The social construction of ageing: Australian and Welsh perspectives

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In recent years, a strong focus has emerged towards developing and implementing guidelines, policies, governmental strategies, and research agendas that best support a growing ageing population. However, policies and theoretical understandings of ageing have been questioned in regard to their continued medicalisation, problematising, and objectification of the ageing experience. To explore the different ways in which older adults make meaning of their experiences of ageing, a qualitative methodology, guided by the theoretical underpinnings of phenomenology and social constructionism was used. Semi-structured interviews were conducted with participants from four distinct contexts, three of which were located in Western Australia (WA), including 17 participants from a healthy ageing program; 12 participants who have withdrawn from a healthy ageing program; and 15 participants from a community sample. The fourth sample comprised of 15 participants from a community sample in Wales, United Kingdom (UK). The data revealed that whilst participants described feeling that the dominant discourse in wider society caused them to anticipate ageing as a stage in life centred on experiencing decline and loss (e.g., a decline in mental functioning, or a loss of mobility), it was also evident that psychological, social, and political aspects were of equal, or greater significance to the meaningful understandings they constructed about their personal ageing experience. Further, the data contends that a pressing need exists to evaluate the way in which ageing policy is effectively translated into practice, that is, in a way that closely aligns with the lived experiences of ageing as had by individuals.

Ageing is broadly referred to as a multidimensional process of biological, psychological, and social change with some dimensions declining over time (i.e., mobility) and other aspects growing and expanding (i.e., the acquisition of knowledge or wisdom) (McPherson, 1990; Stuart-Hamilton, 1994, 2006). In 2010, the proportion of Australia's population aged 65 years and over was 13.6% (an increase of 2.5% since 30 June 1990) (Australian Bureau of Statistics, 2010), with this proportion projected to increase to between 23%[1] and 25% by 2056 (Australian Bureau of Statistics, 2008). This means that one in four Australians is expected to be over the age of 65 years by this time. As at the 30 June 2010, the proportion of the population aged 85 years and over has more than doubled since 30 June 1990 from 0.9% to 1.8% (Australian Bureau of Statistics, 2010) and it is projected that this cohort will account for 5% to 7% of the total population by 2056 (Australian Bureau of Statistics, 2008).

Population ageing is not unique to Australia. Worldwide, the proportion of people aged 60 years and over is increasing faster than any other age group with an expected growth of 223% between 1970 and 2025 (World Health Organisation, 2002). Average life expectancy at birth has increased by 21 years since 1950 to 67.6 years, with a further increase of eight years expected by 2050 (United Nations/ Department of Economic and Social Affairs/ Population Division, 2010). This changing distribution of population is most apparent in wealthy industrialised countries and results in smaller proportions of people at younger ages and larger proportions at older ages (Australian Bureau of Statistics, 2010; United Nations/Department of Economic and Social Affairs/Population Division, 2010). By 2050, 80% of the two billion people over the age of 60 years are expected to be living in developing countries (World

Health Organisation, 2002).

Similar to international trends, population ageing in Australia has been associated with wide reaching and diverse issues, with the prioritisation of these issues continually being debated at a national and state level (Bartlett, 2003). In October 1996, in recognition of the challenges of an ageing population in Australia, the Commonwealth, State and Territory Health and Community Services Ministers established the *Healthy Ageing Task Force* to assist in improving the planning and coordination involved in addressing ageing issues. The particular focus of the taskforce reflected a view of healthy ageing as an Australian outlook on life that recognises that growing older is a natural and positive part of living, and involves the interdependence of generations while also acknowledging the diversity and individuality of older people (Commonwealth of Australia, 1999; Commonwealth States and Territories, 2000). Subsequently, in 1998 Australia became one of the first countries to appoint a Minister for Ageing (Department of Health and Ageing Australian Government, 2007).

In 2001, the Australian Federal Government announced the *National Strategy for an Ageing Australia* (NSAA)*: An Older Australia, Challenges and Opportunities for all*. The NSAA outlined policies that support continued economic and social contributions by older people which would be essential in the future, with a major goal being to deliver the best outcomes for all Australians regardless of age (Commonwealth of Australia, 2001). Specific principles included: All Australians (regardless of age) having access to appropriate employment as well as opportunities to make 'life-long' contributions to society and economy; the need for public and private contributions to be made to meet the needs and aspirations of an older Australia; a focus on public programs supplementing rather than supplanting the role of individuals, families and communities; and the building of a strong evidence base to inform policy for an ageing Australia (Commonwealth of Australia, 2001; Department of Health and Ageing Australian Government, 2007).

Despite these developments in ageing policy, biological perspectives (i.e., ageing involves increased susceptibility to disease and physical deterioration) and the medicalisation of ageing (i.e., ageing requires medical intervention) continues to dominate the discourse on ageing, influencing how ageing issues are constructed in wider society and prioritised at a political level (Brickman et al., 1982; Bury, 2001; Estes, 1993; Estes, Biggs, & Phillipson, 2009; Estes & Binney, 1989). However, two concerns exist with biomedical approaches to understanding the ageing process are: 1) the construction of ageing as a problem, and; 2) they offer little insight into the meaning that individuals associate with ageing (Coleman, Ivani-Chalian, & Robinson, 1998; Jamieson, 2002a). Given this, any new analysis of the ageing experience must in the first instance consider existing psychological and theoretical perspectives of ageing, and their contribution to knowledge in the ageing field.

Psychological and Theoretical Perspectives of Ageing.

Psychological theories of older age are relatively sparse compared to other stages in the lifecycle and are commonly considered together under the banner of psychosocial theories (Schaie, 2001; Wadensten, 2006). Psychosocial theories of ageing attempt to explain human development and ageing in terms of individual changes in cognitive functions, behaviours, roles, relationships, coping ability, and social changes (Wadensten, 2006) while also considering the interaction of the ageing person in their social context (Coote, 2009; Estes et al., 2009; Phillipson, 1998). A summary of early psychosocial perspectives of ageing are presented in Table 1.

Criticism of disengagement, activity, and continuity theories, has contributed to the development of lifespan perspectives, which consider the interconnectedness of past, present, and future experiences on the ageing experience. By contrast, Erik Erikson's psychosocial stages of human

Table 1

Summary of Psychosocial Perspectives in Ageing

Psychosocial perspectives in ageing	Contribution to understandings of ageing
Disengagement Theory	▪ With increased age, people withdraw from social activities and roles as a natural response to lessened capabilities and diminished interest. ▪ Withdrawal and disengagement are not considered problematic, but rather beneficial for the older person.
Activity Theory	▪ Involvement in the social contexts is important and being active is considered better that being non-active. ▪ Maintaining activity patterns and values typical of middle age are necessary for a rich and satisfying life
Continuity Theory	▪ Continuity between past and present is important with the perception of time central influencing the salience of particular social goals ▪ Taking forward behaviours, attitudes, habits and relationships in earlier years into later life contributes to successful ageing.

development theory highlighted later life as a period of greater heterogeneity. More recently, a ninth stage of human psychosocial development has been proposed and described as incorporating the concept of gerotranscendence (Erikson & Erikson, 1997). The concept of gerotranscendence suggested that the very process of living into old age encompasses a general redefinition of self and of relationships with others by way of a decrease in self centeredness; decreased interest in material things and superficial social interactions; and an increase in self reflection and need for solitude (Gatz & Zarit, 1999; Schroots, 1996; Wadensten, 2006).

Outwardly, there appears to be some resemblance between the concept of gerotranscendence and the theories of disengagement, activity and continuity but on closer inspection important distinctions can be made (Achenbaum, 2006; Schroots, 1996). For example, gerotranscendence implies a redefinition of reality which is connected with social activity while also recognising the need for solitary 'philosophising', whereas disengagement is restricted to simply 'turning inwards' and withdrawal socially seen as the only possibility in ageing (Schroots, 1996). The process of redefining reality according to gerotranscendence, represents a more forward direction of integrity development rather than just meaning the integration of elements in a life that has passed as suggested by Erikson (Achenbaum, 2006; Schroots, 1996).

Despite the influence of psychosocial perspectives in understanding the contemporary ageing experience, the study of ageing continues to remain primarily within a discourse subordinate to biomedical related concerns (Estes et al., 2009). This conflict has seen the rise of critical gerontology; an approach aimed at challenging unreflexive acceptance of established positions, substantive value assumptions, theories, and perspectives in ageing (Estes et al., 2009; Holstein & Minkler, 2007). Critical gerontology offers a

response to some of the major concerns of research in ageing including: Critique of the biomedical model and its preoccupation with deterioration and disease; the need for a clearer understanding of the 'social construction of dependency' in old age; and a shift from an individualistic focus to consideration of social and economic influence on ageing (Bernard & Scharf, 2007; Estes et al., 2009; Holstein & Minkler, 2007; Townsend, 2007).

In an effort to move beyond the 'decline and loss' paradigm, the study of successful ageing has grown in popularity and become an important psychological based theoretical contribution to the development of social theory in gerontology (Estes et al., 2009; Holstein & Minkler, 2003). Despite its long history dating back to the early 1960s (Baltes & Baltes, 1990b), the concept only became popular in 1998 when Rowe and Kahn presented a widely debated three tiered approach towards defining the hallmarks of successful ageing including: 1) the avoidance of disease and disability; 2) the maintenance of high physical and cognitive functional capacity; and 3) active and continued engagement in life (Rowe & Kahn, 1998). While making a considerable contribution towards understanding the ageing process, critics have argued that this three tiered approach suggests ageing is a measurable, visible attribute proportionate to an individual's efforts and that it is built on an assumption of equity and equality existing in society (Holstein & Minkler, 2003, 2007).

More recently, a 'wellness' approach to ageing has increasingly placed emphasis on understanding health and wellbeing from a more holistic perspective. This approach considers a person's unique ecology, meaning-making experiences, and the impact of different influences on their life, such as the role of employment; government policy; cultural values and ideologies; physical; intellectual; social; psychological; and spiritual factors (Gordon, 2006; Larson, 1999; Lavretsky, 2010). By exploring how individuals and groups are able to satisfy basic human needs such as experiencing meaningful participation in decision-making processes affecting their lives as well as develop a sense of competence and self-efficacy, a wellness approach arguably offers a greater understanding of the lived experience of ageing (Prilleltensky & Fox, 2007; Prilleltensky, Nelson, & Peirson, 2001; Tones, 1996).

However, despite this philosophical and theoretical shift, there remains a pressing need for research into the lived experience of ageing and how individuals construct meaning around it. A fundamental question to the study of ageing has been to understand how people come to terms with age related changes (Estes et al., 2009; Jamieson, 2002b; Reed, Stanley, & Clarke, 2004). The meaning that people assign to ageing is influenced by their own unique life experiences and social interactions with the world, yet research continues to predominantly focus on objectifying the ageing experience, or trying to measure it through standardised testing. Therefore, to better understand the experience of ageing there is particular scope for research which privileges the voices of those that are living it (Atchley, 1991; Coleman et al., 1998; Jamieson, 2002a).

Purpose of the Current Study

The aim of this study is to explore the question: What are the experiences and social constructions of ageing for older adults over the age of 50 years? In doing so, it seeks to provide a platform from which to articulate what ageing means to those that are actually living the experience.

Method

This study draws on one aspect of a much larger investigation into the social construction of ageing. A qualitative methodology was used to conduct in-depth interviews with a purposive sample of participants and was guided by the theoretical frameworks of phenomenology and social constructionism. Ethical approval was sought through all stakeholder groups. Through this process, issues concerning informed consent, confidentiality, and any potential consequences of the research were addressed. Participants were informed about the nature of the research, that the interview

was confidential, that they could stop and withdraw from the research at any time and that they would be given the opportunity to ask any further questions. All participants signed a consent form prior to participating in the interviews.

Participants

This study involved both Australian and Welsh participants. 59 older adults aged 50 years and older participated in this study. Participants were recruited from four main sources: 1) a healthy ageing program ('LLLS group'); 2) people who have withdrawn from a healthy ageing program ('Discontinuing group'); 3) a local community sample ('WA group'), and; 4) an international community sample ('Welsh group'). Across all groups, the age of participants ranged from 50 years to 89 years with 23 males and 36 females. There were 17 participants in the 'LLLS group'; 12 participants in the 'Discontinuing group'; while the local community sample from WA and the community sample from Wales, each comprised 15 participants.

Procedure

Semi-structured interview schedules containing open-ended questions were designed and utilised with all participants by the researcher. For example, questions included 'Tell me about your experience of ageing' and 'Describe a moment you have experienced that typifies ageing to you?' Consistent with a 'funnelling' technique the schedules began generally and became more specific (Smith, 1995). In addition, probing questions were used to explore the issues raised by participants. For example, 'Can you tell me more about that?' Basic demographic information such as age, gender, employment, health, and relationship status was also collected. A digital voice recorder was used to record interviews and to allow for verbatim transcription by the researcher.

Data Analysis

Thematic analysis was used as it provided a theoretically flexible approach to analysing qualitative data (Braun & Clarke, 2006; Elliott & Timulak, 2005). Six main phases were used to analyse the data collected and involved: 1) Becoming familiar with the data; 2) Generating initial codes; 3) Theme development; 4) Reviewing themes; 5) Defining and naming themes, and; 6) Producing a report on the findings (Braun & Clarke, 2006; Rapley, 2011). Analysis occurred simultaneously and the procedures outlined by each phase were used as tools rather than directives in order to retain the dynamic nature of qualitative analysis (Corbin & Strauss, 2008). The analysis process as a result was driven by insight gained through interaction with the data (Corbin & Strauss, 2008; Elliott & Timulak, 2005).

Findings and Interpretations

Exploring the way in which individuals made meaning of their experiences and how the broader social contexts influenced these meanings were of particular interest to this study. For participants in this study, five major themes with related sub-themes were relevant to the construction of meaning around the livid experience of ageing (see Table 2).

Theme One: Primed thought

Investigating the way in which participants articulated meaning revealed that certain social cues primed how the experience of ageing was understood. Four sub-themes were identified that illustrated this process and included: 1) the lucky view; 2) comparisons with others; 3) healthy ageing, and; 4) decline and loss.

The lucky view. Participants frequently reported that they felt 'lucky' for having made it as far in life as they had in terms of their age. Moreover, these participants believed that luck was the key to having had a positive experience of ageing, *"I'm very blessed, I think, I'm very blessed and lucky to of lived so healthy for this long" (Welsh = 7[line 253]),* and *"getting old is a journey that's how I look at it...I've had the wonderful chance of being born and live...if you're lucky enough to get old" (LLLS = 3[line 1339]).* The assignment of luck to understanding the experience of ageing has also been found in other international research. A New Zealand study involving 60 participants revealed that constructions of health and illness were to varying degrees considered beyond one's

control with responses indicating luck, good fortune and God as contributing to good health outcomes in older age (Pond, Stephens, & Alpass, 2010).

Comparison with others. Comparing ones' experience of ageing to that of others was a key feature of participants' descriptions and reflections of ageing. Age, like gender and ethnicity, can be a marker of self-identity and used for the categorisation of others. These categories provide social group membership and benchmarks for comparison, which it has been asserted that individuals will often explore in search of a positive identity (Giles, McIlrath, Mulac, & McCann, 2010). Comparisons with one's own or other age cohort can also reflect beliefs about key developmental tasks and transitions associated with a particular age group (Giles et al., 2010; Hepworth, 2002). Similarly, stereotypes attributed to certain age groups can also inform expectations about how we view our future selves. Comparisons to past generations in order to articulate, evaluate and understand current experiences was a common focus of reflection with participants. Comparisons were frequently made against that of one's parents but close friends and peers were often referred to also. For example, *"my mother died when she was 73, and my father died when he was 80...my grandmother died when she was 95 so...I passed my mother and I haven't caught up to my father and perhaps I'll go past me grandmother." (Discontinuing = 8[line 15]).*

Unique to participants' in the 'Welsh group', was the influence of being alive during '*war times*' (World War II). Nearly all participants from the 'Welsh group' made comparisons with people who had not experienced the impact of World War II when telling of their own experience of ageing, "*With the war years, we didn't have all this fast food stuff...it was a healthy diet and I think it put us all in good stead" (Welsh = 6[line 77]),* and *"during the war, I was called up and I was twenty and I worked all through the war...I've never sat back, even now I do all my housework,*

Table 2
Major Themes and Related Sub-Themes for all four Participant Groups

Major theme	Related sub-themes
Primed thought	The "lucky" view
	Comparisons with others
	Healthy ageing
	Decline and loss
Connectedness	The value of groups
	Supportive relationships
	Religion and spirituality
Social values	Generational interactions
	Ageism
	Resource allocation
Negotiating transitions in ageing	Life-stages and events
	The dependence-independence continuum
	The ageing body
	Attitude and acceptance
Agency and influence	Meaningful roles
	Personal control and perceived worth

my washing, my cleaning and everything...I don't sit around." (Welsh = 5[line 41]).

Research suggests individuals who compare themselves favourably with others, tend to experience better health outcomes, especially later in life (Bailis & Chipperfield, 2002, 2006; Bailis, Chipperfield, & Perry, 2005; Frieswijk, Buunk, Steverink, & Slaets, 2004; Heidrich & Ryff, 1993a, 1993b; Kwan, Love, Ryff, & Essex, 2003). Older individuals who judge their health or physical capacity more positively, even upon receiving information threatening to their self -concept, tend to adapt more successfully to failure or threat, and report greater life satisfaction and less psychological distress (Bauer, Wrosch, & Jobin, 2008). Downward social comparisons or the notion of seeing yourself as better off than the average person, have also been argued to be self-protective by alleviating the negative emotional consequences of stressful encounters and threats to self-esteem (Bauer et al., 2008; Heckhausen & Brim, 1997; Wills, 1981).

Healthy ageing. Many participants felt individuals were responsible for maintaining good health as they aged. However, a subtle difference existed between Western Australian (WA) and Welsh participants understanding of healthy ageing. In WA, healthy ageing was considered by participants as an individual responsibility and related strongly to physical concerns. *"Healthy ageing, I do it already...stretches and walk to the shops" (WA=8[line 302])*, similarly, *"you've really got to take responsibility for keeping yourself as healthy as possible...I've been going to hydrotherapy, I do stretching and mobility and aerobic exercises...healthy ageing I think is absolutely crucial" (WA = 11[line 657]).* This understanding is consistent with some of the main strategies used to promote healthy ageing in WA (i.e., physical activity programs) and more widely across Australia (Commonwealth of Australia, 1999). By comparison, Welsh participants more strongly identified with the role of diet in healthy ageing. *"We have a healthy lunch, we have healthy breakfast...we have to control the diet...he [husband] had high cholesterol but that's well controlled...because we eat properly" (Welsh = 10[line 125]).* An examination of key healthy ageing strategies promoted by the Government of Wales, reveals that 'healthy eating' is a priority area along with emotional health and wellbeing and physical activity (Welsh Assembly Government, 2005, 2008, 2009).

Decline and loss. Many participants linked the notion of decline and loss with their own experience and constructions of ageing. For example, *"it's a case of wearing out and not being able to do as much now as I used to do...just the case of slowing up I think...slowing physically and as they say the wear and tear" (LLLS = 15[line 26 & 185])* and "*well quite literally it's [ageing] the process of getting old and the running down of all your faculties, mental and physical and emotional, every aspect so the gradual, running down and eventually breaking down." (LLLS = 17[line 14]).* Increased involvement with the medical world reinforced this perception for several participants, *"personally, you feel like you can't do as much as you did before or like you've got to start going to the doctor, you've got to start taking medication...the only solution to any complaint is medication or bit more medication...that's a negative." (LLLS = 12[line 360]).* While the experience of seeing others suffer with illness was central to other participants. Changes in one's cognitive functioning and mental capacity through dementia and Alzheimer's disease was particularly identified as a concerning aspect of ageing, especially if participants had witnessed the impact of these conditions on members of their own family.

> The most influence was my mum went into nursing care with dementia which was eventually Alzheimer's, and in those seven years...looking after her and things like that, that really hit home to see how I, I could possibly end up...that's probably the biggest fear about ageing I have, not dying fast you know just to, to linger on and ooh it's just awful. (LLLS = 16 [line 78]).

Theme Two: Connectedness

Connectedness encompassed the importance of feeling and being linked with other people. Although the concept of connectedness is not new, the role it plays in relation to healthy ageing means that it still requires further exploration (Register & Scharer, 2010). While previous research has focussed on personal relationships as facilitating connectedness (Kafetsios & Sideridis, 2006; Register & Scharer, 2010), for participants in the current study connectedness involved more than just individual and personal relationships. While the importance of individual relationships based on intimacy and shared mutual support was not understated by participants, a sense of connectedness facilitated through groups, religion and/or spirituality; and just having a familiarity and a sense of belonging to a wider network and/or community were equally acknowledged. Each of these points of connection were reported to add depth and purpose to participants' experiences of ageing and were pivotal in shaping what ageing meant to participants. Three sub-themes identified were: 1) the value of groups; 2) supportive relationships, and; 3) religion and spirituality.

The value of groups. Participants emphasised how keeping involved in some type of group interaction, whether it was a physical activity or more social by intent, was central to the experience of ageing. Rather than the focus being on the type of activity, the very nature of groups, the formal and informal interactions and the direct and indirect support that resulted from being involved in a group, were often acknowledged and described as offering many important benefits. For example, a Western Australian participant repeatedly referred to *'group energy'* and described the motivating benefits created by the natural dynamics of group participation.

> You get these groups of people going out all dressed up walking...I think that's great you know, they wouldn't do it by themselves...some people they won't do it unless it's in a group, well I can't meditate properly unless I'm in a group...I find it a little bit more successful if I have that group energy...I think the group energy is good and I mean it's like weight watchers and all those programs you give each other incentive and help. (WA = 3[line 491]).

Similarly, several Welsh participants talked about their attendance at a local cafe that offered a community service for older adults. In particular, they highlighted how participating in the cafe group facilitated a sense of belonging alongside its primary purpose of offering useful educational information about ageing issues. The social interaction at the cafe was seen as central to promoting a positive sense of wellbeing, *"it's quite good for people you see all the chaps here they moan and groan and trying to put the world right but it's good for them" (Welsh = 8[line 130]),* and *"it's finding things to do really, through the winter because I think you go downhill fast stuck in a house not meeting people, we came down here and we all just say' what's your name' and exchange stories." (Welsh = 2[line 110]).*

Supportive relationships. Emphasis given to the importance of social support through more intimate individual and close family relationships emerged frequently in the data.

> I want to maintain a good relationship with my wife, with my kids, I want to be in a situation where I can assist my kids financially as well as sort of in terms of social and emotional stuff...I'd like to have the time to be able to have relationships with my, with people who I care about, wider family and friends. (WA = 4[line 144]).

Focussing more attention on both intimate and close relationships during older adulthood was often associated with having more time to do so as other commitments such as work became less of a priority. Investing more in emotionally meaningful relationships for participants was commonly

referred to while discussing family bonds however it was also acknowledged that it was important to keep boundaries with family and to ensure that one equally had interests outside of the family.

> You still have to have some sort of quality of life and something you're interested in yourself, apart from your family as well so you're not really dependant socially on them...I garden...I've been learning Indonesian...I belong to a gym...none of my family are involved in any of that stuff, so I think you have to make your own interests as well because they find it a great burden if they have to provide for you socially as well, and as you get older you don't have the same sort of contribution to make to their social activities because I'm not really all that interested in what they do, like they do things that are quite to me a waste of time (laughs). (WA = 9[line 503]).

Religion and spirituality. In addition to group and more intimate relationships, several participants mentioned that their faith was a key thread that underlined their experience of ageing. For these participants, their faith provided a sense of connectedness to life as well as influenced their philosophy towards ageing. For some, faith was considered as providing the basis for a positive outlook, which facilitated a sense of acceptance with life. For others, their faith provided a sense of purpose and offered peace.

> My Christian faith...I've always known that I've had hope for the future, whether I am dead or alive, so that in itself has taken care of my, any worries that I might of had...and it's given me a purpose, it's the purpose, I think...if you're just working towards your own personal satisfaction, your satisfaction of your family and the satisfaction of seeing your kids do well, I think you head yourself up for a lot of disappointments...I think if I wasn't a Christian, I would probably be fairly scared of what's in the future. (Discontinuing = 6[line 462]).

Another participant reported how faith provided her with a sense of connectedness and support during difficult times, and described how it helped her to reconstruct a difficult experience into an opportunity to help others affected by similar experiences.

> It helps if you are a Christian, because when hard things come you have support, invisible support...when you've been through the hard things, you're more able to help people going through the hard things...I wouldn't want to lose my child, son, but my neighbour lost her son some time ago and she didn't know about ours and I called to see her and she said "nobody understands" and my husband said "she does", and I was glad, not that I'd lost my son but glad that I'd experienced what I did and as you get older of course you've been through so much and so you are a more valuable person...the more you've been through the more you have to give. (Welsh = 10[line 160]).

Interestingly, some participants who were undecided about their faith disclosed reflecting on and having considered the merit of different forms of religion and spirituality as they tried to make sense of, adapt to, and cope with the ageing experience.

> Looking back I've met a few Buddha's...very calm, very passive...quite a good existence...had I known that twenty years ago I might have changed my way of thinking to Buddhism, they seem to be a very, well I mean they seem to be a very passive race...why can't we all live a peaceful existence, a happy peaceful existence. (LLLS = 11[line 280]).

Theme Three: Social Values

Research has shown that underlying attitudes and values present in wider society can influence constructions of ageing (Reed et al., 2004). Social values become particularly evident when the views of different groups within society come into

play (Estes et al., 2009). Participants in the current study similarly revealed how interactions with others in the wider community and societal assumptions about age, affected their own understanding of the ageing experience. Often these experiences were told in relation to observations of how other older adults were treated because of their age or perceived age. Three sub-themes were identified namely: 1) generational interactions; 2) ageism, and; 3) resource allocation.

Generational interactions. In talking about ageing and the wider community, participants often reported experiencing a sense of astonishment by the pervasiveness and explicitness of ageist attitudes during interactions with younger people. An experience which frequently underpinned and facilitated a 'us and them' construction of how these interactions were understood, *"sometimes the young ones don't give us credit...you know you're too old to have an opinion but I suppose that's attitude from the young to the older people." (Discontinuing = 9[line 34]).* Such experiences often led these participants to consider how others view them, and caused several to reflect on how they must present to others as a person of a certain age regardless of how they may have felt on the inside. *"There are others [young people] that think you know, we're idiots, we're going down the drain, downhill, we don't know anything, they don't think that we have collected a lot of knowledge in our head." (LLLS = 5[line 365]).*

While interactions with younger generations were sometimes reflected upon negatively, this was largely dependent on the type of relationship participants had with a young person. Positive interactions were reported when a participant had a close affiliation with a younger person, either through a family connection or by having a professional relationship with a younger person. For example, one participant reported about a workplace relationship with younger people, "*They don't think I'm old (laughs). You know, I relate to a lot of young people because I work with them, I think they're all right" (Welsh = 10[line 98]),* and similarly another revealed about studying at university with younger people, *"I thought that would be one of the stumbling blocks when I went to university and yet the young people just accept you as another student." (Discontinuing = 1[line 145]).*

Ageism. Participants' lived experience of ageing revealed having to contend with and be the recipient of ageist attitudes. This included negotiating both implicit and explicit ageist beliefs and behaviours, during interactions with individuals and in the wider community, at institutional and organisational levels, in the social media, and through the actions and inactions of government. Instances of implicit ageism were often identified in the views and messages expressed in various forms of social media about older people. For example, *"The way the media portrays us at the moment, we shouldn't really be here anymore...we're just really quite a nuisance, we cost money, we don't produce anymore... patronising" (LLLS = 6[line 143])* and *"that's what the media do, they stereotype people, older people, they're bloody useless, 'they don't pay that much tax anymore' that sort of thing" (LLLS = 9[line 195]).*

Explicit forms of ageism were most commonly reported as taking place in the work place setting, particularly during the interview process and when initially applying for jobs. For example, *"You just don't get a look in with jobs, you really just don't...and I could hardly say I'm 27 on a job application, I'm not going to the extremes to try and cover that up" (WA = 11 [line 422])* and *"I would get a phone call saying 'you sound like exactly what we want can you come down for an interview' and you would walk in the door and see the change in attitude once they realise your age." (Discontinuing = 1[line 138]).*

A number of participants expressed their concern about ageism in terms of Western society as a whole and by making cultural comparisons. Several made these comparisons through their knowledge of Eastern perspectives on ageing as well as relating to experiences with their own culture. For example, *"I don't think the*

Australian culture...nurtures the elderly like some of the Asian countries do and really respect the elders and look after them, it's more...everybody do their own thing look after themself." (WA = 5[line 130]).

Similarly, for one participant who identified as being of Indigenous Australian heritage, the concept of respect was discussed as a critical element of how older adults are traditionally considered and treated within many Indigenous groups and families.

> Age gives an individual the aura of respect...I'm speaking now mainly from an Indigenous perspective...when I was a youngster it was part of growing up to respect your elders...a lot of older people are put into homes that doesn't happen so much in Indigenous communities as such, so in other cultures as well where older people have the respect and their opinions are sought, I think that's a benefit that's sometimes lost in the Western world where there's such an emphasis on materialism and you know having a new car...there's not enough time to spend with grandparents or with parents even. (WA = 12[line 13]).

Some participants also reported encountering medical ageism and commented on interactions with the health care system that left them feeling devalued and marginalised.

> I had an experience at the hospital yesterday, the advice to older women is give up having your pap smears when you're about 60 because if you haven't had a problem up till then you won't and that's not my experience...I did have a problem and I said to the doctors yesterday, it's about time that advice was changed because I would of had a very slow painful death...then they very nicely explained to me, well it takes about ten years to come on so if you stop, like if you got it say at 65 well you'd be 75 before you needed an operation and they stopped themselves from saying well you know your life's over, it sort of came out but was quickly drawn back and said "oh we wouldn't want to give a 75 year old an operation"...how dare they decide when they can cut off help. (WA = 9 [line 75]).

Medical ageism has been described as healthcare workers (i.e., doctors, nurses) and provider's (i.e., hospitals) tending to give less aggressive treatments and withholding a full range of treatment options based on age characteristics alone (Ory, Kinney, Hawkins, Sanner, & Mockenhaupt, 2003). While in some instances this type of behaviour may be considered as acting in the best interests of a patient, these participants in this study viewed it as discriminatory, paternalistic, overly judgemental, and as leading to experiencing differences in access to needed medical care. Participants in the 'Welsh group' captured the broad reaching implications and perceptions that medical ageism may cause individuals, as they perceived they were viewed as being a drain on public resources and specifically on the National Health Service (NHS), *"they call us 'coffin dodgers'...think we ought to be put to sleep at 70, I think the government think that..." (Welsh = 2[line 145]).*

Resource allocation. They way resources within society are allocated and distributed were found to further reinforce participants constructions of the aging experience. Workplace practices, healthcare provision, government planning and policies, and care facilities were all examples given by participants of this study that illustrated different issues with resource distribution and allocation that affected their experiences of ageing. For example, *"I feel sorry for people getting old in this country because we haven't got the facilities to cope, to look after the old and I'd hate to end up in an old people's home". (Welsh = 3[line 67]).* Concerns regarding how the government allocated resources to older people were raised by Western Australian participants through the example of expecting more support from government in terms of resources for older people.

> Something needs to change...I've got daughters coming on and I seen them now looking towards old age with apprehension...people shouldn't have to be concerned with what's going to happen to me when I'm old that should be well taken care of by our community and that surely should be our goal as a community, as a government...making sure that everyone has the best quality of life...there are enough resources in this country to make a serious difference. (WA = 9[line 635]).

Theme Four: Negotiating Transitions in Ageing

Later life involves negotiating transitions associated with loss such as the death of friends and partners, retirement from work, and a decline in physical and cognitive functioning (Kwan et al., 2003). Participants' constructions of ageing often reflected how well they believed they were 'balancing' the gains and losses they experienced as they got older. For example, participants spoke about increased physical challenges and the associated impact of adjusting to these changes, but often countered this by talking about gains they perceived they had experienced such as a growing sense of freedom and wisdom. The transition to different roles, such as becoming a grandparent and retiring from work, were also frequently discussed as significant events that influenced understandings and constructions of the ageing experience. Four sub-themes were identified: 1) life stages and events; 2) the dependence-independence continuum; 3) the ageing body; and 4) attitude and acceptance.

Life stages and events. Participants' constructions of ageing were often defined through their experience of significant milestone events such as retirement and having grandchildren. For example, *"Things like my children getting married, having grandchildren and retiring from full time work...[that's] how I would see ageing, if you do those things it sort of means you've got to a certain stage, it's a continuum...it's a part of the life cycle." (LLLS = 12[line 18]).* Many participants perceived having to stop work or retirement as a definitive time in life when society decided they are old, *"When you retire and you have to get your seniors card and all these types of documents that tells you that your ageing and you've got to follow the lead as it were and make a means, a go for the best." (LLLS = 11[line 65]).* Similarly, participants expressed adjusting to the loss of loved ones as a transitional marker of the ageing experience. For example, *"losing family of course, you know... (pause - voice softens) my mother, my sister, two brothers and that's ageing" (Welsh = 10[line 37]).*

Part of the reported 'balancing' process associated by participants with ageing was acknowledgement that some transitions also provided a sense of freedom. Retirement and changes in responsibilities in the later years of life were described by several participants as providing a sense of freedom and that stopping work meant they were able to spend more time on valued relationships. For example, *"[retirement] meant freedom that I could do what I wanted to which was brilliant...yeah I think the freedom to be able to do what I want to do having worked all my life that's probably the biggest change within me." (WA = 11[line 12]).* Wisdom was also commonly identified as a positive acquisition that came with growing older. Wisdom was referred to directly and indirectly by participants and was frequently associated with how participants framed their worldviews and managed more complex aspects of their ageing experience. For example, *"probably your opinions have come to be a bit more rounded, your views probably got a bit of depth um that you didn't have when you were younger, wisdom hopefully" (WA = 9[line55]).*

The dependence-independence continuum. For participants in the current research independence was related to self-reliance and described as being able to care for oneself and having the ability to do things they were used to doing, *"[independence] means that I haven't got to rely on other people" (Welsh = 5[line 171])* and "*it means that you can manage to get*

about and do jobs and look after yourself." (LLLS = 4[line 203]). However, it was also common that dependence on others was considered an inevitable consequence of ageing and this was a major concern for participants. *"Everyone hopes they don't need care but realistically...I suppose if you live long enough you'll probably, get weaker physically and need…going from being self-reliant to dependent seems to come quite suddenly and unexpectedly" (WA = 9[line 489])* and *"it came as a big shock to me this fall and exactly what it meant to me...dependant on other people...I was unable to drive...the loss of not just your independence but sort of what my life was before." (Discontinuing = 12[line 13]).* For some participants, independence was not only considered as the absence of dependence but also closely linked to pride, self-esteem, and the ability to maintain a coherent sense of self. For example,

> I think that independence gives you strength because I know a lot of people that aren't and they don't cope so I find if you have the ability to comfort yourself...I think that's a big benefit and I believe that I have got that and I have worked very hard to get it and I have to keep it...what I have nurtured within myself. (Discontinuing = 5[line 380]).

That said, it was recognised by some participants that being too independent was not always the most adaptive strategy in ageing as it could lead to issues stemming from social isolation.

> You can become too independent too, people say selfish but it isn't, you get used to managing on your own, I've been a widow for 28 years…you've just got to manage and that's how you get sort of too independent and it becomes a bit of a curse really because if you meet a new fella they want you to depend on them a little and you've lost the knack. (Discontinuing group = 10[line 102]).

Hence, this study found that although independence was important to many participants, desiring and maintaining a sense of independence was not mutually exclusive from depending on others for help or the desire to have someone care about their general wellbeing. For example, *"Hopefully I will stay as independent as I possibly can, I currently do have a silver chain lady once a fortnight and I pay for that…as you get older…you need help if you're on your own" (Discontinuing group = 5[line 479])* and *"it means a lot to me, to be as old as I am and I can still get around and my independence and everything, but I've got a daughter that lives near me and a granddaughter and they look after me too." (Welsh group = 5[line 7]).*

The ageing body. The issue of negotiating a decline in physical ability and body functions was discussed by many participants, *"I didn't realise at that time...that ageing is a slow process of things breaking down...it's like a car as it gets older." (LLLS = 3[line 13]).* For other participants, an ageing body brought about a fear of their own mortality because of the physical changes they were experiencing, *"I suppose, with my body there's an anger about, you see your body getting older and you think hang on I haven't actually lived yet..." (WA = 9[line 217]).* For several female participants physical attractiveness was also discussed, *"I know it's not deep and meaningful but sometimes I get concerned that you don't look the same...nobody does but the way that your body, I mean you can exercise till the cows come home and you lose your elasticity...it's just coming to terms with that...that you're not young anymore." (WA = 3[line 244]).*

Similarly, issues of pride and dignity were reflected by some participants as important to how they managed the physical changes of their body. One participant would not get a walking stick, despite the need for it because of what it might represent, *"You get frustrated I think as you get older, you get a bit wobbly on your feet...if I'm going to go along the beach I take one of those hiking sticks so that doesn't look like a walking*

stick, it's all pride isn't it really." (Discontinuing = 4[line 120]).

Attitude and acceptance. Constructions of the ageing process were mediated by participant's general outlook or attitude towards life. Individual responses to the changes and transitions revealed that attitude was perceived as pivotal to how successful ageing was both managed and accepted. Acceptance was discussed not only in terms of just responding to and incorporating things that came along in life but also in terms of the importance of actively seeking to anticipate and cognitively reframe the various changes that occur as you age.

> For example,
> One day I had this light bulb moment right for about two years after losing my job, having to retire I realised I had been banging my head against a brick wall or saying this is unfair, this is unfair, it was unfair but it's just history I couldn't change it and I realised hey I can still feel the sun on my back, I can still hear the birds, I can still play with my grandchildren that was actually a bonus...I focus on the things that I still can do even though some of them are with modifications and just forget about the things I can't do. (WA = 11 [line 145]).

Theme Five: Agency and Influence

The importance of feeling valued and as having personal worth was shared by all participants. This emphasis often discussed in relation to situations where participants felt that they had a meaningful presence in the world either through fulfilling an influential role within their family or a work related role where their opinions and thoughts were sought. Having a social role that provided an opportunity to exercise a sense of agency and influence with others were reported as highly important to wellbeing, self-esteem, identity, and to the overall ageing experience. Two sub-themes emerged from the data: 1) meaningful roles, and; 2) personal control and worth.

Meaningful roles. For some participants, the experience of ageing was defined by their job, with the experience of retiring from work greatly affecting their sense of self-worth. The impact of no longer working meant particularly to these participants that they were now limited financially, socially, and they perceived that they had a reduced status in wider society. For example, *"Once you retire the whole life system changes you know, like you're tied to an allocated pension, or you're a self-funded or whatever but you're confined to that, you no longer have the ability to go buy something and pay it off." (WA = 6[line 29]).* For other participants they reported that stopping work meant that they had nothing to do, which made them feel old, *"it never used to enter my mind about growing old...it never hit me until I retired and I thought, I'm getting old but I am old now for sure, because I've nothing to do you know, it's a big blow." (LLLS = 7[line 135]).* Others took a more philosophical view when it came to retirement and access to meaningful roles and asserted that they would have to actively construct 'new' meaningful roles, *"I think when I was growing up you sort of got a sense that you retired and basically waited to die. Whereas, I think, people have more resources and...just because you retire from work doesn't mean you sort of retire from life." (WA = 4[line 68]).*

Personal control and perceived worth. Being able to exert a sense of personal control in life has been widely recognised by researchers and clinicians as one of the most important predictors of psychological wellbeing in older adulthood (Rowe & Kahn, 1987; Smith et al., 2000; Thoits, 2006). Personal control involves achieving desired outcomes on one's own behalf (e.g., choices), and in interactions with others (e.g., expressing needs) (Smith et al., 2000). For example, having a sense of personal control over the process of death was reported as important by many participants, particularly by those who had witnessed someone close to them dying in what they perceived as an undignified way. For these participants, how they were seen and considered by others not only in life but also in death, reflected deeper issues of pride and

dignity. For example,

> We would never subject ourselves to chemotherapy or radiation because the extra 12 or 18 months it gives you, you live in bloody agony and torture and nausea and pain and...you're just stripped of all your dignity and I don't think that's meant to be, particularly in the eyes of your loved ones...I've been there for other people I don't want my family to do [that]...so that's the thing that affects me about ageing. (LLLS = 9[line 105]).

An experience frequently described by participants was feeling as though they were '*invisible'* which made them reflect on their sense of perceived worth. Feeling invisible was particularly related to experiences where participants felt they had '*no voice'* and when they felt that their opinions were not acknowledged, valued, or considered because of their age. For example, *"if you were with some younger ones, it's like as if you've not got a voice, you know, I've found that sometimes" (Welsh = 7[line 142]).* Similarly, *"I've gone to a shop and will be first in line with a few people around me, younger people around me and then the assistant will look over my shoulder and address the guy behind me or address the lady beside as if you were invisible." (LLLS = 2[line 157]),* and *"people don't notice you...unless you speak to them. If you're walking along the street, you know, they look straight over your head." (Discontinuing = 10[line 216]).* Feeling "*invisible*" was not confined to just experiences in the wider community and society but also permeated to the family level at family functions and gatherings. For example, *"Family have these celebrations for birthdays and Christmas and parties and BBQs and they all seem to just acknowledge you but they don't seem to want to know anything about you when you get into your 50s or 60s" (LLLS = 11[line 134]).*

Discussion

This study found that participants' meaning making processes and constructions of the ageing process were primed by the dominant discourse used in wider society. In particular, it highlighted that theoretical perspectives and assumptions informing the present ageing discourse, such as notions of 'decline and loss' and 'healthy ageing', were well recognised by participants and influenced not only their thinking about their physical health but also how they related to the overall lived experience of ageing. However, while participant experiences of ageing frequently involved a physical decline and loss in ability to do certain things, they also emphasised the social and psychological factors that impacted on their experience of ageing were of equal, if not greater significance. A notable proportion of participants' discussions focussed on intra and interpersonal issues associated with social connectedness such as identifying the value of groups, having intimate and supportive relationships, religion and spirituality as well as the influence of generational interactions, ageism, resource allocation, different life-stages and events, and the opportunity to be involved in meaningful roles.

Feeling invisible in social and family settings was a common way that participants believed represented how they were made to feel less valuable by others which also made them reflect on their own sense of personal control, value, and worth. Despite such challenges, findings from the current research indicate that the maintenance of a positive attitude was often regulated through the acceptance of change and balancing the dynamics between experienced losses and gains in ageing. Making social comparisons with others and others groups (i.e., parents, peers, and age cohorts) also influenced how participants constructed meaning about their own ageing experience. Making social comparisons enabled participants' to reflect on both 'fears' and 'hopes' about the future, as well as providing a way of planning in general for the ageing process. Interestingly, social comparisons appeared to not only be mediated by individual, familial, and societal interactions but also by reflecting on significant historical events (i.e., World War II) as well as by faith and cultural heritage.

Conclusion

An important goal of this research was to add knowledge to current literature on ageing through consultation with older adults about their ageing experience. The findings from this study encourage further thinking about how society defines and promotes healthy ageing. With evidence that health messages and dominant discourses have an influence on peoples' thinking, positive aspects about ageing identified through participants' experiences particularly the psychological and social aspects need to be more effectively communicated, promoted, and facilitated in future ageing policy and research. Specifically, healthy ageing initiatives implemented in the wider community need to embrace awareness of the lived experiences of ageing and put into practice actions that account for all factors contributing to a healthy ageing experience. Shifting the focus in this direction offers the benefit of modifying peoples' constructions and understandings about ageing and therefore has the potential to influence the ageing experience more positively.

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Note

[1] Projections are not predictions or forecasts, but rather illustrations of the growth and change in population, which would occur if certain assumptions about future levels of fertility, mortality, internal migration and overseas migration were to prevail over the projection period. The assumptions incorporate recent trends, which indicate increasing levels of fertility and net overseas migration for Australia.

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Lynne has a background in school teaching where she was head of the Biology and Mathematics departments. She is an Australian Learning and Teaching Council Fellow with an interest in developing

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David Mander
David is a practicing Psychologist at a large K-12 boarding school in Perth. He also holds an Adjunct Senior Research Fellow position with the Health Promotion Evaluation Unit, The University of Western Australia. David has worked extensively in both the government and non-government education sectors and has recently been the Project Director at the Telethon Kids Institute of a large National Health and Medical Research Council of Australia funded project investigating bullying behaviour. While completing his PhD in Psychology, David developed and implemented social and emotional support programs for Aboriginal students at 16 boarding schools in WA.