for death (see also Winifred Blinkhorn's comment below, 'Anxiety about death'). When Hiron Davi talked about looking forward, she may have meant in a literal sense, that is, she was eagerly anticipating certain events such as her son's marriage. Whatever the case, Hiron Davi's faith clearly

helped her to accept what life had in store for her. As she showed me out of her flat after the interview, Hiron Davi opened a door to a small room, inside was a shrine around which were placed garlands of flowers and pictures and statues of Krishna.

‘Looking forward’ to death: acceptance and anxiety

Most aspects of our future are unpredictable, but we cannot escape the certainty that we will all die. The subject of death *per se* was not raised in the interviews, since I wished to observe whether participants brought up the subject themselves.⁸ Parsons (1963) talks about older people living in ‘the shadow of death’ and Unruh (1983) argues that as people grow older, people who once perceived themselves as living begin to see themselves as dying. These views imply that older people’s lives and attitudes are shaped by the *constant* awareness that death is fast approaching. I observed little evidence of this; participants in their general statements about ‘looking forward’, sometimes alluded to death; for example, with phrases such as, ‘living on borrowed time’, ‘we’re all born to die’, ‘if we live longer’ and, ‘there’s nothing to look forward to except cremation’, however, none (with the exception perhaps of Brian Jenner), were preoccupied with death. Elias (1985) argues in *The Loneliness of the Dying* that in modern society there is a tendency to fear ageing and death and a concomitant tendency to repress such unpleasant emotions. Yet those participants in my study who spoke about death, did not appear uneasy, nor did they seem to find the subject distasteful.

Thompson et al. (1990) asked people in their study about ageing whether they thought about dying, and they, too, discovered that most did not show a significant concern or preoccupation with death. They found that replies such as, ‘Not much’, ‘I don’t think about it really’ and, ‘It doesn’t worry me’, were typical. Thompson et al. (1990), point out that this attitude to death is common to people of all ages, but feel that what is interesting is that the same attitude should be maintained into old age. In Johnson and Barer’s study, one woman said, ‘At one-hundred-and-three, you can’t

⁸ The subject of older people’s attitudes towards death and dying using research from this study is also discussed in Clarke and Hanson (2001).

help but think about death. But I enjoy my way of life. I put time out of my mind. I push away death thoughts. I look forward, not back (1997:14)'.

However, whilst Thompson, et al. (1990) argue that comments like these revealed a denial of death, I argue that this is not necessarily the case. Simply because an individual does not choose to talk about, or dwell on the subject of death, does not mean that they are denying its inevitability. In the present study, attitudes towards death, when expressed, (and some participants did not refer to death at all, either directly or indirectly) varied. Some perceived and accepted death as a 'natural' part of life, others worried about the process of dying or being left alone after their partner had died, whilst those participants with a religious belief seemed to find a source of comfort in their faith.

Accepting death

Marshall observes that older age is accompanied by an increasing awareness of finitude, which begins the process of binding together self and death (1980:107). Thompson et al., point out that:

(Death) is no longer a common experience right throughout life. Today, many people only have to come to terms with close loss through death and the imminence of their own mortality, in later life. Whether they confront or evade it, this will be one of the most difficult tasks they ever face

(1990:243).

Heim (1990) asked her friends and acquaintances to write down their experiences of ageing. Their comments, described in her book, *Where did I put my spectacles?* revealed resigned or even welcoming attitude to death. Heim (1990) describes how those who believed that life on earth was preparation for better things to come were more accepting and less apprehensive of death, although for some, this was tinged with guilt. Some, Heim (1990) found, were ready to die because they thought that they had had 'a good innings', whilst others wanted to avoid pain or potentially senility (cf. with Margaret Wallace's views below, 'Anxiety about death'). Many

participants in William's (1990) study of attitudes to death and illness among older Aberdonians who had residual Calvinist beliefs, accepted the 'inevitability' of death. Bury and Holme (1991) found that Christian beliefs and the certainty of an after-life were widespread among their group of participants aged over ninety, and the closeness of death seemed to be contemplated, in many cases, with 'peace of mind' (1991:163). Ågren describes how, amongst participants aged ninety-two, the future was experienced mostly as a period of waiting for death, which they accepted due to an experienced 'life saturation'; a general satisfaction with their long lives (1998:113). Nilsson et al.'s (2001) study amongst the oldest old, found that thoughts about death were not usually frightening.

In the present study, neither the Muslim or Hindu participants talked explicitly about death, although in the quotation below (see also above, 'Religious beliefs'), Hiron Balla Davi (70), might have been alluding to death when she answered a question about the future, 'I don't think about the future; whatever will happen, will happen'. Those participants with a Christian faith, however, seemed to talk more directly and with more acceptance about death. However, it could be argued that this was because they had the language with which to express ideas about death. As Smith points out, the area of death 'lacks a well-accepted language, or rather falls between two often mutually exclusive vocabularies, those of religion and social welfare' (1996:1). Yet this may be falsely representing participants' views; their faith was clearly very important to them.

Peter White (72) a practising Methodist, felt that although 'we are born to die', death was not something that younger people think of:

I know full well that I'm not going to live another thirty, forty years, (laughed). But when you are younger, this is a common known fact, you never think about death. Er, I think all of us as we get older realise that we are born to die and if we get to three score years and ten, we've achieved quite a lot, especially when you look and see so many younger people who these days are dying from thirty onwards, through one thing or another.

Mr White echoed a similar sentiment later on in the interview and added that this meant that life should be enjoyed:

All of us are born to die, that's the only way to look at it. I mean, death, why fear its sting? I don't think there's anything wrong in thinking about it, it's the way you look at it. As I say, we are born to die, so enjoy life. Every day's a blessing, that's the way you've got to live. You have to be positive and remember that we are born to die, full stop.

Since Josephine Buxton (61) talked the most about death (and throughout all her three interviews), it seems appropriate to describe to her views in detail. Her references to death were raised spontaneously and were influenced by her former work as a nursing auxiliary and the fact that she had almost died several years before following surgery.

Josephine Buxton

Josephine said that she thought about dying because:

I think at the end of the line (laughed), you've got to go. I mean, a lot of people don't like to talk about death. I'm fortunate, I've got to this age and a lot of people haven't. So I give thanks to God every day for bringing me this far and I'm prepared whenever the time for death comes.

Josephine said that this belief helped her when she worked as a nursing auxiliary:

So, that's how I see life and I always said to all the people that I cared for over the years, I always told them same. And when they said to me, 'Am I going to die?' You know, I just said, 'Well, we all have to die one day', but you don't dwell on it because dying is as sure as being born, death is assured.

Josephine went on to describe the time that she had nearly died following an operation:

I remember once when I was ill and I thought death was near, I thought I was going to die and I was prepared to die. I was going into hospital and I prepared everything, sorted all my life out and my son says, 'Mum, don't worry you're not going to die', but I was prepared. I have been reprieved. And for that I'm grateful.

She said that she would accept death when it came because she had led a satisfying life:

I can say that if I'd died when I was fifty, I'd lived a good life. I went on lovely holidays, brought me children up... And I was satisfied.

Josephine explained that she had made plans for her funeral:

I have gone through the process and I am ready and prepared. I wouldn't like to leave my life untidy.

She said that she was able to do this because of her acceptance of death:

I wouldn't want my children to be distressed because I have gone because I have a feeling that somehow, someday we meet again. I would like to leave things in order. I wouldn't like to leave my family with confusion that they were short of things like money. I wouldn't like to leave a burden on them - so I would like to have my life in order. Be prepared.

Mrs Buxton believed in an afterlife:

When my mother died I had a dream and I saw her in a place and she was very comfortable. And I thought to myself when she died, at least I was there with her, at the bedside. I flew 5,000 miles to hold her hand and to see her off and

when she was passing on she opened her eyes to say goodbye and I held her hand and that's the way I would like to go. Natural, no suffering and fighting for dear life, saying, 'I don't want to go yet or something like that'.

Josephine's story also illustrated how people often use their past experiences to cope with the present or anticipated future (cf. Aldwin, 1991; Bamford, 1994). Josephine was not afraid of death partly because she felt that she been 'reprieved' from death once already; any time left to her now was a bonus.

Doreen Thomas (96) accepted the inevitability of death and said that she looked forward to heaven:

I look forward to heaven. Yes, I'm looking forward to reaching heaven.

She said that she felt prepared for death:

I'm not frightened about death. If it comes tonight, I am ready, I am ready. There is nothing to keep me back.

Maureen Williams (74) felt that her Christian faith sustained her; she had been widowed eighteen months before my visit and said that she looked forward to meeting her husband in heaven when she died:

Knowing that I'll meet him again, I think that has helped me. The thought that it will be better, that we'll never ever be separated again, that is a great help. In the beginning, it doesn't come to you as clearly as that because the mist is so great that you don't go beyond the actual physical miss of the person, not for a while. It takes a time to adjust to that and then that comes into your mind and it helps. You console yourself with that thought and it's a big help.

Maureen did concede that she did not 'want to go from this world yet'; she wanted to see her grandchildren mature but, she said:

You look forward to heaven too. You get a sense of contentment. I can say I am either here or I am not. I have peace and contentment - I am fortunate.

Erikson et al. (1986) found that as they approached death, many of their participants saw their grandchildren as extensions of themselves into the indefinite future (see also below, 'Beyond death: generativity'). They cite one participant who said, 'I do not have personal thoughts about the future, but I do think about my grandchildren's futures' (1986:66). In the present study, Maureen Williams spoke of wanting to see her granddaughters settle down and marry before she died. Similarly, Anne Daley, who was terminally ill, said that she wanted to see her grandchildren grow-up before she died.

For Brian Jenner (63), who said that he was an atheist, there was no future to look forward to, no after-life, 'and all that awaits us in the end is death'. His views seemed to support Erikson et al. (1986) who suggest that, throughout life, the individual anticipates the finality of old age, experiencing an existential fear of 'not-being'. Life, for Brian was about tangible, physical things rather than the spiritual. Above all, life for Brian was about 'contrasts':

Everything's contrasts, isn't it? It's the essence of being alive. If you're not cold, you don't appreciate being warm. If you've never been hungry, you don't appreciate being fed. It seems to me that must be the worst thing, when there's no contrast, in people, time, experience. Perhaps that's what really being old and ready for death is, I don't know. You know, when you hardly know it's daytime as opposed to night, that's the most fundamental contrast I suppose. And then you come to the big one and the contrast between being alive and dead.

But for Brian, death was still some way off since he equated death with 'being really old'. As Howarth (1998) argues, even if death is accepted as inevitable, it does not mean that there is a 'right' time to die.

Anxiety about death

It has been described how participants feared that as they grew older, illness and dependency would inevitably strike. Bamford notes that one of the changes that this century has produced, is that death may prove elusive - that it may be hard to die - which has added to many people's fears of growing older (1994:100). 'Keep healthy and die as soon as health fails', was how one man in Bamford's study described his hopes for the future and, she reports, his sentiments were repeated by others too (1994:100). Some of my participants expressed similar fears. Several years before, Margaret Wallace (74) was diagnosed as suffering from Parkinson's Disease and, at the age of seventy-one, she had suffered a stroke. Although she felt that she had made a good recovery, Margaret was worried that she might have a 'big stroke' and had arranged a living will, because she did not want, '... to be kept alive and plugged into something or another if I'm paralysed permanently'. She elucidated, 'I just wish and hope with all my heart that I can die quickly'.

Abbey (1999) suggests that when older people say, 'please help me to die' their comments may arise from depression, loss or grief and may be an attempt to start a conversation about the process of dying. Margaret said that planning the living will had made her feel in more control of her life (or perhaps her death). Nevertheless, she was resigned to the possibility that the decision could be taken out of her hands:

Yes, I've done all I can to make it like that but you know you can't be sure nowadays. Anyway, I just hope for the best. I've got my son on my side.

Margaret's view seemed unusual because she was a Roman Catholic, however, it also demonstrated the importance of examining people's attitudes in context; she felt that her decision to draw up a living will, was influenced by her father's slow and painful death from cancer:

He had a terrible death, he died of cancer of the pancreas and the doctor used to come night and morning to give him morphine for about a year and then he died in his sleep, and I'm so glad because he was in agony.

Margaret elaborated:

Seeing my father suffering so much, that left a very, very, horrible impression on me. And, I mean he could have been put to sleep so much more easily earlier. And, in fact, the doctor did help him out in the end, but it should have been done earlier. There was no point, I mean, he couldn't possibly have got over it because they said there was no point in operating or anything and he shouldn't have had to go through what he had to go through.

Margaret was the only respondent to talk about living wills. The views of older North Americans on the subject are well documented (Gamble et al, 1991; Elder et al., 1992), but there are few reports on the views of older people in the United Kingdom (Schiff et al., 2000). Schiff et al. found that despite little previous knowledge of living wills, many of the older people who answered a questionnaire specifically on living wills, were interested in the concept. The majority of those interviewed indicated when they would no longer wish their lives to be prolonged by medical interventions.

Winifred Blinkhorn (83) said that she did not 'worry about the future' but she was:

Aware that there is a future. But er, it does not frighten me or worry me. I never thought of it when I was younger, it never enters your head that there is a future.

It is interesting to note that Winifred felt that younger people did not contemplate the future (cf. Peter White's views below, 'Looking forward to death'). She could, however, have been thinking primarily about the future in terms of death, since she went on to talk about her sister who had apparently planned her will and funeral:

I never used to (think about the future). But now I think because I'm getting to that age, I do. I wonder what will happen, you know. But my sister is worse than me because I suppose she knows she's got all these things that are the matter with her that are more life threatening than mine. Everything she's got

is all organised. Who they are going to and what they are going to have and she has arranged her funeral service and everything.

Unlike her sister, Winifred said that she had not made plans for her funeral or will :

I'm not as involved as all that about the future. ... The executors will have to sort it out themselves. It won't hurt them (laughed).

In contrast, Maureen Williams (81) had made plans in terms of her will and funeral:

I think to look forward, to look to when you won't be here again, you should make provision and make things as easy as you can for the person who has to see to things. I plan for that. You should do, especially if you have a family. I do make as much arrangements as I can because it's not a very easy thing to sort out.

Erikson et al. (1986) and Heim (1990) found that some of their participants expressed increased apprehension as the prospect of death grew nearer. Similarly, when I asked Ann Revitt (91) whether she thought about the future, she replied:

Well I don't now except that I do sometimes wonder if I don't feel well in the middle of the night. I think, 'Oh dear I wonder what would happen if anything happened and they could not get into me?' That's the worse part. I said to a friend of mine, 'When it boils down, you don't want to go'.

Ann added, 'It is not a case of when, it is you wonder how'. In her third interview, Ann repeated this fear; it was clearly something that had been preying on her mind:

And you wonder where you are going to finish up. I was talking to somebody quite a while ago, who was talking about different people and how they die and I said that when you get as old as I was - I've not ever said this to my daughter - but at the bottom of it, what worries you more than when, is how.

This supported other research studies that have found that it is the process of dying more often than death that concerned older people and people of all ages (Erikson et al. 1986; Bamford, 1994; Sidell, 1995; Howarth, 1998). Unruh (1983) and others (Clark and Seymour, 1999; Marshall, 1996) argue that it is usually personal illness or declining abilities, as well as the deaths of relatives and friends that bring the thought of death into people's minds. This was true in Ann's case; during her second interview, she went on to say:

You see, this friend of mine who passed away in hospital yesterday, she was ever so active, only early eighties. And last week, she told her daughter on the phone that she thought she would run into town and she had no trouble getting on the bus. Where, you see, I've lost my confidence to get on the bus. And when the bus had stopped and she was getting on, she went between the bus and the kerb and she fell and broke her hip and shoulder. But while she was waiting for the ambulance she kept saying to the bus driver, who was ever so concerned that, 'It's not your fault love'. She went through the operation of having the hip repaired and the shoulder set and she'd been in hospital about six days. And my answers to enquiries was, 'She's having a cup of tea, she's all right'. And when they were there yesterday she did not feel very well and she had a little heart attack and died which would be shock. That's a thing that I think now that I have to be extra careful. And she went all over on her own and her daughter is my daughter's friend and they live near each other and my daughter's attitude is, 'Now mother, there is nothing wrong with you, you're all right. It's the fact that you know your age that worries you'. When I said that I had this fall and I knocked my thumb up she said it could have been a lot worse could have been your head or leg. Which is right.

During her third interview too, Ann told me about a friend who had died, falling down the stairs. She confided that she had stopped going to funerals now because she would be going to so many and because she said, 'the older you get, the nearer to the front of the church you get'. This echoed the sentiment of the film *The Winter's Guest* (Film Four Distributions Ltd, 1998) in which two of the older characters spend their days attending the funerals of people they do not know. Although she never

articulates her fears, it becomes apparent that one of the women is growing increasingly anxious about her own death the more funerals she attends.

For Maureen Williams (74), the death of her husband had caused her to reflect upon her own immortality:

It brings it home to you, that you are getting older and that you haven't got as much in front of you as you've lived. You know, the years will be so much fewer than they have been. Now, that's a very sobering thought.

It was also related to the fact that her granddaughters were growing up:

And when you've got the grandchildren saying they're getting married next year and then they're looking for a house and this, that and the other, you think, 'will I be there to see that?'

Maureen was concerned about dying alone:

I think about the future. Sometimes a bit morbidly because, as it happens, my neighbour that side of me has been in a nursing home and I don't think he is going to come out, I don't know he might now. That one there is in South Africa for eleven months of the year. Now, I'm in this flat, well, it's funny, I think, 'Nobody would know if I was dead or not'. I think, 'Oh how terrible to die all by yourself' (laughed). It's the sort of thing you think about when you're sitting here by yourself, you know. And then I think to myself, 'Why worry? You're dead'. I mean, you're not here. Those kinds of things, sometimes come to your mind and then you think, 'Well it's a good job you don't know the future', you're glad. But while you do get older, you do think of those practical things I suppose. I think I wouldn't want to be a trouble to anyone, but I wouldn't want to die by myself (paused).

When I told her that another participant had expressed a similar worry, this seemed to reassure her; she said, 'Have they? It's nice to know because you think you're being funny'.

Lillian Grayson (83) was the other participant; she said:

The only fear I've got is if I'm left alone when I die and nobody finds me, you read about that. But otherwise, I'm all right. I know I've got him (her husband). Even if he don't say much (laughed), I know I've got somebody to talk to, he is there.

Dorothy and Lillian's fears about dying alone reflected the findings of other studies (Rubinstein, 1986; Williams, 1990; Young and Cullen, 1996) and may, as Lillian herself alluded to above, be partly the result of gruesome reports in the media of bodies not being found for several days after the death of an older person (cf. Howse, 1997). This despite the fact that research undertaken on behalf of *Aged Concern* by the Centre for Policy on Ageing (Howse, 1997) in nine London boroughs found that home deaths were decreasing among older people who lived with others as well as those who lived alone. Dorothy and Lillian's views also revealed that people may want to talk about, or at least be given the opportunity, to discuss 'taboo' issues such as death.

Lillian's fear might have had something to do with guilt over her mother's death; she had just left her mother in hospital when her mother died:

When mother died, she were in the Northern General Hospital, they didn't call it Northern General then, they called it... it were a workhouse. My mother had had these strokes on and off for two years and they didn't give 'em in them days what they give them these days. They give her nothing. And then the police fetched us and she was sat up in bed, she'd had this stroke and this Sister was a bit snooty to be quite frank and she told us we'd have to go because she'd got meals to give out and my mother just held my hand like that and she said, 'Don't go, I'll never see you again' and I said, 'Don't be silly, you'll see me, I'm coming back in an hour' but she died. She went unconscious, she knew. That's the only time... I've never seen anybody since die. That sticks in me mind a lot. When I'm on my own, I think about it and I think how right she was, you know. She told us all, 'I'll never see any of you again'. The Sister insisted we went you see.

George and Anne Daley (78 and 79) expressed concern about one of them dying before the other. George said:

You tend to be, tend to become more apprehensive I suppose about the future, than when you're young anyway like you.

George explained:

... Eventually, obviously in the course of life, one of us is going to die and leave the other. And (paused and sighed) I know it happens to so many people, but it doesn't alter the fact that for the person concerned it raises problems all kinds of problems about what to do. And particularly as the one left gets more infirm and unable to do this, that and the other, the prospect, and particularly if you've been very, very independent in your life, the prospect of say going into a home is very daunting indeed. That is clearly one of the, I suppose it is a fairly general problem.

As others and I have argued on the basis of previous research (Clarke and Hanson, 2000), it would appear that many older people do wish to talk about death and dying. However, they need to feel comfortable in doing so. This has implications for health and social policy and provision. A biographical approach to health and social care would seem to be a particularly appropriate way to elicit older people's views on dying and indeed, their end-of-life care needs.

Beyond death: generativity

It has been seen, then, that some individuals do contemplate, and even plan for their death. However, is there a sense in which people think about the future in a wider sense, beyond a personal concept of the future? Can people conceive of a time in the future which excludes themselves? McAdams argues that from mid-life onwards, individuals come to realise that, in the words of Erikson, 'I am what survives me' (McAdams, 1993:227). McAdams employs Erikson's definition of generativity; that is, as 'primarily the concern in establishing and guiding the next generation' (1993:230). McAdams describes how, towards the end of their lives, many people

'refashion' their life stories 'to ensure that something of personal importance is passed on' (1993:230). In this way, people hope to achieve 'symbolic immortality', or as Erickson et al. (1986) put it, to accept their place in an infinite historical progression. The actress Liv Ullmann in her book *Choices* tells the following story which sums up this idea of generativity:

There was a man who was ninety years old and he was planting a tree. Three young boys passed him and they looked at him and they ran around him and they mocked him. They said to each other, 'I could understand if he was making something with his hands to help the time go by, but to plant at his age!' The man behaved as if he didn't hear them. Silently, he dug a hole and planted his tree. Not long after, he died. Thirty years later, the young boys had turned into middle-aged men and, passing a tree, they took delight in its ripe fruits, which they picked and shared - without recognition.

(1986:213).

The desire to pass something on to the next generation is crucial, since it takes into account the value and authenticity of projects and experiences of a *lifetime*. Callahan (1987) argues that the 'unique capacity' of older people to:

...see the way the past, present, and future interact provides the foundation for the contribution they can make to the young and to future generations. "Society", Edmund Burke wrote in *Reflections on the Revolution in France*, is a "partnership not only between those who are living, but between those who are living, those who are dead and those who are to be born". (The old) should know that they have their own debt to the past and that from that debt springs their own obligation to the future...

(1987:45-47).

In later life, perhaps people need to find ways in which parts of their individual lives can connect with the lives of others. Playwright, David Edgar comments:

For the atheist, human life is essentially incomplete, a story cut off before the end of the last reel. ...But there is another story, equally profound and universal, which explores the space between us, across which we reach and try to grasp each other. If time runs out for us as individuals, then surely we can only live on through those we've reached and touched and changed

(1999:2-3).

One way in which this may be achieved is through the life story. Moloney (1995) relates how a number of the women in her study shared transcripts and tapes of their stories with their children. Consider also, the reaction of one participant in my study after hearing her interview tapes. Following my first visit, Ann Revitt (91) requested a copy of the tapes and subsequently phoned me to say how much she had enjoyed listening to them. Ann said, 'I don't like to brag, but I feel so clever really.' Ann asked for a copy of the transcript and said how pleased she was that she could 'pass on something' to her family so they could 'remember me by when I'm gone'. Both Ann and Winifred Blinkhorn, were adamant that their real names were used because they were 'proud' of the 'work' they had carried out with me.

Peter White (72) said that he enjoyed telling stories from his past to younger people and to children. He, too, hoped that they would have 'some worth':

When I start telling them stories, I feel that I've got their attention. I think this is because you're ancient (laughed). I mean, little stories, if you haven't gathered them together at our age, there's something wrong with you.

When I asked Peter how he had felt about telling his life story, he replied:

The only way we're going to learn for the future is through our experience, in my opinion, in the past.

Doreen Thomas' (96) son said that his mother enjoyed telling her stories and passing on advice to the family. Margaret Wallace (74) however, did not think that she had anything to pass on to the next generation, and thought that older people should 'give way' to younger people:

I thought the other day that old age pensioners are always complaining. They are very well looked after now, but they are always complaining about something and er we really should not do so and not begrudge the young people the money they are going to spend on them, because they are the future generation coming up, we're the ones that are dying off and we should realise that and give way (paused) and people don't, they are very selfish, I think.

Margaret was, however, the exception amongst the group participants. Most thought that they had something of value to share with others (see also chapter six, section on 'Helping others'). William Buxton (79) felt that he could pass on his experience to his family:

When you are young, you just don't think about certain things, what's happening next, but as you get older, you weigh up, because you have experienced things a long the way so you know that you shouldn't walk that road and I'm here to guide, you know, my family.

Conclusion

Contrary to popular and much academic thinking, it has been demonstrated that older people do think about the future. It should not therefore be assumed that since their time is 'running out', older people do not want to consider or plan their futures. This has clear implications for policy and practice in terms of older people's needs and service provision. Older people, for numerous reasons (such as lack of appropriate provision, neglect, prejudice, a patronising attitude, compassionate ageism, younger people's own fears) are not usually consulted about their futures. Even if they are consulted, their views may not be acted upon or they may be offered 'limited' choices (McCormack, 1996).

In terms of health and social care, it was described in chapter two (section 'Applied research and health and social care practice') how biographical approaches may be utilised in order to encourage care that is centred on the individual's needs and life perspectives (McCormack, 1996; Heliker, 1999). For example, a biographical approach to care should help practitioners to develop care plans that are sensitive to the needs of the individual (Adams et al., 1996; Adams et al., 1998; Bornat, 1998). When people talk about their lives, they reveal not only information about their past and present lives, but also about how they feel about the future. For example, it has been seen that some participants talked about the importance of religion in their lives and their feelings about death and dying. Rather than asking direct questions about death, which may be inappropriate, untimely or insensitive, and glean only brief replies, the subject can be raised spontaneously by older people, *if they so desire*, in the context of talking about their past lives, and their present and future concerns. In terms of religion, the only question usually asked by, for instance, nurses, is 'what religion are you?' Practitioners need to be sensitive to the possibility that religious belief and activity may be very important to the lives of some older people; for example, by offering them the opportunity to attend religious services and ceremonies.

Further, whether or not we believe older people do, and are capable of, reflecting on, and planning for, the future, in a thoughtful and constructive way, will affect both the way older people see themselves and the ways they are perceived. As Giddens states:

Reconstruction of the past goes along with anticipation of the likely life trajectory of the future. ... Thinking about time in a positive way - as allowing for life to be lived, rather than consisting of a finite quantity that is running out - allows one to avoid a 'helpless-hopeless' attitude

(1991:72).

Although Giddens is referring to the self-perception of people at any age, his statement is particularly pertinent in terms of older age. Over-protection can create or reinforce a 'helpless-hopeless attitude.' In order to readdress overtly negative

views of older age which tend to see older people as passive and 'acted upon', support needs to be provided which encourages confidence and self-reliance, to see older people in terms of their futures as well as their pasts and present. One way in which this can be achieved is through a biographical approach. As Slater argues:

Life history can be conceived as oral history with a political agenda wherein older people are recast as the actors who should help shape the future

(1995:123).

Moreover, passing on experiences through telling stories, is one way in which older people can pass on their knowledge to the younger generation. Telling a story as Crites points out:

Makes it possible to recover a living past, to believe again in the future, to perform acts that have significance for the person who acts

(1971:31).

Perhaps the last word on the need to look forward should go to Gladys Peters (93):

I believe that you cannot stand still. You have to advance or deteriorate. You do not stand still. And um, I like the advancement that comes with age, you go up and up and up. If you stand still, you go down and down and down.

Chapter Eight

CONCLUSION

Older people are just like younger people, only they've been around longer

Paul Whitehouse, *The Fast Show*, BBC2.

To me growing older is a continuation, it goes on all through life. I don't look upon old age as such as something separate and it certainly isn't something that I look upon as a bogey, it's just life

George Daley, aged seventy-nine.

Introduction

This thesis has been about the lived experiences of growing older. Although growing older is something that happens to us all, later life frequently is seen as 'another country'. The common stereotypes, images and discourses about ageing, depict older people as having separate needs from the rest of society to whom, it is claimed, they are an increasing burden. Older people are either seen as frail and dependent or 'living it up' and taking advantage of the welfare system.

The present study has shown that older people represent themselves variously; that there are many cultures of ageing in post-modern society, not simply one that is determined by biological processes and steered by social policy (Gilleard and Higgs, 2000:205). Participants' stories revealed diverse and varied circumstances and attitudes; there were commonalities, but there were also differences. As Phillips and Bernard (2000) point out:

Growing older is not a straightforward journey to a fixed destination, but has numerous routes with various experiences which overlap and intersect

(2000:178).

To look at later life in overtly positive terms, does older people as much a disservice as depicting the process of ageing as mainly doom and gloom. The fact that some participants resisted their ageing and others appeared more accepting emphasised that there is no single belief system about older age, but many.

This concluding chapter draws together the two major themes of the study: it reflects first on participants' views and experiences of later life and, secondly, on the potential of using biographical approaches in research and health and social care practice. In keeping with the reflective stance taken throughout, it is important to note that, although this thesis has been about the lived experiences of growing older, the conclusions about ageing are my own and have been drawn from my own preconceptions and world view. Neither does it represent the whole range of experiences of older men and women. The voices of men and women from minority ethnic communities have not been heard to any great extent, and men and women from different sexual orientations and those who live in long-stay institutions have not been represented at all. Moreover, certain topics are largely absent from people's accounts - topics such as income and financial management, sexual relationships and grandparenting, whilst social historical events are only described in the main text where they provide the context for people's experiences and views, rather than as major themes in their own right.⁹

The meanings of growing older

Above all, the meanings men and women attributed to later life, appeared to have little to do with their chronological age. Participants said that they did not feel old, although concomitantly, they described times in their lives when they did feel old: when they were ill, made redundant or bereaved. For all participants, growing older was seen as synonymous with illness, decline and burden even when this contradicted, as it often did, their substantive experiences. Yet, this is little different from men and women's feelings throughout adulthood (Thompson et al., 1990). Younger individuals may comment that their aches and pains make them feel old or people in their late twenties, thirties or forties may talk about feeling too old to

⁹ See chapter three, sections 'Computer-aided analysis' and 'The impact of the researcher on the report' and chapter six, sections 'Freedom from caring for others' and 'Financial restraints'.

change career or to marry. Of course, as Nilsson et al.'s (2001) study revealed, perhaps the feeling of being old may come in intimations that become increasingly persistent as people grow into extreme old age and the likelihood of illness and disability is enhanced.

Since older people have lived long enough to internalise society's negative appraisal of later life, it was unsurprising to find that participants themselves often had stereotypical and ageist views about later life and about 'other' old people. This might have been because they were anxious not to be identified with the more negative aspects of ageing and later life and so tried to disassociate themselves from those older people whom they saw as reflecting these negative aspects. In particular, participants saw themselves as very different from those of their peers who were seen to be 'not trying' in terms of their responses to the difficulties that they faced in everyday life; those who had 'given up' were more likely to be labelled as 'being old'. Participants' views and experiences also showed that people's attitudes and experiences of later life were, to some extent, a reflection of their lifetime roles, for example, whether or not they had been active in helping others or had socialised with others in the past. In later life, people bring with them baggage from the past and identities shaped by earlier periods in life (Phillips and Bernard, 2000).

It has been described how many of the theories concerning older age, for example, disengagement theory and political economy approaches, encourage us to concentrate on the disadvantages of older age, and therefore offer a partial and incomplete picture of later life. It would be wrong to suggest that the problems of later life are entirely an artefact of discourse, and indeed, the experiences of participants showed that this is not the case; however, such a focus on the problems of ageing is deceptive and perpetuates the myth of older people as a homogenous group. The study illustrated the diversity and richness of older people's lives and attitudes and the ways in which participants often rejected the application of negative ageing stereotypes to themselves. Their stories showed that there are problems and challenges that accompany later life, but they are not insurmountable. For instance, participants revealed the ways in which they resisted the diminution of their capacity for self-reliance and physical attractiveness. They described the many ways in which they helped others and of the ways in which they continued to strive for independence. In

this way, they challenged the conventional stereotypes of failing health, mental incompetence and/or disengagement with society.

Moreover, participants' experiences showed that their capabilities and needs were not fixed but changed, according to individual experiences and attitudes, as well as their requirements in the face of ill health or financial problems. Participants' narratives demonstrated that these needs were not due to older age *per se*, but varied at different times and at different points of the life course. Interestingly, participants' sense of contentment and even happiness was more in evidence than might have been anticipated, given some of their physical and material circumstances. Older people's attitudes towards and experiences of later life are shaped therefore, not only by the interplay of social and physical constraints on their lives, but also on their efforts to overcome them and by the culminating effects of their past lives.

Participants' narratives also disrupted existing story lines about later life. In particular, the perception that older age is an end in itself. Their stories portrayed later life as an active period, in which both men and women continued to live their lives in an engaged way. Some participants, for example, talked about celebrating older age and the freedoms it could bring. They valued the years they had lived and acknowledged the benefits as well as the difficulties of later life. Their stories also revealed the potential of ageing and later life to be rewarding experiences - something to look forward to and not necessarily to fear. In other words, people's attitudes, aspirations and expectations may continue to develop as they grow older.

At the beginning of this chapter, I argued that growing older happens to all of us. Yet the use of the word 'happens' is misplaced when later life is viewed from a biographical perspective. Ageing does not just happen to us, it is something that individuals have to engage with; a view that emphasises activity and engagement, rather than passivity and disengagement. This is not to deny the ageing body; no matter how much a social constructionist approach is emphasised, in time, the body's finitude will place a limit on activism (Turner, 1995). To deny the fact that there is an escalating chance of loss of bodily control in extreme old age, may lead to those so incapacitated being stigmatised and excluded from mainstream society (Harper, 1997).

Participants' views and experiences indicated that the attitudes, behaviour and actions of individuals, could to some extent, help later life to be a more positive experience. Their activities outside and inside the home and their relationships with other people, family and friends, illustrated that, for the most part, they could transcend the constraints that later life brought into focus. This does not mean that it is possible to transcend older age; it is society that tells us that older age is something to be transcended if at all possible, because it views later life in such a devalued way. Agelessness is seen in our culture as not only desirable but also as an object of consumption (Tulle-Winton, 1999). When participants said that they did not feel old, they were not necessarily denying the ageing process, rather, they were disassociating themselves from the negative stereotypes about older age. This was unsurprising given that these stereotypes usually went against their lived experiences. Instead of expecting older people to adapt or to conform to the needs of society, there is a need to reassess the ways in which later life and the contribution of older people are viewed, a change which will encompass continued development and growth in later life.

Participants' stories illustrated that later life is not merely a decline from youth, but an open-ended development, where people can experience freedom and ambitions for the future. This was seen most clearly in the areas of activity and work, adding to the debate regarding disengagement and engagement in later life. Simply because older people do not necessarily engage in society in the same way as younger people, does not mean that they are withdrawing from the main currents of social life. On the contrary, free, for the most part, from familial and occupational responsibilities, participants appeared to be able to engage with the present in a way that they had not been able to when they were younger. This freedom enabled them to maintain some of their old activities and roles and to pursue new ones. Participants indicated that ill health and limited mobility, not personal choice, were the main reasons for their withdrawal from some activities. Their experiences also revealed that a devalued appraisal of later life is misleading. Although participants themselves feared being a burden or becoming dependent on others, their stories revealed that they still had a great deal to offer, whether or not they recognised this themselves. Most participants helped other people in some way or another.

This has implications for what is meant by the concepts of independence and dependency and interdependency and reciprocity. Interdependence in modern societies is inherent; we are all dependent on many other people in many different ways. It is those people who, for one reason or another, are unable or disbarred from contributing to society economically who are likely to be labelled dependent (Johnson, 1990). Given a wider definition of work than that which is remunerated financially, it was seen that many participants continued to work in later life, for example through voluntary work, although they described this as very different from the goal-oriented busyness of their working lives. Participants indicated that they pursued new activities not only for their own personal satisfaction, but because they believed that life as a project was a learning process. They said that they helped others not only for their own fulfilment, but in order to put their past experiences - good or bad - to some use. This indicated that if older people are recognised and valued for what they have done in the past and may continue to do in the future, they might be less likely to be perceived as dependent and to fear becoming a burden to others.

The quotation from the *Fast Show* at the beginning of the chapter; suggests that there are no differences between younger and older people apart from the years they have lived. Older people should not be marked out as separate from younger people because of their chronological age, but - as the stories presented here have shown - it cannot be denied that they have lived long lives and faced many different experiences. To deny this, as Andrews argues, is to deny ageing and is in itself ageist:

What happens to all the years they have lived, the things they have learned, the selves they have evolved from and the selves they are becoming? Years are not empty containers: important things happen in that time. Why must these years be trivialised? They are the stuff of which people's lives are made.

(1999:309).

It was argued above, that we need to rethink our attitudes concerning dependency and to value all the contributions people make to society, not only financial. Participants themselves sometimes found it hard to recognise their own contributions. Yet, even amongst the oldest and/or the frailer participants, one way in which reciprocity was maintained was by passing on their experiences to others. Although all participants who were asked said that they enjoyed telling me their life story and some said that they enjoyed telling stories and passing on their experience to others in everyday life, perhaps this should be given greater recognition. Telling others their life story is one way in which an older person may pass on their knowledge to the younger generation. Above all, participants' stories revealed the need to recognise the various ways in which older men and women live their lives; focusing more on their abilities, what they can offer, as well as receive from society. As Jewell points out:

In a society that tends to be ageist, marginalising older people and making them feel a burden upon others, the need is great for the affirmation of their continuing value as unique and socially connected human beings and of their wisdom as a resource for others

(1999:11).

This has implications for both health and social care and research practice.

Implications for research: biographical and participatory approaches

Biographical methods assist us to explore the prevalent meanings attributed to older age in our society and culture and the culture of everyday life; they help us to uncover the complexity and differentiation of later life found in post-modern society. Despite the renewed and increased interest in biographical methods, one of the reasons they have not been employed more has been because of concern over methodological issues. In this study, these concerns were addressed in part through being honest about the scope and aims of the research and about the research process. A biographical approach requires not only trust and openness between the researcher and participants, but also requires that the researcher be explicit regarding all aspects of the research process with the reader.

It has been seen, for example, how a biographical approach may help to reveal the unexpected. When I started out on the research journey, my view of later life, partly informed by my nursing background, was a negative one; older age was to be feared. As the research progressed, I began to see older age in a more optimistic and positive light. When I examined why I felt this way, I came to the conclusion that although participants' stories described problems and difficulties, it was the positive ways in which, for the most part, they responded to these situations that made an impression on me for the better. I was surprised by participants' resilience in the face of the many difficulties they experienced; their ability to 'just get on with life'.

Further, the fact that the study was not as participatory as I had wanted it to be, may have been partly a result of my slanted views concerning what older people were capable of doing or, rather, what they were not capable of doing; thus reflecting the compassionate ageism found in society as a whole. Since I had come into contact with mainly frail and vulnerable older people in my work as a nurse, I did not like to 'impose' a more participatory approach onto participants. However, the richness and details of participants' stories and their critical ability to examine their views, demonstrated the role that older people can take in extending our understanding of later life. When later life and older people are discussed, researchers tend to be little different from the rest of society in talking about older people as 'other'; what can we do for 'them', what do 'they' need? Instead, we need to find ways in which older people can decide for themselves what they think is important.

The fact that participants were able to reflect on their lives and to develop their own understandings of their experiences, indicates that gerontological research should continue to draw on the experience and knowledge of older people themselves. One way in which this may be done is to employ the biographical approach in conjunction with a participatory approach. Although this study has shown that biographical approaches reveal the rich variability of the lives of individual older people and give older people a voice, unless we involve them further in, for example, the research topics, the collection, analysis, writing and dissemination of research, it is a limited voice, as this study acknowledges.

Given that I had aimed to develop a more participatory biographical approach, arguably I should have offered participants a chance to write their own stories, or offered them several opportunities to amend and/or change their stories. I did not do this because I was worried that it would be too time consuming both for participants and for myself. In retrospect, I feel that I should have recruited fewer participants to the study; this would have enabled me to have taken participants' stories (and my ideas concerning the research/findings) back to participants several times. However, this would not have helped if participants refused or felt unable to be involved further; as the views and actions of some participants revealed, it should not be assumed that everyone will want to and be able to, contribute to a participatory approach. When I first sought volunteers, I could also have made the degree and extent of what I hoped their involvement would mean more explicit, although this may have made recruitment more difficult and may only have attracted people who wanted to be involved in this way, thereby leaving out those who had a valuable contribution to make, but did not necessarily want to participate further than telling their stories. In any case, a biographical approach - however participatory it is - still requires a great deal of time and commitment on the part of both the researcher and participant.

In addition, claims regarding the 'naturalness' and usefulness of looking back at the past have been subject to some criticism. Remembering the past is not something that all older people do to the same extent or with the same motives. Some older people, like people of any age, will not want to look back at the past, for whatever reason. This means that whenever biographical approaches are used, whether in research or in health or social care, they should not be regarded as suitable for use with everyone; the needs and preferences of the individual must be taken into account. Moreover, we need to take into account *all* that is being offered in people's narratives, in order to avoid focusing on people's past lives and neglecting their presents or futures.

The stories presented in this thesis, revealed the variabilities as well as the commonalities of later life. This demonstrates the need to investigate how health and social policies and practice can provide for alternative and pluralistic definitions of ageing and later life. We need, therefore, not only to pay closer attention to what

older people themselves say about their lives - to the wide range of experiences and circumstances that accompany growing older - but to ask older people themselves what the word 'old' means to them. It may be that the words used to describe and explain what being old may mean, fail older people (Tulle-Winton, 1999). Further, studies which examine the suggestion of the *Fast Show* quotation, that is, which look at younger people's lives and views and compare them to older people's, would expand our understanding of the meanings of older age. In short, older age and the resistance to old age should shape the agenda for gerontology; older people need to be the focus of gerontological research, but so does older age.

Implications for practice

The dichotomy of older age as either positive or negative is understandable given the resources from which our views about life are drawn. We tend to place ageing 'out there' and leave it to 'the experts' - to the medical professionals and gerontologists or to the mass media - to provide us with our defining images and metaphors regarding older age. This presents us with a very limited paradigm of ageing and later life and results in public attitudes and policy being directed at stereotypes and not at the lived experiences of older people themselves.

In terms of health and social practice, care should not be built upon myths and stereotypes, but should recognise older men and women's varied experiences, images and attitudes. We need to widen our knowledge about the ageing process by continuing to listen to the lived experiences of older people, in order to understand later life more fully. This understanding is fundamental when the aim is to give individualised care and make person-centred interventions based on individual needs rather than chronological age.

In other words, policy and practice need to have meaning and relevance at an individual level. One way in which this can be achieved, is through a biographical approach. Life experiences influence and function as a frame of reference for older people's interpretation of their present situations. A biographical approach to care, therefore, should enable practitioners to develop care plans that are sensitive to the needs of the individual and reflect the older person's needs and priorities rather than

the practitioner's assumptions. Moreover, drawing on the way an individual has confronted and dealt with past situations may help them to overcome difficulties in their present circumstances or potential future problems. This should enable the practitioner to find ways of assisting the older person to become as autonomous as possible regarding their care.

Participants generally said that they enjoyed telling their stories, suggesting that biographical approaches have a therapeutic value, although they must be used sensitively. Within a social and/or health care setting, the actions of practitioners can be planned and organised around establishing a trusting relationship whereby the older person can be encouraged to talk about their life (if they want to), acknowledging that their pasts will affect their present - and future - attitudes and concerns. Telling one's story in the company of an appreciative listener might help the older person to feel that they are valued. It has been described how older people tend to be devalued by society and, to some extent, how participants had internalised this view, most obviously in their fears about becoming a burden. To have a feeling of personal value, it is essential the individual is seen; listening to their story is a powerful way of bestowing value on a person (Bartol, 1989).

By listening to the life story of another person, the practitioner can gain a very different picture from that which is formed when they are reduced to their medical and/or social needs; once we see beyond the 'mask of age' (Hepworth, 1991), the older person becomes an individual with their own unique aspirations and needs. Further, the life experiences of older people may be very different from those of practitioners or alternatively, the older narrator and younger listener may have experiences in common. As my experience as a researcher revealed, knowing the older person should make it possible to redress preconceived assumptions, which might be influenced by beliefs and values held about later life.

Some participants described how telling their stories had helped them to appreciate all the different experiences they had lived through and the difficulties and problems they had overcome. Providing someone with the opportunity to tell their life story therefore initiates thought and reasoning and helps them to consider what their present life is all about, as well as encouraging them to think about their future

aspirations. At the very least, a biographical approach can help to establish rapport between an older person and somebody who has suddenly come into their life to 'assess' them (Wade and Waters, 1996). This also enables the practitioner to explore with the older person subjects that are often seen as too sensitive to raise, such as their future plans and concerns.

This study has shown that when people talk about their lives, they reveal not only information about their past and present lives, but also about their aspirations, hopes and concerns for the future. In terms of health and/or social care provision, whilst the older person is supposed to be in control and have the final say - within the available resources appropriate to their needs - in practice, there tends to be a premature closing down of options (McCormack, 1996). This might be a result of benign but misguided over-protection - compassionate ageism, which tends to elicit infantilisation of the older person simply because it is easier for the practitioner to act on the older person's behalf. Further, consulting older people about their futures may be difficult to undertake through more conventional means of assessing older people's health and/or social needs, for example, by asking them about their activities of living.

To illustrate, it was seen that by using a biographical approach, some participants talked about the importance of religion in their lives and even about the 'taboo-riddled' (Clark and Seymour, 1999) subject of death. Hence, rather than asking direct questions about death, which may gather limited information, the older person may be given the opportunity to raise the subject in the context of telling their life story. That said, the similarly taboo-riddled topic of sex in later life (Jones, 2000), was only raised by one participant, although two others talked about sex in reference to their younger lives and the importance of expressing sexuality was covertly mentioned by the women who discussed taking care of their appearance. In addition, the sensitive issue of financial matters was raised in detail by only two participants. Moreover, the biographical approach requires time, the development of a relationship of trust and reciprocity between the practitioner and listener. It also requires skill, for as Abbey (1999) points out, people's diverse needs and wishes need careful differentiation.

Although there have been many advocates of the biographical approach in the nursing literature and the approach is used informally in some care settings, there appear to have been few large-scale research projects that have evaluated it. Given the potential of biographical approaches to enhance person-centred care outlined above, it would seem appropriate to investigate further its use in social and health care settings.

Concluding remarks

Participants' views and experiences challenged some of the dominant underlying assumptions about growing older, showing that the images of older age that pervade our culture are unbalanced. In post-modern society, ageing is no longer - if it ever was - a unitary experience, exclusively characterised by disability, dependency or poverty (Gilleard and Higgs, 2000:209). Participants' stories illustrated that there may be difficulties, losses and pain in later life, but there may also be enriching experiences, fulfilments and expectations for the future.

Undoubtedly, the experiences and views of participants regarding later life were ambiguous. Later life is no different from other points of the life course in this regard:

From birth to death, people live through many struggles, joys, relationships, dreams and disappointments that structure the meanings assigned to their lives

(Hansebo and Kihlgren, 2000:261).

Participants' stories revealed that there are positive, negative and simply benign aspects to 'being old'. In other words, personal meanings of ageing, as reflected in participants' narratives, revealed that ageing is not one thing or another. To adopt a negative/positive position regarding later life, therefore, seems too simplistic; it does not take into account that for all older people, 'life's experiences are positioned somewhere on a continuum, with some good days and some bad days' (Feldman, 2001:16). Everyone - whatever their age - can identify with such a sentiment; such

experiences are not peculiar to later life. Janet Frame, in her autobiography, describes her life as a 'dance':

I sit here at my desk, peering into the depths of the dance, for the movement is dance with its own pattern, neither good nor bad, but individual in its own right - a dance of dust or sunbeams or bacteria or notes of sound or colours or liquid or ideas...

(1993:161).

In terms of gerontological thought, Cole argues:

We need to revive existentially nourishing views of aging that address its paradoxical nature. Aging, like illness and death, reveals the most fundamental conflict of the human condition: the tension between infinite ambitions, dreams, and desires on the one hand, and vulnerable, limited, decaying physical existence on the other - the tragic and ineradicable conflict between spirit and body. This paradox cannot be eradicated by the wonders of modern medicine or by positive attitudes towards growing old. Hence, the wisdom of traditions that consider old age both a blessing and a curse

(1992:239).

We need to acknowledge the individuality of ageing, but at the same time to acknowledge that growing older is a normal and respectable part of the human condition. The stories presented by the men and women here have shown that ageing is not something to be revered, yet neither should we approach it with irrational apprehension; it is neither good nor bad. As George Daley (79) reflected:

I'm finding more and more that the highlights in life, the really wonderful things, beautiful things are tinged with sorrow. There's a hint of sadness about quite beautiful things. Let me just give you an example, when I look at an evening sky, very often I feel a sort of evening sadness associated with it. And I think it's the same with a lot of things in life. There's a mingling of ecstasy almost and sadness at the same time.

George, like the other participants in this study, was simply living his life:

To me growing older is a continuation, it goes on all through life. I don't look upon old age as such as something separate and it certainly isn't something that I look upon as a bogey, it's just life.

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Appendices

Appendix 1

THE PARTICIPANTS

NOTES ON THE LIFE STORIES

Despite my efforts to set participants' comments and views in the context of their lives, due to the word limit of this thesis, I was unable to provide all the details that I would have liked in the main text. I have therefore included edited versions of participants' life stories in the appendix in order to help the reader to view their lives as a whole, rather than broken down into themes and categories. I have concentrated on people's pasts, since most of the information provided about their present and possible future lives, was included in the main thesis.

It is important to stress that life stories were a means to an end in my study - in order to explore older people's views and experiences of ageing - not an end in themselves, as might be the case in an oral history project, for example. Therefore, and perhaps this is a possible criticism of my study, I did not spend a great deal of time deciding how to edit participants' stories along the lines suggested by hermeneutic case reconstruction (Rosenthal, 1993). My original intention (perhaps rather naively) had been for participants to be more actively involved in the reconstruction of their life stories in written form, but this, as was seen in chapter three (particularly the section 'Further involvement in the research process') did not work out in practice.

It should be emphasised, therefore, that these stories are largely *my* version of participants' lives. It is noticeable that each life story is around two pages in length, whereas the average length of each transcript for the first, life story interview, was fourteen pages. Although most transcripts were around the average, the range varied between four and thirty-one pages in length. These lengths are reflected in the slight discrepancies in the lengths of the edited life stories. For example, Janice Roberts and Reginald Green have the 'longest' edited life stories - they took the longest time to tell their stories during the study. Hiron Balla Davi's interview was the shortest, as reflected in her edited life story. Peter White's story is presented as he had written it and is only one page in length. I condensed each life story to approximately two pages since a greater length might prove too time-consuming to read.

In chapter three in the section 'Reflecting on biography', I described the reasons why some men and women were unable to participate in the final interviews in which I sought their views regarding their life stories. Even amongst those who did participate in the final interview, some did not wish to see their written stories, others saw them but preferred to leave them as they were written. I suggested some of the possible explanations for this and what might have been done to encourage further participation in chapter three. I have indicated in the text which life stories were seen and commented on by participants; in practice, only Tom Howarth and George Daley chose to edit their life stories (see chapter three, section 'Further involvement in the research process').

This meant that what was included and what was omitted - that is, what was seen as important in people's lives - was largely determined by myself. Different circumstances such as a different interviewer, time and place and people's memories, may have produced different stories (see chapter two, section 'Whose story? The process of interpretation'). Further, participants may not have necessarily told me about the most important events in their lives nor can it be assumed that everything participants narrated was of personal biographical significance (see Rosenthal, 1993 and chapter three, section 'Distressing stories').

Although the life stories presented here are clearly limited in terms of the men and women's voices they claim to represent, they should act as:

Spurs to the imagination and, through our imaginative participation in the created worlds, empathic forms of understanding are advanced

(Koch, 1998:2).

This is particularly pertinent in terms of social gerontology, given our very limited understandings of older people and later life.

WINIFRED BLINKHORN (83)¹

Winifred said that her earliest memories were when she was seven years old, soon after her father died. Winifred's father had fallen into a diabetic coma from which he never recovered: he was forty-three years old. Some years later, a doctor told Winifred that her father had died just one year before insulin had been developed for the treatment of diabetes. Winifred recalled that her father, a clerk at a solicitor's office, was a 'really good sort of gentleman'.

Winifred said that her mother found it difficult bringing-up Winifred and her sister on her own and 'went to pieces', so their maternal grandparents went to live with them. Winifred said, 'It was good having them around'. Winifred loved being with her grandfather in particular. She recalled that he took her and her sister 'all over' the countryside and would tell them stories such as the time he went up in a hot air balloon.

Winifred attended grammar school and from there, at the age of seventeen, she gained a place at the Sheffield Pupil Teacher Centre. Winifred's mother applied for a grant for the college fees, but they had to pay this back once Winifred was a qualified teacher. Going to college was hard work; she had to attend every Saturday.

After college, Winifred's first teaching post was at a 'rough' school in the industrial East End of the city. The pollution was so bad in the area where the school was situated, that the building had no windows. Somewhat ironically, the school was called 'Salmon Pastures'; any salmon that had been in the river had long since died. The children, Winifred recalled, were poor, 'If they brought you any flowers, they were always from the cemetery'. There were sixty, seven-year-old pupils in Winifred's class, but she 'enjoyed' the experience so much that she decided that she would teach at night school too.

Winifred lived with her mother until she died in her seventies. Her sister, Olive, had

¹ Miss Blinkhorn read her story and said that she did not want to amend it in anyway.

left home when she was younger to work in Bradford. Olive came home some weekends and, if Winifred wanted to go on holiday, she would occasionally stay with their mother. Winifred did not say why her mother needed care, but she said that her mother needed looking after until she died.

When she was aged forty-nine, Winifred was made a Head Teacher, although she 'wasn't keen'. Winifred was unsure whether she would cope with the responsibility, so was surprised to find that not only did she love the job, but that she was good at it too. She taught for about forty-three years and retired at the age of sixty. She was asked if she would like to carry on, but Winifred declined. She said that she did not have the time to miss teaching, 'I went to America straight away. I went for six or seven weeks so that I was occupied'.

After retiring, Winifred continued to live at her mother's house before moving to her present flat, four years ago. A friend asked her if she would like to live with her, but Winifred declined the offer: she preferred to live on her own.

Winifred explained why she thought that she had difficulty walking. Fourteen years before, she had developed ovarian cancer, which had reoccurred a few years later. Soon after her second treatment for cancer, Winifred had a hip replacement operation, which she thought must have exacerbated the problem. A year before the interview, she had also suffered a stroke and was admitted to hospital for rehabilitation. She stayed in hospital for five weeks. Winifred returned home and looked after herself. She said that she particularly valued the independence that driving gave her.

In the past, Winifred had enjoyed going abroad with her sister and their friends. She described holidays in Spain, Italy, Austria, Yugoslavia, Russia and Amsterdam and she had 'holidayed (sic) in a motor all over France'. On her last trip abroad, her sister was taken ill with heart problems and she was advised not to travel abroad again. Winifred did not think it was fair to travel without Olive, but was grateful for the holidays she had experienced in the past.

Winifred said that her one 'big disappointment' in life concerned the two daughters of one of her friends. Winifred explained:

I've been with them since they've been little and I've spent holidays, I've been away with them. I've taken one of them away a lot and er, when I wrote to her when it was her birthday I just got a little message thanking Auntie Winifred for the card. I thought, 'Well she could have managed to write to me or phone me'. But she has jobs. She's a Globetrotter. She's all over the place, so she won't have much time.

Winifred said that she 'didn't get bored'. She spent her week visiting and being visited by friends; sometimes they went out for a pub meal, or for a drive in the country. She had a hairdresser and a cleaner who visited her flat once a week and she went out to a church meeting once a fortnight. She also visited two friends who were aged in their nineties and helped her younger sister with her shopping. She said that she enjoyed going to the theatre, to classical music concerts and to see musicals. Recently, she had developed an interest in photography and had made her own greeting cards. Winifred described how she liked to stay 'active' and to be 'independent'.

JOSEPHINE (61) and WILLIAM BUXTON (79)²

Mr and Mrs Buxton emigrated to Britain from Jamaica forty-one years ago. Josephine explained why they had decided to come:

When we were in Jamaica, there were a lot of leaflets sent out to come to the Mother Country. You know, where prospects are and so it was an invitation, you know.

Josephine had always wanted to travel; one of the first things that she had said to William when they met was, 'Are you willing to travel?' William came to England first 'to test the waters' and to earn enough money for his wife and children's airfare. It took six months before William had saved the money and had found somewhere to live. It was November 1956, when Josephine and their two children arrived in the north of England: it was snowing and Josephine shivered as she remembered the cold. The England they found was very different to how they had pictured it. They immediately experienced prejudice and discrimination. Josephine said:

In England, people are prejudiced. I mean people smile, but they won't tell you outwardly how they feel. They're not brash like the Americans and say, 'We don't like you', but the English are very subtle.

The Buxton's found it difficult to find somewhere to live and work. William had been unsuccessful in securing work in London, where he had first arrived and was advised to go to Sheffield by a friend. He recalled:

It really was a bit difficult trying to get a job. When you went for a job, 'Oh sorry no vacancies' and a white man would get it. And you'd say, 'What I'm coming for, I'm coming for a job' and, no answer. They didn't treat you like an intelligent person and listen to what you had to say. When they said, 'No vacancies', I'd just turn back then and say, 'Don't bother'. And I didn't report it to nobody either.

² I gave Josephine Buxton a copy of this story, together with a stamped-addressed envelope, but she did not return it.

William said that there were 'plenty of jobs', but 'they were the worst jobs' - mainly cleaning and 'on the buses'. In Jamaica, William had worked on a farm, in England he found a job with the Gas Company and then worked for British Steel as 'an assistant machine man.'

Josephine had not worked outside the home until she came to England at the age of nineteen:

In Jamaica if you didn't have any qualifications, you could only do things like domestic work, which never appealed to me.

When she came to England, however, she wanted to be independent from her husband and found a job in a sweet shop, working for 'a really nice family.'

The Buxton's said that they felt that the prejudice they experienced (and still experienced) was more to do with ignorance than anything else. William recollected:

*We learnt the kids, the younger ones were better than the older ones, didn't we?
The older people hadn't seen many black people.*

Josephine agreed, but said that not everyone was unkind to her when she first arrived in Sheffield. However, the Buxton's tended to mix with their 'own kind'. Josephine explained:

*Social life when we first came to England was mainly with our community.
They used to have dances and parties.*

Following her job in the sweet shop, Josephine worked as a nursing auxiliary for thirty-six years. She worked on night-duty for eleven years so that William could look after their four children (they had two more after coming to England) during the day. Josephine regretted that she had not had the opportunity to undertake nurse training:

I'd been left on the ward with thirty-odd patients and I've had no real training. Things I've learnt, most things I've looked up in textbooks.

Despite this, Josephine enjoyed her work, 'I've enjoyed what I've done over the years, looking back. ...I miss the care side'. Josephine and William both retired from their jobs in their sixties. They said that they still experienced prejudice. William explained:

Well there are difficulties sometime, with some of the people, you know. Sometime you want things and they won't let you have it, they let the Englishman have it like. There was a little place around here that I wanted to buy and I come and look at it and thought, 'maybe I'll get it'. But they wouldn't give it me, wouldn't sell, you know. And I feel funny about it. It's hard for me, they've smashed my car up several times and I have to put up with all that.

Josephine spent her time at various further education classes, attending church services and activities, looking after her grandchildren and taking holidays abroad. William enjoyed going to Afro-Caribbean centres where he talked to his friends and played dominoes.

JIM CALDWELL (84)³

Jim's earliest memories concerned his father's return from the 1914 war. Jim was three years old, nearly four, when his father came home. He pictured his father taking his haversack off his back and throwing it down onto the floor. He recalled, 'And the way he got shut of it, you'd think there was a mouse in it'.

Jim was the eldest child of a family of nine. It was his responsibility to take the younger children to nursery:

In those days, things were very bad and we used to take them to school for cocoa at eight o'clock and bread and jam for breakfast.

Jim said that his father - who worked in the steel works - 'was rite keen that everybody went to school'. Jim would be in trouble even if he 'played truant' from Sunday School. Jim left school when he was aged thirteen, despite the head teacher's view that he was 'the cleverest in class'. The head teacher wanted Jim to go the High School, but his father could not afford to buy the books. Consequently, Jim found himself selling newspapers around the streets for 'poor money'. At the age of fourteen, he managed to obtain a job as an errand boy at the cutlery firm where his uncle worked. He stayed in the cutlery trade, working as a grinder. Next, Jim found work in the local pit. This lasted just two days; his mother found out and was adamant that he did not return to the mine. He recalled, 'She said, 'You're not going down no pit'. Jim said, 'They still owe me two days wages'.

Jim explained that it was difficult to obtain permanent work in the depression years of the 1920s and 30s. He had been 'on the dole' for three weeks, when the employment office tried to send him to Kent to 'work in the fields'. However, Jim had other ideas; he had heard from friends that the work was hard and he refused to go. His dole money was stopped. He said, 'And that's the reason I joined the army'. He 'signed up' up on 21st February 1935. Jim and his regiment sailed first to Malta for training: it took thirteen days. From there, they went to India and then marched

³ Mr Caldwell did not have the opportunity to edit his story; I was unable to contact him for a third interview.

into Burma, to fight the Japanese. Jim had many stories to tell about his experience in Burma. One story was particularly vivid:

At night time, this Gurkha came up to us and said, 'I'll be back'. Anyway, what do you call it? He came back and presented my mate with a bag and he opened it and there was a Japanese head in it.

Jim suffered six relapses of Malaria in India but enjoyed his time in the army:

If I had my time come again, I would do same as what I did when I first joined army. I'd join again. Even though they would send me to India.

He was stationed in India for nine years:

I've seen Taj Mahal twice, in the day time and when in floodlight, at night. Oh, and it looked beautiful.

Jim was discharged from the army in 1946: he was a sergeant. It took some time before he found employment; he and a friend walked all over Sheffield seeking work. Eventually, Jim's brother, who was a miner, told them that there was work 'down pit.'

Jim had been at home for six months, when he married Sheila: they were both aged thirty-one, they had not met before the war. Their son was born in 1947 in the 'big freeze up' and their daughter two years later. Sheila did not go out to work. Jim and his wife rented a prefab house on council estate in Sheffield: they lived there for forty-two years. Jim had a serious accident whilst he was working as a miner:

'Er, when I went there, I hadn't been there five minutes and I got buried. ...I broke my tibia and fibula. I've got scars there. I was off fourteen month. I was fifty-odd year old then. It were that bad, they got me out with a stretcher. When they got me out of pit, gaffer came straight away. And they were cutting my boots off and I said, 'I've only had them a week' and he said, 'There are plenty more in the storeroom, don't worry about them.'

Despite the accident, Jim said that he loved his work. Like his experience in the army, it was the friendships he enjoyed. Jim worked for the coal board for thirty years and retired at the age of sixty-four. His wife died soon after this. Nine months before I visited him for the first time, Jim had moved into a sheltered flat after he had suffered from several 'dizzy spells' and became unsteady on his feet. He was later diagnosed with pneumoconiosis.

Jim enjoyed socialising and went out each day. He visited his son once a week and liked to spend time with his grown-up grandchildren. He enjoyed going on holiday, especially to Margate, where he had been every August for the last eight years.

I was unable to contact Mr Caldwell for a third interview. The warden where he lived informed me that he had been admitted into hospital.

BILL CARTER (80)⁴

Bill, the son of a miner, had lived in a village in Derbyshire all his life. He joined the 'call-up' army in 1939 and travelled extensively throughout the world on a hospital ship. Before joining the army, he had been in the St. John's Ambulance Brigade; once he had passed his exams, he became a nurse in the medical core.

Bill enjoyed the comradeship of the army and the opportunity it gave him to see different countries, however, he saw many of his friends die. His ship was torpedoed twice; the effects of which left an indelible impression on him. The first time, in 1942, the ship was sailing to South Africa and the casualty list was large:

It was ten past five in the morning, beautiful morning, it got light early there you see. It was a torpedo on a parachute, it came right between the bridge and the funnel and twelve nurses all got... they couldn't get them out. It had concertined (sic) the cabins, they had gone to their cabins. There was only one saved who had gone below, that was a dentist officer.

The 'worst' country Bill visited was West Africa, where most of the regiment had caught impetigo:

We were in West Africa for ten month. And it never rained in all the ten month we were there, never saw no rain. And on the ship's sides, you daren't put your hands on it, it would burn you, it was that hot.

Canada, was the country he liked the best:

We used to love Canada. We went twice, it was beautiful there, not too hot, about in the 60s and we used to go in this café at night, I think it was run by some church people and all you could get was bacon and eggs and ham and eggs and you used to finish up with blueberry pie and ice-cream. They were

⁴ I was unable to contact Mr Carter for a third interview, so he did not have the opportunity to edit his story.

beautiful they were. Blueberries and ice cream, I used to have two dollops of that. It was 25 cents er, for the sweet, and I forget what it was for the ham and eggs.

Bill was de-mobbed in January 1946 and he returned to his old job at a hosiery factory. Bill put the money he received when he left the army towards buying the house where he still lived. Soon after he bought the house, Bill got married. He met his wife through her sister's husband who, like Bill, was a keen gardener. Bill and his wife had one daughter.

Bill undertook voluntary work for the British Legion; offering people, 'especially war widows,' advice regarding their pensions. He also did the shopping for some of his older neighbours during the winter:

There were quite a few old people up this way and I used to go up and help them. And when it snowed, it was like a skating rink. And I went to do the shopping for them, they would break their necks if they'd gone out.

Bill vividly remembers the winter of 1947, 'a terrible year':

That was a bad winter that was, my word. A lot of people couldn't get to work. The factory was closed because the buses couldn't get. And er, when I went to sign on the dole, they said, 'Oh no, you'll have to go snow-cutting'.

Bill left his job in the hosiery factory to work in a brickyard, where he earned more money. Bill retired at the age of sixty-five, but said that he missed his colleagues:

Oh I missed quite a few of my work mates, you know. Although for quite a while, some used to come and see me, but some of them's passed away now you see. There are still one or two pops up now and again.

About five years ago, his wife had a stroke. The doctor recommended that she go into a home. Bill visited her every Sunday, after he had dinner with his daughter.

Soon after his wife's illness, Bill suffered a heart attack and was in hospital for quite a long time. He then had 'a very bad rupture', followed by a stroke:

I had all things one on top of the other you see. I had trouble with me wife you see, that played on me mind I suppose, that probably caused the stroke, I don't know.

The stroke, which left him unable to use his right hand, meant that Bill had to give up gardening. It also meant that he could not walk his dog any longer so his daughter took him away: Bill missed him.

Bill could not go out on his own: he could only walk a few metres to the bottom of his drive. He slept downstairs in his lounge since he could not manage to go upstairs on his own. He had a home help every morning in the week: she brought the coal in for him (he had a real fire for twelve months of the year) and made him a cup of tea and breakfast. His daughter visited each day to do his shopping and he had meals on wheels and went to a luncheon club once a week. His main pleasure was watching sport on television and reading gardening magazines. Bill concluded his interview by saying that he would not change anything about the way he lived.

GEORGE (78) and ANNE DALEY (79)⁵

George and Anne were born in the same mining town; both their fathers were colliery deputies. Anne came from a large family; one of nine including five sisters. George was the youngest of a family of four. Anne's father died when he was aged fifty-six, following a heart attack. After his death, Anne's mother became actively involved in 'social and political work'. Both George and Anne's families attended chapel, which, George recalled, was 'a strong influence' up until his teens:

It was only when I got into my teens, that I began to think about, you know, moral and political questions, social problems. We were very idealistic as teenagers. We thought we could change the world. We thought there could be a Utopia...

George spent his evenings at the local Youth Club, 'the Labour League of Youth', where he met Anne. Anne and George went hiking together around the countryside where they lived at the present time and joined a drama group. George left school at the age of sixteen and worked for the Post Office. After a few years, he decided that he would like to further his education. He was inspired in his ambition by a tutor at the Workers Education Association (WEA), where he and Anne attended lectures. This helped George to obtain the qualifications that he needed for university. George was a conscientious objector and did not undertake National Service during the Second World War: he said that he was still 'very anti-war' now. Both Anne and George became Quakers when they became 'disillusioned' with chapel. Anne recalled:

Chapel was far too narrow for me. But when I was at college, one of the tutors in the house I lived in, was a Quaker and we went with her on Sunday mornings, and we've been going ever since.

⁵ George Daley saw and slightly edited his story (see chapter three, section 'Further involvement in the research process'). The amendments were carried out as he requested.

In 1947, at the age of twenty-seven, George obtained a place at university to read Psychology. Here, he met Barbara, a mature Sociology student and a fellow Quaker. She had 'a strong influence' on both George and Anne. George said:

A remarkable woman. Sometimes when I've got a moral dilemma I think, 'What would Barbara do in this instance?'

Anne said that Barbara impressed her because 'she lived what she believed'.

The Daley's married 'quite young', immediately after the war had ended. By this time, Anne was a qualified teacher and supported George financially whilst he completed his degree. They said that this was 'a struggle, we were poor'. George and Anne lived with Anne's mother for three years since 'it was difficult to get a house after the war'.

Anne was Deputy Head of an Infants' School before she took 'ten years off' to have a family. They had chosen to 'take a risk' and delayed starting a family until George had found employment; they realised that this must have seemed 'a bit odd' at the time. Following his degree, George decided to go into teaching. He taught children with learning difficulties and eventually undertook advisory work.

Anne and George had three sons. Watching them grow up was, for both of them, 'the most wonderful time of our lives'. They decided to move to a village in the Peak District about thirty-six years ago, by which time their eldest son was eight, because they wanted their sons 'to have space'. The village, they said, was 'quite a contrast' to the mining town they had left and they enjoyed walking in the countryside and renovating the large house and garden. For about sixteen years, Anne taught at the local Junior School.

Anne and George both retired at around the age of sixty and were looking forward to 'enjoying' their retirement when their youngest son, who was twenty-three years old, was killed in a motor accident. Soon after their son's death, George and Anne involved themselves in pastoral care with the Quakers; they found that their experience helped them with this work. Their bereavement also altered their plans to

travel around the country but they said that it had brought them closer together as a couple. Anne explained:

I was very grateful to have George to lean on and to talk to and it was the same with George. He felt the loss tremendously and we've always said how fortunate we were to have each other at that time, two of us to bear it instead of one.

Their eldest son taught at a university in Australia. He visited his parents about twice a year: Anne and George had not been to Australia. Their other son was a Deputy Head of a Primary School, not far from where Anne and George lived.

The Daleys described a very active and varied social life, despite the fact that Anne suffered from a terminal illness. In 1996, after she had been poorly for some time, Anne had been diagnosed as suffering from bone marrow failure and was required to have a blood transfusion every three weeks. Anne said that this was the major 'turning point' in her life; it had 'made a vast difference' to her social life. Since she had no immunity, she had to avoid going to places where she risked infection. However, the Daleys still enjoyed participating in activities as varied as supporting wildlife organisations to listening to classical music concerts to attending computer classes in the village.

Anne Daley died soon after her second interview.

HIRON BALLA DAVI (70)⁶

Hiron Balla Davi was born in Bangladesh, formerly East Pakistan. She originally had five brothers and one sister. However, three of her brothers and her sister died at a young age and the remaining brothers died soon after her marriage. Hiron Balla did not say how they died. When she was aged seven years old, Hiron Balla's mother died and she was brought up first by her paternal grandmother and then by her maternal grandmother. Hiron Balla's father, unusually in Bangladeshi culture, did not marry again, so he was able to spend time with his children. Her father lived near to her grandparents' house, so they saw each other frequently.

Hiron Balla got married at a young age. She and her husband had five sons and four daughters. It was her husband who came first to England - to Lancashire - in the 1960s, in order to find work. Hiron Balla said that the 'big turning point' in her life was coming to England about thirty-five years ago. She said that she was 'very young' when she emigrated. When she first came to England, she was accompanied by only two of her children, the rest of her children joined the family later. Hiron Balla recalled that being separated from her children was distressing but was necessary because she and her husband needed to find a house and work before the whole family could be reunited.

Hiron Balla stayed for a number of years before returning to her 'Homeland' for four years. She did not say why she returned to Bangladesh. She then returned to England, to Sheffield, and had lived in the city ever since. Hiron Balla said that she had returned home twice for brief visits. Her relatives lived in different parts of the world; some of her relatives still lived in India, some in Bangladesh and some in England. She was now a widow but did not elaborate on how or when her husband had died.

⁶ Since Mrs Davi could speak and understand only a few words of English, I read through her story (translated orally by the interpreter) and asked her if there was anything she wanted to add to or change. She said that she was happy with her story as it was, nevertheless, I left her copy with a stamped-addressed envelope in case she decided later that she wanted to make alterations. Her daughter could speak English.

Hiron Balla said that she liked Sheffield and that she liked England. Six of her children were still alive; one son, her daughter-in-law and one daughter and grandchildren all lived in Sheffield. She said that she regarded Sheffield as her home now since her children were there, although throughout her interviews, she referred to Bangladesh as her 'home'. Hiron Balla said, 'My sons, daughter, daughter-in-law and grandchildren are all living in this country. I am happy with them'.

Hiron Balla said that she missed Bangladeshi culture, particularly the religious music. She said, 'I miss our religious songs and festivals'. Although she was pleased that there was now a Hindu temple in Sheffield, she said, 'It is not the same as celebrating religious festivals in Bangladesh'. Mrs Davi said that she had Bangladeshi friends in Sheffield and had recently attended the wedding of her friend's daughter, which she had enjoyed very much.

Hiron Balla lived on her own in a ground floor council flat, although her daughter sometimes stayed with her. She said that she did not feel sorry for herself living on her own and repeated several times that she was happy. Hiron Balla said that she thought people should not stay at home and be bored. She enjoyed going to the shops; she said that she found shopping easy in England and said that it was good exercise for her to do it herself. She went to an exercise class and attended classes to learn English as a second language.

Hiron Balla said that her 'one regret' was that she did not have an education. She said that she had been unable to go to school because her mother had died when she was so young and she had been expected to care for her younger siblings. She wished that she had gone to school because she believed that education gave people 'a better life'. However, she said that she had found 'pleasure and fulfilment' in the fact that her children had been educated and were now all in good jobs.

ERNEST (83) and LILLIAN GRAYSON (83)⁷

Lillian, in contrast to her husband, who was an only child, came from a large, 'close-knit' family: seven brothers and seven sisters. As the eldest, she was called upon often to look after her siblings. Her parents, Lillian recalled, had 'a very hard life:'

I can remember when we were young, my father were out of work a long time, and they got £2.00 a week to keep nine of us.

Lillian and Ernest were both born in Sheffield and met whilst they were working at the Co-op. Lillian recalled:

First time I saw him, I couldn't stand him. He was so clean. He started scrubbing this and scrubbing that in the shop and we grew on one another. We've been married fifty-seven years.

In 1947, Lillian's parents both died and Lillian and Ernest decided to go to London. Ernest had been receiving treatment there for an arm injury; he had served in Burma for five years during the war and had been shot in the arm. They only had £100 when they arrived in London and found it hard to find somewhere to live and work. Ernest, however, was in receipt of a pension from the British Legion and they sought assistance there. Eventually, they found work managing a bed and breakfast hotel in King's Cross. They did not enjoy the work; the owner's husband was drunk frequently and they were poorly paid - £4.00 a week - so they looked for work elsewhere. Ernest obtained a caretaking job with a London Housing Association and Lillian accepted a job as a cleaner. Lillian recalled:

We had to sleep on floor with this job we got, a stone floor until we managed to get a bed, didn't we? We had nothing, nothing at all.

Their son, Steven, was born in 1948 when they were in their thirties. Lillian said:

⁷ I contacted Mrs Grayson for a third interview. However, Ernest had recently died and she said that she did not feel 'up to' participating further in the study. Hence, the story here has not been edited by the Graysons.

We only ever had the one. I had a difficult time and had to have an operation to keep him. I had a hysterectomy about three or four years after I had him.

When asked if they would change anything in their lives, Lillian said that they would have liked to have had more children. Ernest agreed, he said, 'I would have liked a girl. A boy and a girl. But that's impossible now.' After Steven was born, they moved into a small one-bedroomed flat:

In the kitchen were the bath and through the kitchen were the toilet. It was just like being in prison. Horrible place.

They both worked extremely hard so that they could take it in turn to care for Steven; Mr Grayson caretaking in the day and Lillian cleaning at night. As Steven grew up, the Graysons found that they needed a larger flat. They obtained work in another hotel which offered a two-bedroomed flat. Mrs Grayson had a morning and an evening job cleaning, so that she could keep her son at school until he was eighteen. She said, 'We were happy enough, as long as we could pay our way'.

Their son married and moved to Sussex with his wife and baby son. However, soon after he had moved, his wife left 'for another man'. She wrote to the Graysons and told them that she did not want them to see her child or have anything to do with him ever again. Mrs Grayson said:

She didn't want him to know we'd ever existed. There were nothing we could do about it in them days, we couldn't demand to see him. This is the one thing in life that's upset us.

Ernest carried on with his caretaking and, following her cleaning jobs; Lillian worked in a grocery store for a short time. For the next twenty years, she worked for the Salvation Army in the restaurant of their department store. Lillian retired from her job at the Salvation Army when she was aged sixty-two, but worked two hours a night at an airline office where she used to 'make tea' and 'do odd jobs'. She also did some childminding for the manageress. Lillian continued with these jobs until

she was aged sixty-nine, by which time, they had decided to 'come back home' to Sheffield.

Lillian said that there were several reasons for leaving London. Mr Grayson had a serious heart attack when he was aged sixty-six and spent several weeks in hospital. Soon after this, he began to lose his eyesight. Lillian recollected:

I felt so lonely and I really was lonely when he were in hospital. I thought, 'nobody to turn to either one way or the other'.

Lillian recalled how London was a 'very lonely place' and she missed her family. Lillian contacted a Housing Association in Sheffield and 'pestered them' until finally they offered her the flat that they lived in now.

Ernest and Lillian had lived in their flat for fourteen years and were 'very happy'. They liked their privacy. Mr Grayson said:

It suits us. I like it here because it's quiet. Well, we hardly see anybody because we're on this corner. We hardly get bothered a deal.

They said that they gained most pleasure from going away on holiday. They also enjoyed their son's visits. He married again and they had another grandson. Lillian said:

They phone every Sunday and we look forward to that phone call, you know. And he never misses, he's never missed since day he left home.

Not long after his second interview, Ernest died.

REGINALD GREEN (78)⁸

Reginald was born in Sheffield, about half a mile from where I interviewed him. He was the son of a cutler who had served in the First World War. Reginald recalled that his family lived in a working class area, but 'it was all good quality working class'. He had two elder brothers.

Reginald recalled being told about his father's exploits in the 1914 war. His father had been 'kicked out' of the army in 1916 after he had been blown-up and buried alive twice. Reginald described how the second time, his father was buried for twenty-four hours and was in a 'shocking state' when they dug him out of the trenches. For many years during the war, Reg's father was missing. Reg's mother eventually found her husband badly injured in an army hospital. Several times after 1916, Reginald remembered being told that his father had to be 'carted off to the Loony Bin, for want of another expression' and it took him years 'to pull round'.

Mr Green recalled that his mother was a 'wonderful woman'. For a number of years, she worked as head barmaid in the local hostelry. Her main interest in life, however, was reciting. She went all over Sheffield with a troop of entertainers, taking part in musical monologues. Reginald inherited her gift. Many years later, he entertained people in his spare-time by singing at working men's clubs, churches and groups for 'old age pensioners'.

Reginald went to the same school as his father. Years later, Reg's own daughter was to attend the school too. Reg said that he was 'no bloody good at school'. Whilst at school, Reg had a part-time job at a pork butcher's: he used to scrub the baskets and do bike deliveries. He left school at the age of fourteen and, for a short time, worked in a china and glassware shop. Reg then accepted a job as a van boy at the bakery company where his brother worked for 'nine shillings and sixpence a week.' After serving his time as a van boy, Reg was sent to work in the Maintenance Department, 'doing all sorts of odd jobs around the factory'. After a while, Reg plucked up the

⁸ I was unable to contact Mr Green for a final interview so he did not have the opportunity to see and possibly edit his story. I later found out that he had been in hospital when I was attempting to contact him.

courage to ask the Managing Director if he could have a 'better job' and was sent to one of the shops as a trainee shop assistant. However, the supervisor of the shop 'had it in for' him and one day, Reginald decided that he had enough and walked out.

From the bakery, Mr Green obtained a job as a receptionist with Kennings, 'the motor people' which he enjoyed. He was there until the war, when, because of petrol rationing, Kennings had to reduce their staff and he was sacked. By this time, Reg had started courting and, in 1943, he 'committed the great folly of getting married'. Reginald said that his 'troubles started' when he got married. His wife, Margaret worked for a short time and then developed mental health problems. She was 'in and out of hospital' for the rest of their married life. By this time, Reg had a job with an engineering firm: he worked twelve-hour shifts and found the long hours, combined with his home life hard to manage. Reg's parents became so concerned that they asked Reg and his wife to live with them. In 1944, Margaret was admitted to a Psychiatric Hospital as a voluntary patient.

After this first spell in hospital, Margaret recovered sufficiently to enable them to run a tripe shop in Sheffield. All went well, until Reginald was 'called up' to the RAF. By this time, the 'war was turning in Great Britain's favour', so Reg was sent to work in the Dental Branch of the RAF as a dental assistant. He enjoyed the work, but was anxious about his wife:

It was a never-ending worry. She got me into trouble at one or two units for ringing me up. She was a bloody nuisance.

Reginald applied to leave the service on compassionate grounds, because of his wife's illness. Reg very quickly obtained a job with the Refuge Insurance Company, collecting insurance money. He then went to work for a firm that sold Baking and Catering supplies in Lincolnshire. Following the birth of their first son, Jack, Reginald said that Margaret 'started being a bit dicky'. Her condition worsened after the birth of their second son, George, and Reginald found that he had to take care of both his sons. Margaret grew more depressed and she was admitted to hospital in London. It was a difficult time: Reginald's mother looked after their sons

whilst Reg went by train to visit his wife. Soon after Margaret had been discharged from hospital, Reg found himself out of work once more.

Reg and Margaret returned to Sheffield. For a short time, they lived with Reginald's parents until Reg found work that enabled them to rent and then buy a house. Reg worked for Joe Lyon's 'on their ice-cream side'. This financial security did not last long: Reg fell and broke his ankle and was off work for about four months. By this time, he and Margaret had three young children, two boys and a girl, so Reg was anxious to return to work, 'You got sick pay, but it was not much, enough to starve to death on. I was absolutely skint'.

Reg had only been back at work for four days when he was sacked. He recalled that his supervisor told him, 'I'm sorry to lose you, you're the best salesman I've got'. To which Reg replied sardonically, 'Well, that'll do me some bloody good, won't it?'

For a few years, Reginald 'buggered about selling this and selling the other, not making any progress at all' then, one day, he bumped into an old colleague from the engineering firm where he had worked during the war years. His friend suggested that he apply for work at the firm and Reg obtained a job on the factory floor. To start with, Reg was not paid well, but he was soon promoted to the inspection staff and was 'as happy as a pig in mud'.

By this time all their children had left home. Reginald worked for the same engineering firm for thirty years and he applied for redundancy at the age of sixty-four. Reg recalled that he spent about a year 'wandering about enjoying myself', and then his wife left him. He still shopped for his wife and took her to her hospital appointments.

Reginald took a couple of part-time jobs as a cleaner until he had a heart attack. He then worked at his son's shop each morning:

I don't work hard you know. I just sit there in the office, read the newspaper and answer the telephone.

His son bought him a car. Reginald said, 'I don't go far in it because I'm very much a home bird, you know.' About twice a year, however, he drove down to Folkestone to visit his daughter.

Reginald had lived on his own, apart from his pet dog, for about ten years. He said that his favourite past time was reading; he spent a great deal of time 'rummaging in second-hand bookshops.' Most nights of the week, at nine o'clock, he went to the pub, 'for a couple of pints', and was joined by his son Jack. Reginald said, 'Every night, I thank God that he breathes on me very kindly, for the age I've reached and the way I feel.'

After my second interview with Mr Green, I heard that he had suffered a stroke. Apparently, he now lived in a nursing home near to his daughter's home in the South of England.

TOM HOWARTH (77)⁹

Tom was born in 1921 in a Co-operative garden village just outside Leeds. His 'middle-class' parents were 'religiously agnostic, politically left-wing'. His father was a 'very keen Co-operator'; he worked in the publicity department of the Co-operative Wholesale Society (CWS) and became chairman of the village. Tom explained that the CWS:

...was more important than Tesco in its day. It owned factories throughout England and produced anything - from marmalade to boots. It was probably the biggest commodity producer in the country.

Tom attended the local secondary modern school. Although his parents wanted him to continue his education, he left school at the age of sixteen. Tom felt he was ready 'to go out into the open world', but he did not know what he was going to do. He 'hero worshipped' his elder brother, who was thirteen years older and 'almost a parent' to him. This might have been the reason why Tom decided to follow his brother into advertising. Tom joined an advertising agency as an errand boy in Leeds. He attended night school for a couple of years and became a member of the Advertising Association. Yet, Tom recalled, 'It wasn't long before my political side began to develop, I wasn't at all at ease with advertising - commercialism', but he still 'hadn't a clue' what he wanted to do. His dilemma was solved by the outbreak of the Second World War when Tom was sacked immediately.

Tom realised that it was only a matter of time before he would be called-up for military service. But he had 'no intention' of going into the Forces: he was a pacifist. Tom thought that 'the most sensible thing to do' was to join the Air Raid Precaution Service or the National Fire Service. However, his parents had other ideas and encouraged him to sell insurance. Hence, he found himself pushing a bicycle around the country lanes, collecting weekly industrial assurance for the Co-

⁹ Mr Howarth commented on and edited his story slightly (see chapter three, section 'Further involvement in the research process').

operative Insurance Society. He enjoyed this: he had moved into digs and he liked meeting people, although the idea of insurance was 'quite foreign' to him.

When Tom received his call-up papers, he registered, as his father had done during the First World War, as a conscientious objector. He obtained a job on a small-holding owned by Quakers. Here, he said, he 'learnt how to wring chicken's necks and look after bees and apple trees and dig gardens'. However, 'the authorities' decided he would be better employed as a gang labourer and he was directed to the labour force of the Cumberland War Agricultural Community. This, Tom said, 'was a very interesting experience for a person who had led a very sheltered life'. He worked and lived in a hostel, with labourers from all over Europe, including Germans from the anti-Nazi movement.

Tom, together with a German Communist, Fritz, decided to start a Trade Union. Tom said that it was 'his first experience of this sort of thing'. He soon tired of the task of organising his fellow labourers and decided to 'better' his position by enrolling on a course in tractor driving at Newcastle University Agricultural Department. Fritz, derided him for this, accusing him of 'leaving the working class'. Tom commented, 'He was probably right, he was a very sincere fellow.'

Following the course at Durham, Tom thought about pursuing a career in agriculture. He saw an advertisement in the Farmer's Weekly, announcing that the National Institute of Agricultural Engineering was transferring to new premises and required a tractor driver. He answered the advertisement, although he did not think that there was much chance of a government department accepting him; it was the middle of the war and he was a conscientious objector. To Tom's surprise, he was offered the job and he moved to Harrogate.

Tom found himself working in a very different environment from the community he had left. He had his own bedroom and study, a technical library at his disposal, and a collection of tractors and agricultural machinery to make his 'mouth water'. He was soon engaged in a 'variety of interesting and challenging' duties associated with testing and developing agricultural machinery. It was here, that he met his wife, Jill, a land-girl; she was learning to drive a tractor.

Tom worked in Harrogate for about four years and had 'every intention' of making a career of it. He enjoyed his work and made many friends; he still has a friend whom he met there. However, when the war finished, Tom decided it was time to 'branch out'. He was offered a job with a local agricultural engineering firm in Cambridgeshire.

He enjoyed the challenge of this work, but now he had a wife and a baby daughter to think about, it became imperative to find a house. Tom was living in digs and Jill and his daughter were living with Tom's parents in Leeds. He said, 'we were getting pretty desperate after twelve months of this sort of life', so when his brother asked him if he would consider going back into insurance if a house went with the job, Tom, 'in desperation' agreed. His brother knew an agent for the Co-operative Insurance Society who was retiring and selling their house. Tom readily took the job and bought the house. Once again, Tom found that his work conflicted with his 'ethical approach to business and to selling in general'; he found the work difficult and not particularly enjoyable. However, he discovered that the town had a 'superb' Arts Club. He joined and particularly enjoyed the drama group.

Tom and Jill stayed in the town for ten years and 'two more children came along'. His brother decided to start his own business as an insurance broker and asked Tom to join him. Tom, now aged thirty-five, was still 'unsettled in insurance' and was applying for other jobs so he was unsure whether to agree to his brother's proposal. In the end, he decided, to accept. His brother moved him to a town in Derbyshire, to develop a branch in the area.

Tom stayed in the town for 'thirty-odd' years and felt that he had made a 'success of it'. He admitted that he enjoyed some aspects of the work; being his own boss and meeting different people, but this did not stop him becoming 'more left-wing, the more I knew of the commercial world'. Tom and his wife now had a daughter and three boys. Although Tom realised that many of his contemporaries had made more money, he had made many friends and, most importantly to him, the family had 'kept close.'

After Tom had retired at the age of sixty-six, he and his wife looked for somewhere to live in the Peak District. They decided to move to the village, where, when they were both aged fifty, they had learnt to ride horses. They had lived in their current home, a bungalow, for twelve years. Tom spent a great deal of his time actively engaged in politics: he was Treasurer for the local Labour Party.

BRIAN JENNER (62)¹⁰

Brian, an only child, lived with his parents in a Derbyshire village until he was aged three, when they moved to a town near Derby. He lived with his parents until he got married. Although he recalled that his childhood was happy, Brian said that he could not 'remember the ins and outs of what we did there or anything'. The exception to this was when Derby County won the FA cup:

It was 1946 or '47. I remember sitting in a snow drift with my father, reading the Green 'un, which is a football telegraph, and it was so fantastic. I'm being a bit facetious really, but it's true in a way. It's amazing how important all these things are to you, it's pathetic in a way.

Brian's father worked in a textile factory and his mother worked in an elastic factory. Brian passed the Eleven-plus examination and went to Grammar School. With hindsight, Brian recognised that his parents had 'made a lot of sacrifices' to enable him to attend grammar school, but they saw as it 'an end in itself'. Brian thought this accounted for his lack of ambition to go university - grammar school was all that he could expect.

Brian had little idea about what he wanted to do when he left school; he became an articled pupil for a small architectural practice simply because he enjoyed drawing. Brian said that this was an early example of his 'lack of direction.' Despite this, Brian enrolled as a probationary member of the Royal Institute of British Architects and took a part-time course at the local Art College. Brian was given an exemption from National Service because of his examinations and eventually qualified as a professional architect.

In 1961, Brian took the 'big step' of getting married. He and his wife, Sheila, went to live in a flat in Derby. Three years later, he begun work with an industrial firm and moved to Eastwood - where they bought and restored a cottage together. They had a son and a couple of years later, a daughter. Sheila, who had worked for the

¹⁰ Mr Jenner saw his story but made no ammendments.

local council, gave up her job whilst the children were small, although she did eventually work part-time. Brian 'moved from job to job', until he settled with a firm of architects in a small town where he lived until he separated from his wife in 1980. They divorced two years later. Regarding the break-up of his marriage, Brian said:

It was all very routine stuff. In the end, we thought, why bother? There was no great trauma, no running off with the milkman or anything. ...It would have been more satisfactory had it been blows and hysteria, but it was all, in a sense, just sadness really.

His father's illness and subsequent death, in 1976 had a 'profound effect' on Brian, he said it invaded his thoughts 'like a disease really' and he felt that he became depressed. Brian did not seek any professional help for his depression, but left his job and enrolled at Nottingham University to do what he referred to as a 'self-indulgent' MA in Philosophy; he saw himself as a 'sort of middle-aged drop-out'. Although he enjoyed this immensely, he left before completing the course, mainly because he ran out of money.

He obtained work 'on and off' for an architect in London, but lived in Derbyshire with 'wonderful' friends who helped him to get 'back on the straight and narrow'. He then bought a village house in need of renovation:

I enjoyed the physical work. ...I think that was very, very therapeutic, but it didn't bring the money in, I was just grubbing a living.

Much to his relief, given his financial predicament, one of Brian's neighbours - a microbiologist - had an offer from a large retail chain to survey all their stores for asbestos. His neighbour thought that with Brian's architectural expertise and his knowledge of microbiology, they could take on the job and Brian agreed, 'It kept both of us alive for about two years'.

Following this, a friend offered Brian some part-time lecturing at an Art College. Brian was self-depreciating:

I was terrified, standing there, I'd never done anything like that before, so I don't know, it was probably shambolic, but it was really brilliant.

Brian taught for about three years, until 1988, when part-time lecturers at the college were made redundant. Although he accepted an offer of architectural work in Yorkshire from a mutual friend, Brian soon found that he missed teaching. Brian decided to do the 'next best thing' to lecturing and enrolled on an MA in architectural history. He successfully completed this three years ago.

Brian worked in Yorkshire for four days a week. He supplemented his income with work from home. His children lived relatively near to him and he saw them 'occasionally'.

BETTY LOMAS (90)¹¹

Betty was born in Sheffield and lived in a terraced house with her parents and two sisters. Betty said that her family were not 'well-off'. Betty, her twin sister Mary, and her younger sister Alice, went to school in the industrial East End of Sheffield.

After leaving school, Betty worked in a Wholesale and Retail shop. She met her husband, Eric, a painter and decorator, when they were both aged sixteen and they courted for six years. Their daughter, Jean, was born ten months after their marriage. At first, they lived with Eric's mother and father until they could afford to rent their own house. Betty said, 'We were just ordinary, we didn't do anything exciting'. They did not have much money; the nature of Eric's job meant that he was unable to work outside if the weather was bad. Betty recalled:

We only had one purse, he never opened his wage. I didn't ask him not to. He used to give me his wage and I used to take the expenses out and the rest of it we used to put it in a leather box - a leather collar box, he had it when he was twenty one - and we put it in there, we saved. I think money can cause trouble, but we never had any trouble over money. We never had a lot, as I said, we didn't before we were married.

When the Second World War started, Eric was called up to the Pioneer Core and was sent abroad. In order to support herself and her five-year old daughter Jean, Betty took a job with the Prudential, selling insurance. She also worked as a volunteer in a café for the soldiers using the railway station. During the war, Eric and Betty were separated for 'four years and seven months'. When he returned home, Betty recalled that it took some time for Eric to settle down:

It was difficult because, you see, he'd been amongst men all the time, but we did finally get really close again, as we'd always been.

¹¹ Mrs Lomas died after her first interview so was unable to comment on her story.

Eric found work as a church warden and Betty continued to work at the Prudential. Church life was important to them. Betty was a Sunday School teacher and they both helped at the Youth Club and took children away for holidays. Much of Betty's time outside her paid work was spent looking after other people. She cared for both her parents and her father-in-law when they were ill; they lived until they were in their early eighties.

Betty worked as a volunteer with 'meals-on-wheels' and ran the Over Sixties Club at the church. She did this for twenty-five years but had to stop when, due to chronic arthritis, she had to have both her knee joints replaced. This also meant that she had to retire from her job with the Prudential at the age of fifty-eight, although she had hoped to work until she was sixty. Soon after Betty had retired, Eric died following a heart attack at work: they had been married for thirty-seven years.

As time passed, Betty started to 'do all sorts of things'. She took two part-time jobs: one as an usher in the Crown Court, the other as a barmaid at the Greyhound Stadium. She enjoyed her court work and worked there until she was seventy. She worked at the stadium on Monday, Tuesday, Friday and Saturday nights. After retiring from her part-time jobs, Betty taught herself to draw and paint. She also enjoyed taking photographs, particularly of her family, whose portraits decorated the walls of her home.

Fifteen years after Eric died, Betty sold the house that they had bought from Eric's father and moved into a housing association flat. She soon settled into the flat and made friends. Over the previous year, Betty described how she had suffered from shingles, had scolded her hand and had three falls. She had returned recently from a fortnight's respite in a Nursing Home, which she had not enjoyed. Her doctor had advised her to go; he had said, 'You want a break completely'.

Although Betty had someone to clean weekly, she said that she liked the flat to be tidy, 'So I still dust round'. Her arthritis meant that she found it difficult and painful to walk; she could no longer leave her flat unless someone accompanied in a car or taxi. However, she said that she was grateful to be visited regularly by her friends and relatives. Betty's daughter and grandchildren - two grandsons and a

granddaughter - lived in Sheffield. She had two great grandsons and a granddaughter; all their photographs were on the mantle-piece in her lounge.

Since her health had deteriorated, Betty feared having to sell her home and going into a Nursing Home. Her fears were not realised: one month after Betty told me her story, she died.

GLADYS PETERS (93)¹²

Gladys Peters started her story by explaining that, at the age of ninety-three, she was the only member of her immediate family still living. Gladys said that she had 'out-lived everybody'.

Gladys was born in Sheffield and had lived in the same area all her life. Gladys described a happy childhood. Her family seemed relatively well-off; they lived in a 'big house on Handsworth hill' and Gladys said that she and her brothers 'had everything'. Her father had worked first 'for the railways' and then, for fifty years, for Craven's the 'carriage and wagon people'.

Gladys referred to her father a great deal, but only mentioned her mother briefly. She was grateful to her father for encouraging her to learn the piano and to have singing lessons. He also taught her to read, something she still very much enjoyed.

Gladys talked fondly of her paternal grandmother. She was unsure 'whether we lived with granny or granny lived with us', but she remembered that her grandmother 'helped us out with money'. Her grandmother was a prolific seamstress; she had been a sewing maid to a countess and Gladys recollected the stories she used to tell about her travels with the countess to China.

Gladys left school at the age of fifteen and worked for the Lord Mayor of Sheffield who was a friend of her father. She said of her work:

...was very difficult, you had to know what trousers he was to wear, what tie and everything. But I came out with flying colours.

Gladys continued working at the Town Hall for 'a long, long time'.

¹² I was unable to contact Mrs Peters to offer her the opportunity to edit her story; I later heard that she had been admitted into hospital around this time.

When Gladys was aged thirty-one, she got married. Her husband was a peacetime serving naval officer. After three months of marriage, her husband was recalled to the navy; this was just before the outbreak of the Second World War. Gladys had only stopped working for a short time, when she was asked to go back to work because of the war. By this time, she was working for 'Needham's Electrical' in charge of the office.

Gladys' husband went missing for three-and-a-half years towards the end of the war. She recollected that this experience was, 'Terrible, terrible. I just never used to sleep all night'. Gladys returned to her parent's house; her father refused to let her live in her own house alone. Gladys explained, 'He said, 'women who live alone are badly talked about' and he didn't want that.' Early one morning, Gladys was woken-up by a stone being thrown at her bedroom window. She looked outside: it was her husband. Gladys said, 'I thought it was his ghost and I went flat out'. Her husband was ill all that winter and Gladys left her job to care for him. She recalled, 'It was a terrible winter, but we got through'. When he was fully recovered, her husband obtained work with a construction firm, handling the stores. The welfare officer there asked if Gladys had a job. Her husband replied, 'She says, if she works for anybody again, it will be for herself.' The welfare officer owned a grocery shop and needed somebody to take it over, he wondered if Gladys would be interested. Gladys went to look at the shop and accepted the offer. He also offered Gladys and her husband a herbalist shop: Gladys worked in the grocery shop for thirty-five years and her husband worked in the herbalist shop for thirteen years. It was 'interesting work'; Gladys recalled that, 'In those days, a corner shop was life to people'.

Gladys told many stories about their work. On one occasion, a widow came into the herbalist shop; she suffered from gall-bladder trouble and had been told that she needed an operation. This, she said, was impossible: there was no-one to look after her three children. Gladys' husband advised her to take some red sage. Several weeks later, she came back to tell him that it had worked: she had not required the operation.

Gladys' husband died nineteen years ago: he was in his seventies. She did not say much about her bereavement, except to comment, 'It's been an interesting life'. They did not have children.

Gladys herself retired in her seventies, following a fall in which she broke her leg. She now lived in sheltered accommodation. She spent most of her time crocheting for charity, cooking and cleaning and chatting to her neighbours. She said that she particularly enjoyed her holidays in East Yorkshire.

Gladys could not be contacted for her third interview: she had apparently been taken into hospital and had since been admitted to a nursing home.

ANN REVITT (91)¹³

Ann had lived in the same area of Sheffield all her life. Her father was a cutler - a 'Little Mester'. The family was 'very working class' and poor. Ann recalled:

We had a few fowls at the bottom of the garden and we'd always got a nice egg, that was a luxury you know, to have a lovely bowl of egg when you were poorly.

Ann described her childhood as happy and recalled the places where her parents took her on holidays:

Sometimes, we went on a train to Cleethorpes. And there were places which had a big notice outside and they'd say, 'Jugs of tea to take on sands'. And oh, we used to love chips at the seaside, a penny worth of chips and a tuppenny fish. They were happy days.

Whilst Ann's father fought in the First World War, her mother had a shop and made meat pies:

She used to stew meat and make these little pies and sell them. And she had a great big pan of peas and she used to steep, as she called it, all these peas. And then she ladled them out with this spoon with holes in and er, she made bread and teacakes.

Ann left school at the age of fourteen. Although she passed the exams required to attend Secondary School, her father would not let her go; the books were too expensive:

Now, my brother, he passed, and my father made him go. In those days, they didn't think that education was necessary for women, for girls.

¹³ Ann was shown a copy of her story and said that she was happy with it as it stood.

Her father died soon after Ann left school. Ann went to work as an apprentice in a draper's shop and earned four shillings a week. Although she found the work interesting, after twelve months, she decided to accept a job as a 'ruler marker' in a factory in the centre of Sheffield; it was closer to where her friends worked. She had only been at the factory for two or three days when, she recalled:

The manageress called me over and said to me, 'Now Ann, I want you to go down into the workshop and ask for Mr Day and tell him that Elsie has sent you for the long stand'. And I thought it was very important and I'd been there ages and finally he gave up and said, 'What are you wanting?' And I said, 'A long stand' and he said, 'Well, I think you've stood long enough' and I started to cry, I was ever so upset.

Nevertheless, Ann soon began to enjoy her work:

We used to sing, we used to sing. Wirelesses weren't in, in those days, but you had some sort of music and they were I think happy days, they were really.

Ann stayed at the factory for a few years and then decided she would like to return to drapery. She accepted a job at a wholesale drapery warehouse and worked there until she got married in 1936. Mrs Revitt said that she stopped going out to work because 'married women didn't go out to work then', but she enjoyed staying at home because she had more time to spend with her friends and her daughter, Susan. Her first marriage ended. Ann said:

I did have a bad time. But I don't talk about it. You know, when I was young and first married, we had a lot of trouble, a lot of sadness, but things got brighter and you weather the storm. I think with any grief, you're given extra strength, you don't realise it at the time.

This resilience was drawn upon during the Second World War when a bomb hit Ann's house. Mrs Revitt and her daughter, who was then aged two, went to live in a village on the outskirts of Sheffield. It was here, that Ann set up a small business in corsetry to support Susan and herself. After the war, Ann went to work as a corset

fitter at a firm called Stuart's. She then moved to a larger store, Robert Brothers, in the centre of Sheffield. In addition to her work as a corset-fitter, Ann worked one a night a week for a friend who owned a 'Beer Off'. Mrs Revitt said that she had enjoyed working at Robert's and found that people would talk to her:

And they'd come through to be fitted, you know. And they really enjoyed it. And they'd say, 'Aye, I've had some trouble since I saw you last', and it was nice that they wanted to confide in me really.

Soon after her retirement from the shop at the age of sixty, Ann married George, a widower; they had met at dancing classes. Ann moved into her husband's home, where she still lived: a rented terrace house. She said that their marriage was 'very happy'. George and Ann had been married for about fifteen years, when George developed Alzheimer's Disease. Mrs Revitt cared for after him at home for about three or four years, until he died. She said of this time:

The hardest part of it, is when they don't know you. When anybody is sick, you can give them a hot water bottle and a tablet and a drink and you hope that this is the right thing, you know, but with Alzheimer's, you can't, there's nothing to do... they're just in a different world.

At the time of her interview, Ann had been widowed for six years. She said that she still felt sad 'from time to time', but was 'very grateful' for her life. Ann said that she was proud of her daughter, a retired teacher and described how she had ensured that Susan had the education that she had been denied. Mrs Revitt had three granddaughters and nine great grandchildren: they all visited her frequently. She enjoyed the company of her 'second family' and her stepdaughter visited her once a week for lunch. Ann said that she liked living in Sheffield:

When the City Hall was opened, I went to one of the opening concerts. And I always remember, there was sort of a pageant on, and I said either to my mother or my father, I felt proud that I was a Sheffielder.

Ann said that she felt satisfied with her life and repeated several times that she felt that she had 'reached the age of contentment'.

JANICE ROBERTS (64)¹⁴

Janice was born in Sheffield, the youngest daughter of a train driver. The family was poor; her father suffered from ill health and was frequently off work. Janice met her husband Tom, at the age of twenty. They were engaged within six weeks of meeting one another and were married within a year. Since her husband's work at an abattoir was poorly paid, money was short. Nevertheless, Janice commented, 'I think that was the best time of my life'. They lived with Tom's mother for a few months and then decided to rent a flat. Two children - a boy, John and a girl, Anne - were born within fourteen months of each other and Janice stayed at home to care for them. With two small children in pushchairs, she found the three flights of stairs in the flat difficult to negotiate, so Janice was relieved when they moved into a small terraced house. It was here that she met Susan, who was to become her best friend. Janice said of her life at that time:

We got on great and my husband was great, full of fun, jokes all the time, my daughter, my son and myself, everything was great and my life began.

After a few years, they rented a new council house in the same area where Janice still lived. The family's financial situation had improved a little by now; Tom had been promoted and Janice was working as a nursing auxiliary. Then, much to their delight, Tom was made deputy manager of the abattoir. This meant that they could buy a car which was a great help to Janice since her mother had become very ill with cancer and much of her time was spent caring for her. For eighteen months, Janice had stayed overnight at her mother's house; returning home in the morning, to do her own housework and look after the children. After months of trying, Janice procured a night nurse, three days before her mother's death. One evening, Janice had returned home, when the phone rang: her mother had died. Although clearly not unexpected, Janice was extremely upset; she had only just left her. Tom, volunteered to drive Janice and her sister back to their mother's house. On the way, Tom felt dizzy and collapsed over the steering wheel. Janice managed to stop the car and attempted to resuscitate him. A pedestrian rang for an ambulance, but it was

¹⁴ Janice did not want to look at her written story (see chapter three, section 'Distressing Stories').

too late. Tom died about an hour after Janice's mother. Janice recalled, 'That was that, we got on wonderful and everything was marvellous and then he died'. She was aged forty-four, Tom was forty-nine.

Janice now had to 'fend' for herself. She found work in a chemist and bought a Yorkshire terrier, which she 'ran her life around.' She explained, 'there has always had to be somebody that I can look after...' Janice indicated that it was this 'need to be needed' that led her into a relationship which was to take her 'through Hell and back'.

Janice had become bored with her job and found that most of the money she earned was taken off in tax because of her husband's pension. Her daughter suggested that she look for work where she was paid 'cash in hand' and encouraged her to reply to an advert for a hotel cook. Albeit reluctantly, Janice rang the hotel and, following an interview, was offered the job. Her acceptance was, she said, 'one of the worst decisions of my life'. Her employer was from the Middle East. Janice recollected:

He was very, very charming. He was a charmer and everybody loved him. He'd been here for thirty years in business. He was a big man and he never forgot that. He feared nothing and nobody.

Gradually, a relationship developed between Janice and her employer. Janice explained, 'He was so nice. You would have to get involved with him.' He suggested that they leave England and live in the Middle East, where he had businesses; his ex-wife, who was English, and their four children would take the hotel over.

Janice finally agreed to marry him and they had a Muslim wedding. Whilst she was arranging to leave England, Janice had little time to consider the enormity of her plan. She had no idea what the Middle East was like; she thought it was like London or New York, when, in reality, 'it was another world'. Her son 'wasn't pleased' with his mother's decision, but her daughter, who had moved abroad to Europe, 'thought it was great.' In any case, her husband claimed, 'You can always come back if you don't like it', so she went.

Almost immediately when Janice arrived in the Middle East, her life changed into a 'nightmare'; it soon became clear to Janice that her husband was not the charming man she had once thought:

He turned so cruel. It was the drink. ...He drank, you see that was his problem, he wasn't suppose to, being a Muslim. ...I couldn't stand it because he was violent, not physically, it was mental cruelty.

A sense of repression and claustrophobia hangs over Janice's description of her life in the Middle East, where her life revolved around her husband. When she was not accompanying him to visit his relatives, Janice spent months alone in his house, waiting for him to return from business. Once a year, they visited her husband's family who lived in a village in the hills. Janice was the only English person in the village; when she went out, which was rare, she was stared at constantly. She felt trapped, 'Everywhere I went I couldn't move.' Her husband's relatives would sit watching her and even followed her into the bathroom.

For most of the year, Janice stayed at her husband's city house, where they 'lived like a king and queen' in terms of material possessions. Here, too, she felt isolated; her husband refused to allow her to mix with other English women, 'he was so possessive'. In any case, Janice could not go anywhere on her own; women were not allowed to drive cars and had to be accompanied by drivers. Janice felt that if she had 'given in' like the other English women, her life would have been 'easier', but she said, 'I had to say what I had to say, what I thought was wrong'. She recollected her husband telling her, 'You still can open your mouth, can't you?'

In contrast to the quiet life she led at home, Janice's travels with her husband were often fraught with danger. On one occasion, Janice and her husband were driving through a village in a jeep and were fired at by machine guns. Her husband 'drove like a bat out of Hell' and Janice was 'petrified,' but her husband told her, 'you are tough you know.' Janice's 'toughness' was illustrated by the way in which she stood up to a friend of her husband's - a drug dealer. When he first met Janice, he said, 'I'll give you three months here.' Janice was not afraid to challenge him. Once,

when he had thrown a chair at his wife, she said to him, 'You are nothing but a real bastard... would you do that to a man?' She recalled that he walked out on her, 'with his eyes sticking out on stems and his face blood red.' But he said, 'I'll have to give you something, you have guts.'

Janice was reluctant to 'give up' on her husband; she still cared for him and, whenever she threatened to leave, he promised her that he would change. In any case, Janice did not have anywhere to live; she was loathe to stay with her family or friends because she knew how badly her husband would behave towards them. Gradually though, Janice's feelings towards her husband turned to hate. In retrospect, she felt that she would have stayed with him if the drinking had stopped, 'he was cruel, the things he did were unbelievable.' She had tried to adapt to his culture and had 'done everything' that was required of her, but he had refused to 'bend one little bit' towards her feelings.

After six years, Janice resolved to leave. Returning from England one Christmas, she became ill and depressed, 'I hadn't any will to live.' Her husband had planned to go boar shooting with his friends; this meant a long journey into the hills and Janice felt unable to cope with this. Her husband insisted that she accompany him so Janice locked herself in the bathroom, where she stayed until she was certain that her husband had left. She sought help from a female neighbour and asked if she could borrow her car and driver to take her to the airport. Janice took all the money she could find in the house and anything that she needed for the journey, but left most of her clothes and personal belongings.

Back in Sheffield, Janice felt unable to stay with her son and his wife, despite the fact that their council house had once belonged to her. For the first few months, she stayed with her friend Susan, and then moved in with her sister. Her husband followed her to England and she was unsurprised when he phoned her constantly and sent her letters. He told her that she could have anything she wanted in the house if she returned.

Janice refused, 'If I did that he wouldn't let me out alive.' Finally, he sent her £150.

She said:

One hundred and fifty pounds for six years – he'd had all my money, every penny, what my husband had left me, and then the houses... so I finished with nothing at all.

After a few years, Janice said that she 'got herself together.' Her health gradually improved, she found a council flat - where she still lived - and worked as a cleaner. She was proud of the way she had rebuilt her life, particularly since her husband had told her, 'You can't make it on your own.' Janice did not know the situation regarding the current status of her marriage. She explained that she had been married in Muslim, not English, law; she had not changed her surname and rarely told people about her second marriage.

Despite all that had happened to her, Janice thought that the death of Susan her best friend, at the age of sixty, was the worst experience of her life. Susan had been born with health problems and her health had deteriorated year by year. Janice spent many evenings caring for her friend and recalled how one evening, Susan failed to recognise her. Susan died soon after this, eighteen months before Janice was interviewed. Janice explained that, 'When I think somebody needs me, that's when I'm happiest.' It was partly for this reason that, following her friend's death, Janice decided to look for voluntary work and worked for two charitable organisations.

Janice did not see her daughter as much as she would have liked; she lived in Paris, and Janice could not afford to visit her. Janice's son still lived near by, but following his divorce, Janice did not see her only grandson, who lived with his mother. This clearly upset her.

Janice was being treated for cancer at the time of her interviews. She has since died.

DOREEN THOMAS (96)¹⁵

Doreen was born in Jamaica. She did not know her parents and was brought up by her aunt. Doreen recalled how she discovered that her aunt was not her mother:

My auntie didn't hear anything (from Doreen's mother) for five years and I was in the kitchen and I said, 'Mother, mother?' And she said, 'Child, I am not your mother, I am your auntie. See, I've just got a letter, your mother is dead'. So she wasn't my mother, but she took good care of me as if she was my mother.

At the age of five, Doreen developed a 'lame foot'. This meant that she could not go to school, which was several miles walk from her village, until she was aged thirteen: she left school at fourteen. She recalled that the other pupils nicknamed her 'glad feet'.

At the age of sixteen, Doreen married Joseph - a farmer. She said that her husband 'wasn't pretty at all', but that she was, 'as pretty as a morning star'. Doreen and Joseph lived with her aunt and her husband in a large house in the country. She said of her marriage:

We never argue, he would argue a lot, but I don't answer. My mother used to say, 'One person talk, two person argue'. I would never answer, I don't believe in it. He said he loved me very much.

Doreen and Joseph had a shop together; they sold groceries. Doreen said that her husband, 'Worked very hard, very hard, and I went with him to pick the coffee'.

Doreen and her husband had a large family of ten children: four boys and six girls, but they 'lost' one son. The experience of childbirth seemed to have left a vivid impression on Doreen who said, 'Bringing forth a child, is the greatest pain in the world'.

¹⁵ I only conducted one interview with Mrs Thomas for the reasons given in chapter three, section 'The interviews'. This is very much my version of her story since her dialect and her meaning were hard to understand.

After her husband's death at the age of sixty-five, Doreen lived on her own in Jamaica for twelve years. Despite 'a lot of offers of marriage', she said that she preferred to remain single. I said, 'No. Thank you for your offer, but I'm not changing my name.'

When she was aged seventy-one, one of Doreen's sons visited her in Jamaica and suggested that she should return with him to England:

The children was here and they say, 'We'd better take mammy to join us'. Well, I never come to join them, in my heart. I was meant to be here a year-and-a-half, but since I get poorly I have to stay.

Doreen explained that she had only been in England for a month, when she suffered a stroke, but she said that she did not regret leaving Jamaica:

If I was in Jamaica this time, I would have passed away long time. I wouldn't be alive you know. Everybody my age in Jamaica is well dead. I don't regret I come here when I get poorly. I like this country. I like this country, whatever you need, you can get it.

Doreen talked about her family a great deal. Five of Doreen's children lived in England, the others lived in Canada and America. She said that she had thirty grandchildren and forty-two great grandchildren, that she 'knew of'. Doreen had lived with her son, Mark, since her stroke. She said, 'My children, they take good care of me, especially Mark. He is very good'. When I visited her for the first time, she had just returned from a visit to see her son in Manchester.

A nurse called-on Doreen at home twice a day to help her dress and wash. For two weeks every month, Doreen had respite in a Nursing Home. Doreen said that she did not like it very much at the Nursing Home; she preferred to be at home on her own:

I like reading, all my desire is to read and sing. They make a noise and all, doing different things.

Doreen's Christian faith was clearly very important to her; she had a large, well-read Bible by her bed and she told several stories about her faith. She said that she 'trusted God' to take care of her and did not worry about the future.

DOROTHY TWIGG (82)¹⁶

Dorothy was born in Sheffield, where she had lived all her life. Her family lived at the back of a shop, ran by her mother, which sold mainly cigarettes and sweets. Her father, a chimney sweep, drank 'a lot' but, Dorothy said, 'he was a good man'. Dorothy left school at the age of fourteen to work in the shop:

I really loved that; I really got a good little business going. Kiddies used to come across from one shop to the other and they used to say, 'We want to go to Dorothy's shop.'

As the only daughter amongst three brothers, Dorothy found herself doing the housework, as well as looking after the shop. Dorothy worked in the shop for about seven years, until a bomb in the Second World War destroyed it: she lost her job and the family home was destroyed. Dorothy and her parents went to live with her elder brother and his wife.

After a few months, the family managed to rent a house that was being repaired. Since she was unemployed, Dorothy spent a great deal of time in the house cleaning and decorating before the family moved in. Here, she got to know one of the workmen, John, her future husband, but he was soon called-up for the army. He was sent abroad and only came home once or twice during the war years. In fact, Dorothy did not see him for four years; they 'got to know each other really from letters'.

Dorothy had to register for war service but, since this would have meant leaving home, she was exempted on the grounds that she was needed to care for her mother and she obtained a job at the Twist Drill warehouse. Dorothy worked full-time here for five or six years until she got married, when she worked part-time until her daughter was born. Although they were engaged during one of John's home leaves, they did not marry immediately the war ended: John found it difficult to find work and they wanted to have their own house, 'even though we were rather poor.'

¹⁶ Dorothy said that she did not want to look at her story, she preferred to 'leave the editing' to me.

When Dorothy was aged thirty-one and John a little younger, they married and bought a large house which they 'couldn't afford to furnish'. Their daughter, Sarah, was born ten months later: she was an only child. John worked as a joiner in the Public Works and was soon promoted. They decided to buy a smaller house which was little bit nearer to Dorothy's parents. Dorothy described how one day, John came home from work and told her, 'I've packed me job in'. They decided to start a decorating and joining business:

We sort of built it up together really. ...John used to say, 'We've only got one purse', and I used to carry it. We didn't go beyond our limits. Like they say, 'Keep your head above water' and we only just did.

Soon after the business had started however, 'everything was turned upside down'. Following a stroke, Dorothy's mother had a fall at home. She said, 'Of course, I had her for ten years'. Dorothy said that, 'It wasn't easy' caring for her mother:

I had to sleep with her for months and months. Me husband, he went upstairs. Me daughter, had to have the little room to herself and there was me dad. There were many times when I would wake up with migraine during the night and er me mother used to sleep all day and she'd be fighting all night and knocking at me, you know.

The only help Dorothy received was from a district nurse, once a week. Even this was short-lived:

She would help me to strip all the bedding off and the nurse would sit there, having a cup of tea and a biscuit and a smoke, dropping all this bedding off onto the floor, and I'd gather it up. I took it all in me stride. Sometimes now I think, 'How did I do it?' Well one day, her supervisor came and said, 'I'm very, very sorry, but you can't have a nurse anymore'. So I said, 'Why not?' And she said, 'Well your mother is too well looked after here'.

Eventually, Dorothy's mother's health improved slightly and she decided to return to her own home. She had not been home very long, however, when Dorothy's father developed cancer and died in hospital, so she returned to Dorothy's house. In the meantime, Dorothy and John bought a larger house with a workshop and garage that needed renovating. Soon after this, Dorothy's mother died. This had a great effect on Dorothy:

I did a lot for her. I missed her a lot. In fact, I think I was on the edge of it at one time. I got really snappy towards everybody. Anyway, we got over it and things got better.

About thirteen years ago, Dorothy's husband was taken ill quite suddenly, she said:

He walked out of his workshop one day and everything was just as he'd left it. He was too ill to go back.

Dorothy made him go to the doctor and he was sent for tests at the hospital: he had cancer. John felt it would be easy for Dorothy if he went into hospital, but she wanted to care for him at home where he died after a few months.

Dorothy continued to live in the house that she had shared with John for eight years before moving to a bungalow. She worked as a volunteer for two charities. She also saw her daughter and grandchildren frequently.

Dorothy ended one interview by commenting that she would very much 'like to have John back':

This Saturday would have been our Golden Wedding. The Queen was married just nine days before us. So I've thought, 'Oh dear, I wonder what we'd have been doing?'

Nevertheless she felt:

I'm making an absolutely different life for myself now. I feel that I've really achieved something.

MUZAFAR UDDIM (65?)¹⁷

Mr Uddim was born in East Pakistan - now Bangladesh. When he was six years old he went to school and, at the age of twelve, he was expected to start working in the fields. In 1962, when he was aged twenty-five or twenty-six, he responded to the invitation of the British Government and emigrated to England. In order to come to England, he recalled that he had to deposit £2,500 Tak Jin (currency of Pakistan) in the National Bank. Muzafar said that his main intention in coming to England was to obtain a 'good job' and earn money.

Whilst living in London, Mr Uddim stayed with his brother-in-law who had been in the country for a year or so. Once he had earned the equivalent of £2,500 Tak Jin in British currency, Muzafar was able to send his receipt back to his home country and his original money was returned to him. He stayed in London for six years and said that he worked hard in a steel moulding factory. Although he could not speak English, Muzafar said that the nature of the work in the factory was such that it did not require language skills.

By the time he had been in England for six years, Mr Uddim felt settled and he recalled that he was 'very happy'. He had managed to accumulate some savings which allowed him to return to Bangladesh and get married. It was an arranged marriage. Mr Uddim said that this was the 'happiest time' in his life. A big marriage celebration was arranged by both families. Muzafar stayed in Bangladesh, living with his new wife and her family for nearly a year and then returned to England by himself.

Mr Uddim was only back in England for a few months since, in 1971, civil war broke out between Pakistan and Bangladesh; this led to the independence of Bangladesh. Muzafar decided to return to Bangladesh. He had lost contact with most of his family during the war and was concerned for their safety. This time,

¹⁷ I read through Mr Uddim's story (translated orally by the interpreter) in order to check that he felt it was an accurate and fair reflection of what he had described. I also left him a copy of his story and

Muzafar stayed in Bangladesh for seven months, during which time his wife became pregnant.

In 1972, Mr Uddim returned to England and obtained work in a different factory. He returned to Bangladesh when his daughter was born and stayed for two months before returning to England and working in an injection-moulding factory in Hertfordshire. In 1978, Muzafar suffered an accident whilst working on an automatic machine in the factory. His right hand was badly damaged and he was taken to hospital unconscious. Mr Uddim described how he required an operation to reconstruct his hand and stayed in hospital for fourteen weeks. Following his discharge, he spent three months as an outpatient, returning to the hospital for physiotherapy. During this time, Muzafar remembered that he had nobody to look after him; his family was still in Bangladesh. Mr Uddim said:

When I had my accident, I was living on my own. I was unable to do anything by myself. I needed help. I missed my family at that time very much.

Mr Uddim said that he had great difficulty obtaining compensation for his accident from his former employers. He emphasised that compensation was not obtained automatically, but after prolonged negotiations conducted through a firm of solicitors. At first, his employers only offered £4,000, so his solicitors appealed. Muzafar said that he needed to return to his solicitors on numerous occasions and saw many different solicitors who, in retrospect, he believed gave him conflicting advice. Negotiations were not helped by the fact that Mr Uddim could not speak English and, at that time, no interpreters were available.

Four years after the accident, Mr Uddim's solicitors advised him to accept £25,000, which he did. He said that he regretted this now; he felt that he was taken advantage of - due to his inability to speak and understand English. He explained, 'I don't know how to speak English and for that reason, I could not have the right compensation'. In 1987, Muzafar brought his family to England. By this time, all his compensation money had gone.

a stamped self-addressed envelope in case he wanted to amend or add to his story (his daughter could read and speak English). He did not contact me again.

Once he had recovered sufficiently, Mr Uddim asked his employers if they would take him back and they agreed. After ten months, however, he was made redundant. He said that he was not given an explanation for this and did not know if it was because of his disability. Since 1978, Muzafar had been unemployed, despite his efforts to obtain work. Mr Uddim explained that employers initially accepted him for work, but at the end of the day, when they saw that he was not physically fit for work, they appeared to change their minds. He found this very frustrating, particularly since he said that he was willing to accept *any* type of work, 'even road sweeping'.

When I asked Mr Uddim if it was particularly difficult in Bangladeshi culture for a man to be unemployed, he replied in the affirmative; men are expected to support their families financially. He also pointed out that he felt that he was still young when he lost his job; he had not expected to be made redundant at such a young age. When asked if he would be able to find work in Bangladesh with the same disability, he said 'no'. Mr Uddim reflected that this episode was the most difficult time in his life. In all, he spent four years on his own following the accident and said that he suffered a great deal, both mentally and physically. At the time of his interview, he was still in severe pain from the accident and was on the waiting list for a further operation.

Muzafar felt that his life had not been fulfilled in the way he expected when he came to England. He ended the interview by saying, 'There are no jobs for me in this country'.

MARGARET WALLACE (74)¹⁸

Margaret commenced her story by saying, 'My life has been quite exciting because soon after I was married, I became an alcoholic'. She then went on to talk about her addictions in more detail, her married life, her children and her husband's death. She started to talk about her childhood in the context of describing her father to whom she was very close.

Margaret was born North of Sheffield, the youngest daughter of a dental surgeon and his wife. She had a sister, Alice, three-and-a-half years her senior. Both girls were Convent educated. During the Second World War, 'when everybody had to work', Margaret worked as a dental nurse; this was her only experience of paid work. She said that she, 'Had a wonderful time with that. I had a wonderful war, it soon passed me'.

Shortly after the war, Margaret met and married Charles, an Australian solicitor. It was then that she started 'drinking heavily': she was twenty-five years old. A recurrent image throughout Margaret's account, was the way in which she seemed unable to forgive herself for her alcoholism. She re-iterated several times, 'I'll never, ever forgive myself'. Although she pointed out that Charles and her younger son, Peter, had forgiven her, her oldest son, Steven had not, and she said that they had 'drifted apart'.

Margaret talked repeatedly in terms of her alcoholism being, 'my worst sin'; 'my own fault'; 'I brought it on myself'. She insisted that there was 'no reason' for her drinking. She said that she had a happy marriage; that her husband was 'an angel'. Nor did she think it was to do with the fact that she and Charles were unable to have children of their own. She explained:

It wasn't until I got them (Margaret and her husband had adopted two baby boys) that I realised I'd been missing them. We'd been married ten years, but I hadn't ached for any, because I was so happy with my husband.

¹⁸ Mrs Wallace did not want to read her story; she explained that she had said all that she had to say.

Both sons were sent to boarding school:

I didn't want Peter to go, but he became so naughty after Steven had gone, he was really a trouble-maker and his school said they wanted to be rid of him so we sent him off to Steven and he was as good as gold there. He wanted the uniform I think, so off he went.

Margaret and her husband lived in Ripon before they moved to Sheffield when Charles became a partner in a solicitor's firm. Margaret's parents followed them to the city and she nursed her father when he became ill with cancer:

My father was hanging on for so long with cancer. For over a year, I used to nurse him and nurse him. They used to live next door to me sort of thing so it was easy and both my boys by this time had gone away to school. I used to look after daddy he would let me bath him and things like that.

Her father died in his sixties, but Margaret's mother lived until she was ninety-three and her mother-in-law until she was ninety-seven. For three years, they both lived with Margaret and Charles.

Charles died at the age of fifty-nine of lung cancer, 'through smoking too much'. It was the fact that her youngest son Peter still needed her, which helped Margaret through her bereavement:

When my husband died, I never thought for a moment that I would survive him so long, I didn't think I could, but you do. I had to go on. At the time I thought I must because Peter was only seventeen and I thought for his sake... Steven was twenty and he always seemed to be more adult than Peter. I thought, 'I must be here for Peter', and that sort of thing kept me going.

Margaret was diagnosed with Parkinson's Disease several years ago and, at the age of seventy-one, she suffered a stroke.

Although she felt that she had made a good recovery, Margaret was worried that she might have another stroke:

Everyone says I've done well, but I worry sometimes, not a lot, because I'm not the worrying kind. But I know I'm waiting for the Big One, as they say, because it's people who've had a lot of little ones like me, mainly in their sleep, who usually have a big one, paralysing in some way.

Margaret lived in a smart, privately owned, semi-detached house in a leafy suburb of Sheffield. However, she said that she found it increasingly difficult to remain as independent as she would like; going up and down the stairs was laborious and she did not want to be a 'burden' to her younger son. Hence, she had made plans for the future. At the time of my second visit, she was thinking about moving to a private Residential or Nursing Home; there was a pile of glossy brochures on the table.

Margaret described her day:

Well, Monday is an easy day with me. I have my feet done. If I need to go out, I just go to the local shops, but I don't usually go out on a Monday. I have my bath and er generally titivate myself. I have my hair done in the evening. And on a Tuesday, I go into Town and I go and see Jill who does my needlework, if I need anything doing, or if I don't, I just go and window-shop or buy something. I always finish up at Mark's buying food and I always used to go to Walshes' for a cup of Cappuccino, because they're nice, but, of course they're closed now. On Wednesday morning, I go to Church, it's only from about half-past ten until about ten-past eleven - it's Holy Communion - and then I get the bus and spend a bit of time at Somerfield's - if I've run out of anything. And I potter around there. Then Thursday, I have a Help, I'm lucky enough to have a Help. She drives me mad, but she's better than nothing. And Friday, I go into Town again.

Margaret said that she enjoyed watching Rugby on television and watching drama. She had a daily paper, 'mainly to see what's on television' and liked to listen to classical music on her cassette recorder; a tape of Maria Callas was on the lounge

table. Towards the end of her first interview, Margaret returned to the topic of her alcoholism. She felt that she had only herself to 'blame' for this.

By the time I interviewed her for the third time, Margaret had moved into private sheltered accommodation.

PETER WHITE (72)¹⁹

I was born on the 27th January 1926. My father and mother were quite strict and mum was a devout Methodist and, until my teenage years, I was also a Methodist. I had a good education and entered His Majesty's Forces in 1944 as a trainee for the fleet at seventeen years of age. Unfortunately, after about six months, I became ill and was admitted to the Royal Naval Hospital, where after tests, et cetera, I was told I was to be offered the alternative of shore duties or discharge as I had non-pulmonary tuberculosis. I must admit, I was rather frightened and decided on discharge and, after approximately four months in hospital in Sheffield, I returned to work. I was fortunate because in 1947, I commenced work for a company who employed me until I was made redundant in 1982.

I married my wife, Jill, in 1956 and we had a very happy marriage. Unfortunately, in the mid-1970s, my wife began to change, becoming very demanding and argumentative and aggressive. At this particular time, my work pattern was to be away from home for about four nights per week and Jill stated either I came home every night or our marriage might end. My firm was very helpful and permitted me to do this. After I was made redundant in '82, which in one way was fortunate, as my wife's aunt was beginning to deteriorate and I, with the help of my brother-in-law was able to visit her daily.

In 1986, my wife was diagnosed as having Huntington's Chorea and from then onwards, she was taking medication. Then until early 1991, her condition deteriorated and in January of that year I had to procure a wheelchair. Jill had to be looked after on a twenty-four hour basis: washing, dressing et cetera. During this year, I tended to become quite depressed and often wondered what the future years would bring. And then in November of that year, my first heart attack occurred and then two months later, I had the second. After the first heart attack, my doctor

¹⁹ Peter White had written his life story down and read it aloud at his first interview. Since I tried unsuccessfully to contact him for a third interview, in which I would have discussed an edited version of his oral life story, I have reproduced his written story here exactly as he narrated.

contacted social care who then provided help on a daily basis and then as Jill deteriorated, respite care was provided approximately every eight weeks.

Although we'd not been regular attenders at Methodist Churches, we were still believers, but due to Jill's condition, I, at times, wondered about our Lord God. Jill spent the last eleven months of her life in a private nursing home and she passed away two years ago, in November. For about twelve months afterwards, I was quite depressed and then I realised that life was still for living and I'm now beginning to once again enjoy life. I have, since September, started to attend the local Methodist Church. I find I enjoy the services and I read the Bible everyday. I sometimes wonder what the future holds, what it has in store for me. For example, will I be always able to cook and care for myself, etc.? Will I have more heart attacks? And then I tell myself to be positive and believe in our Lord and his teaching. Hopefully, I still have a few more years as my father lived to be ninety-three and my mother to be eight-six and I still have a lot to do in life and I want to, at least, see in the Millennium.

MAUREEN WILLIAMS (81)²⁰

Maureen started her life story talking about her husband's death. She then went on to talk about caring for her mother and father before their deaths, which led into a description of her childhood.

Maureen was born in Wales where her father worked on the docks. She was an only child. When Maureen was aged seventeen, she passed the civil service exam and worked as a telegraphist in the telegraph office of a large city. It was through her work that she met her husband, Peter, just before the outbreak of the Second World War. Peter, also a civil servant, was exempt from service in the war because he had suffered from tuberculosis. The telegraph office was very busy during the war and Maureen distinctly recalled working on the London teleprinter when the first air raid warning sounded on 3rd September 1939.

When Maureen was twenty-five years old, she married Peter and left the civil service. Although she was 'sorry to have left', she said:

Well, I don't suppose you thought about it because you had no choice you see. I'm going back, what fifty-five years? So you automatically stayed at home in those days...

Maureen and Peter had a daughter, Catherine, who, like Maureen, was an only child. Maureen did not explain whether it was through choice that they only had one child. When Catherine was five, they moved to another city. From then on, Maureen's life was dominated by looking after her parents. They lived with Maureen and Peter for the next twenty-four years. Her mother had developed cancer:

My father used to come home and never used to know how he'd find my mother so... So my husband, who was very close to my mother said, 'Well look, the best thing to do is to have them here'... and that was that.

²⁰ Mrs Williams saw her story but did not want to amend it.

Maureen nursed her mother on her own for the next nine years, although she said that Peter was ‘wonderfully supportive’. Her mother died in her sixties, but Maureen’s father continued to live with them:

My father was the easiest man going, so long as he'd food on the table and clean clothes. He was delightful. He never went to bed at night, any night, without thanking us for the day. He always used to say 'thank you' to Peter and I.

Her father died of cancer when he was aged eighty-one. Maureen remembered his illness:

It was the August and he had a swelling and oh, I can remember the day when he said, 'I'll have to show it you.' He went through a lot of pain and he was a very brave man. There wasn't chemotherapy in those days, but you used to have to go up for treatment and they knew that they couldn't do anything really. And he died the following January so it wasn't long really and during that time, right up until the Christmas, I remember him having his Christmas dinner in his pyjamas.

Peter and Maureen enjoyed helping people: they were involved with youth work at their local church and neighbours visited them for advice and support. When Peter retired from his work as a civil servant, they bought a Sub-Post Office. Peter worked in the shop; Maureen did the accounts in the back, ‘I loved doing the figures. I’m quite happy with books and figures’.

Throughout the interview, Maureen talked fondly of her husband, to whom she was ‘very, very close’. She said:

You didn't mind being thrown together because it was terrible when you were apart. I mean, I used to watch the clock go round if he wasn't in and I expected him in and, if he wasn't, 'Oh dear, oh dear'. I'd think, 'He is coming, what if he wasn't?'

She said that the death of her husband, was ‘very traumatic’:

For a good twelve months after, it was hard. I can sit down some evenings and it sort of comes over you and I have a good cry and I feel better for it. Oh the mist, there will always be a mist.

Following her husband’s death, Maureen lived on her own for eighteen months, but said that she began to worry about the amount of work that was needed to maintain her large semi-detached house and garden. She consulted her daughter, who lived in Sheffield, and decided to sell the house and buy a flat in Sheffield. Maureen felt that she had settled down quickly in her new home. Her social life was centred round her family, friends and church. She said that her Christian faith was important to her and had helped her to come to terms with her husband’s death. She spent her time participating in church activities, shopping with her granddaughters, knitting teddies for charity and baking for her family. Margaret said:

I have settled in Sheffield, but like I say, I have a very supportive family and that makes all the difference and I’ve made, real, real friends, not acquaintances, real friends, I have.

Appendix 2
INTERVIEW GUIDES

Interview Guide
LIFE STORIES

Can you tell me something about your life? Start where/with whatever you want. *Prompt can start with your present life, childhood, work etc.**

What kinds of things have given you the most pleasure in your life? And the most pain? **

What do you see as the main events/turning points in your life?

Who are/have been the most influential people in your life?

If you could live your life again, what would you change/do differently, if anything? Prompt: regarding work, relationships.

Is there anything else you'd like to say?

Interview Guide
ATTITUDES TOWARDS GROWING OLDER/EXPERIENCE OF LATER
LIFE

1. How do you feel about growing older?

How do physical changes make you feel?

What, if anything, have you learnt about life as you have grown older?

Have there been/were there any, times in your life when you were conscious of ageing?

During your life, did you ever wish you were younger or older than you were at that time? *

Do you feel people react to you differently now - differently perhaps to the way you feel? *

Do you think that you are treated differently because of your age? * In what way?

How would you describe the way older people are treated/portrayed on the television, by newspapers, etc.? By younger people?

Do the ways in which older people are portrayed differ from the way you see yourself? How? Why?

How did you feel about your parents growing older? ** Grandparents? Other relations?

When you were growing up, did you have any ideas about what it would be like to be the age you are now?

Do you think that you are the same person that you have always been or have you changed in some way over time?*

Is there anything special about being the age you are now?***

What do you think has stayed the same for you throughout life? What has changed? **

Do you feel that your friends, contemporaries are growing older in the same way as you? *

Do you think about the future at all? What are your concerns for the future? **

What do you look forward to, if anything? **

2. Can you tell me something about your present circumstances?

Would you describe to me a typical day**/week in your life?

How do you spend your time?***

Do you go out very much?***

Who do you see most often during the week?

Who would you turn to for help, if needed?

Do you help anyone else in any way? ***

What do you most enjoy about your life at present? ***What do you find difficult?

What is the most important thing in your life?***

What kinds of things give you the most pleasure now? **

Is there anything you would like to change about the way you live now? ****

Is there anything else you'd like to say?

Key

Questions based on those asked by:

* Anthony Clare (*The Seven Ages of Man*, BBC2, July/August 1996).

** Kaufman (1986).

*** Warren and Maltby (1998).

**** Johnson et al. (1988).

Interview Guide
Gladys Peters
ATTITUDES TOWARDS GROWING OLDER/EXPERIENCE OF LATER
LIFE

1. How do you feel about growing older?

How do physical changes make you feel?

Last time, you made a comment to the effect that ‘you can’t stand still, you have to advance or deteriorate’: were you referring to yourself or to society in general?

You told me that you retired at 74, after you broke your leg: how did you feel about retiring?

Did you say that it was your 94th birthday this month?

What, if anything, have you learnt about life as you have grown older?

Have there been/were there any, times in your life when you were conscious of ageing?

During your life, did you ever wish you were younger or older than you were at that time?

Do you think that you are treated differently because of your age? In what way?

How would you describe the way older people are treated/portrayed on the television, by newspapers, etc.? By younger people?

How did you feel about your parents growing older? (*Father gave lecture on water supply at the age of 87*).

When you were growing up, did you have any ideas about what it would be like to be the age you are now?

Do you think that you are the same person that you have always been or have you changed in some way over time?

Is there anything special about being the age you are now?

What do you think has stayed the same for you throughout life? What has changed?

Do you feel that your friends, contemporaries are growing older in the same way as you?

Do you think about the future? What are your concerns for the future?

What do you look forward to? (*mentioned holidays last time*)

Is there anything else you'd like to tell me about?

Interview Questions
RESEARCH PROCESS

I would like to ask you some questions regarding your involvement in my research project. You may be as honest and open as you like - I won't be offended!

- Why did you volunteer to take part in the research?
- Have you participated in a project similar to this before?
- Do you feel that were given enough information about the project?
- How did you feel about taking part in the project?
- What did you think about the first interview (about your life)?
- What did you think about the second interview (about your views on growing older)?
- How did you feel about the questions you were asked? Did you mind being asked those questions?
- Do you feel that you were involved enough in the study? Or involved too much?
- How do you feel about being interviewed by someone who is younger than you are? (By a woman? By a white person? With an interpreter present?) Would you prefer to be interviewed by someone who is closer to your own age? (Black/speaks own language).
- Have you any suggestions regarding how this project (looking at older people's views about growing older) might be conducted better?

- How do you think that the work we have done may be used?
- Have you any other comments or suggestions about the project? Is there anything that you would like to ask me?

Life Stories - postal respondents (others asked by phone before arranging third interviews)

- Would you like to see a copy of your edited life story so that you can add to or amend it if necessary?

Then ask:

- How did you feel when you read your life story for the first time?
- Was anything different to what you thought it would be?
- Was there anything that you liked or didn't like?