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**Old age, retirement villages and New Zealand society:
A critical narrative analysis of the experiences of retirement
village residents.**

A dissertation presented in partial fulfilment of the requirements for the
degree of

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ABSTRACT

There is a paucity of critical research that examines the experiences of retirement village residents in New Zealand. The research objective was to critically analyse how retirement village residents in New Zealand made sense of their experience of living in a retirement village and to locate these experiences within the wider socio-political context. Multiple interviews were carried out individually with fourteen retirement village residents from one retirement village in Auckland, New Zealand. Their personal narratives, about their experience of moving to and living in a retirement village, were analysed using a critical narrative analytical approach, based on a social constructionist perspective. The way that the participants made sense of old age drew on ageist societal narratives that depict old age as a time of physical decline and loss of ability, mobility, social supports, independence and autonomy. These loss narratives devalue older adults and so undermined the participants' ability to locate themselves positively in the interview. Consequently, they drew on a young-old subject position in order to resist loss narratives. This research considers the socially constructed nature of loss narratives, by discussing the Western cultural values and assumptions that underpin them. The participants made sense of their move to the retirement village as a solution to decline and loss in old age. Analysis of the solutions that the participants sought at the village highlights that societal practices in New Zealand contribute to losses in old age. Yet, the participants indicated that the retirement village did not always provide the solutions they had hoped for and presented them with additional problems. Therefore, the retirement village represents an imperfect solution to problems in old age that are partly created by current societal practices. This study explores how retirement villages are a culturally specific solution that reflects dominant political ideologies, cultural values, and societal narratives that exist in New Zealand society. Overall, this study argues that alternative societal narratives that ascribe value to the ageing process will better promote the interests of older people. Furthermore, the problems that older adults face will be better solved by directly addressing the societal practices that create them.

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CHAPTER 1: An introduction to old age and retirement villages

Population demographics are shifting worldwide. In many first world nations, the number and proportion of older adults is increasing over time (United Nations, Department of Economic and Social Affairs, Population Division, 2015). The New Zealand population mirrors these global changes (Bascand, 2012; Statistics New Zealand, 2009, 2015). The number of New Zealanders aged over sixty-five has nearly doubled since 1981, and it is projected to more than double again by 2038 (Statistics New Zealand, 2015). These changes have triggered an intensified global interest in 'old age' both politically and academically. Although what defines being 'old' is in many ways comparative and arbitrary, societal narratives construct old age as a time of physical and mental decline (Gullette, 2004), dependency (Angus & Reeve, 2006), and loss of economic productivity (Nagarajan, Teixeira, & Silva, 2016; Thornton, 2002). Consequently, concerns have been raised about how societies will manage as the proportion of older adults increases, based on the premise that younger adults will bear the burden of caring for and financially supporting these older adults (e.g., Mander, 2014). These concerns have been raised internationally at a government policy level and in the mainstream media, and the phenomenon has been referred to as the 'grey tsunami' (Cornwall & Davey, 2004; Guest, Bryant, & Scobie, 2003; Harris, 2017; Kirchheimer, 2008).

Much of the gerontology literature focuses on countering problems that can accompany old age. A significant body of medical research has described physical and cognitive declines in functioning and an increased risk of disease as people age (e.g., Auyeung, Lee, Kwok, & Woo, 2011; Lin et al., 2013; Lindsay et al., 2002). Consequently, there has been substantial interest in how to increase longevity and reduce morbidity in the later years of life (e.g., Jin, Simpkins, Ji, Leis, & Stambler, 2015; Poulain, Herm, & Pes, 2013). There is a great deal of research that has suggested exercise, nutrition, social relationships, mental stimulation, and socio-economic status can influence health and longevity in old age (e.g., Bherer, Erickson, & Liu-Ambrose, 2013; Jatrana & Blakely, 2014; Kelly et al., 2014; Rizza, Veronese, & Fontana, 2014). Research has also focused on social problems that may accompany old age, such as social isolation and loneliness

(Beer et al., 2016; Lillyman & Land, 2007). It has been argued that isolated, lonely older adults experience worse mental and physical health (Boss, Kang, & Branson, 2015; Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Ong, Uchino, & Wethington, 2016). The frequent emphasis on problems in old age is not uncontested however. Other research has argued that aging is accompanied by personal development and growth. For example, Charles and Carstensen (2009) suggested that although older adults have smaller social networks, their social connections are actually more meaningful and satisfying. Furthermore, some studies have reported that older people have a more positive outlook on life (Mather & Carstensen, 2005; Schlagman, Schulz, & Kvavilashvili, 2006) and regulate their emotions better (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000) in comparison to younger people. Studies such as these suggest that in many ways people become happier and better adjusted as they age.

The idea that older adults can age well through making the right lifestyle choices has become a dominant societal narrative in Western society. By societal narrative I refer to the way that a phenomenon (e.g. object, concept) is collectively understood by groups of people in society. In the 1980s, Rowe and Kahn (1987) introduced the concept of 'successful ageing', which they defined as; low probability of disease and disability, high cognitive and physical functioning, and active engagement with life as evidenced by social connections and productive activities. They argued that the level of decline that had been observed in 'usual aging' could be attributed to lifestyle factors (Rowe & Kahn, 1987, 1997). This perspective held wide appeal because it proposed that many age-related declines weren't inevitable and challenged the ageist stereotype of the decrepit older person (Lupien & Wan, 2004). The successful aging concept has since developed into alternative terminology, such as 'positive aging', yet the underlying ideas remain the same (Davey & Glasgow, 2006). The idea that individuals can age successfully through making the right choices throughout their life has become widespread in public policy (Biggs, Phillipson, Money, & Leach, 2006; Davey & Glasgow, 2006), the media (Rozanova, 2010), and is understood by the general public (Friedman et al., 2009).

The successful aging ideal has been criticised on the basis that it constructs 'success' in old age as the near absence of illness and disability (Martinson & Berridge, 2015). The successful aging ideal is to age as little as possible, thereby preserving health

well into old age (McHugh, 2000, 2003). Therefore, successful aging narratives idealise 'agelessness' whilst ascribing no value or meaning to the process of aging (McHugh, 2000, 2003). Further criticism has highlighted that the successful aging ideal has sometimes merged with an individualist, neoliberal perspective that argues individuals should be responsible for their own wellbeing (Angus & Reeve, 2006; Katz & Calasanti, 2015). The idea that individuals are personally responsible when they fail to age well functions to blame those who experience illness and disability (Dillaway & Byrnes, 2009). Consequently, this can function to legitimise a neoliberal political agenda that would seek to reduce government funding for social services in old age (Dillaway & Byrnes, 2009). However, the focus on individual responsibility obscures and dismisses how socio-economic disadvantage can constrain personal choices and negatively affect health outcomes (Katz & Calasanti, 2015). The disadvantages experienced by racial minorities, women and other minority groups may accumulate over the lifespan, resulting in fewer opportunities and worse health outcomes in old age (e.g., Le Feuvre, Kuehni, Rosende, & Schoeni, 2014; Jatrana & Blakely, 2014).

On the whole, the concept of successful ageing reflects the medical and economic background of the researchers (Bowling & Dieppe, 2005). This concept does not necessarily align with how older adults themselves perceive success in old age, either in the West or in other cultures. For example, in an American study carried out by Strawbridge & Wallhagen (2002), half of the participants rated themselves as aging successfully but only 18.8% could be conceptualised as successful based on Rowe and Kahn's criteria. Yet, amongst those that the official criteria defined as 'successful', one third of these people perceived that they were not ageing well (Strawbridge & Wallhagen, 2002). Therefore, Strawbridge and Wallhagen demonstrated that their participants' idea of ageing well was not the same as the successful aging criteria. This finding suggests that there is more to ageing well than is captured in Rowe and Kahn's definition. This may be particularly true when it is applied to older adults from a non-Western culture. For example, a study that focused on Alaskan native elders (Lewis, 2011) found that a more holistic approach was needed to understand how these elders had become so respected in their community. Lewis (2011) reported that spirituality, emotional wellbeing and engagement with the wider community were considered to be

very important for ageing well, in addition to physical health. A study in South Korea provides another contrasting view on what constitutes success in old age (Chung & Park, 2008). The older adults in this study perceived that success in old age related to having a positive attitude towards life, adult children who were successful, and good relationships with others (Chung & Park, 2008). Therefore, when older adults themselves are asked to conceptualise success in old age, their understandings may differ significantly from medical definitions developed in the West.

The beliefs that people hold about old age shape how older adults are treated. In Western society, many have argued that ageist narratives dominate our understanding of old age (e.g., Bonnesen & Burgess, 2004; De Medeiros, 2016; Pain, Mowl, & Talbot, 2000; Palmore, 2001; Raposo & Carstensen, 2015). Ageism may be understood to be stereotyping, prejudice or discrimination that occurs on the basis of a person's age (Thornton, 2002). Some examples of ageist narratives, include negative generalisations that construct older adults as disabled, senile, lonely, grouchy, boring, lacking vitality, unproductive and unable to change (Thornton, 2002). These ageist narratives can result in discrimination against older adults. Studies have described how older adults experience discrimination in the workplace (Dennis & Thomas, 2007), differential medical treatment (Robb, Chen, & Haley, 2002) and that younger adults may speak in ways that are patronizing towards older adults (Helman, Corpuz, & Bugental, 2012; Ryan, Hummert, & Boich, 1995; Thimm, Rademacher, & Kruse, 1998).

Ageist narratives also shape how older adults behave themselves. When older adults believe ageist narratives this can cause them to alter their behaviours in ways that align with these narratives. This may create a self-fulfilling prophecy where ageist narratives trigger behaviour in older adults that confirm ageist narratives. For example, Coudin and Alexopoulos (2010) have argued that ageist narratives can create dependency in older adults. Their study found that when older participants were primed with negative descriptions of old age, they sought help more often from the experimenter (Coudin & Alexopoulos, 2010). Consequently, these negative descriptions undermined their confidence in their ability to complete the task and resulted in more dependent behaviour (Coudin & Alexopoulos, 2010). Furthermore, a number of studies have reported that when older adults expect their cognitive performance will be worse

due to their age, they subsequently perform poorly on memory and cognition tests (Hess, Auman, Colcombe, & Rahhal, 2003; Levy, 1996; O'Brien & Hummert, 2006; Rahhal, Hasher, & Colcombe, 2001). Levy and Langer's (1994) study reported that the American participants held much more negative beliefs about old age than the Chinese participants, and this difference was reflected in their scores on a cognitive performance test. Whereas the older Americans performed worse than their younger counterparts, the older Chinese performed at a similar level to the younger participants. Levy and Langer (1994) argued that the older Americans' cognitive performance was compromised by their expectation that they would not perform well.

Some researchers have argued that ageist narratives adversely affect health and longevity. Exposure to ageism reportedly contributes to a higher level of cardiovascular stress and this may adversely affect health outcomes (Levy, Hausdorff, Hencke, & Wei, 2000). Furthermore, older adults with more positive beliefs about aging, as measured up to 23 years earlier, were reported to live 7.5 years longer than those with less positive beliefs about old age (Levy, Slade, Kunkel, & Kasl, 2002). This association between longevity and positive old age beliefs, remained after adjustment for age, gender, socioeconomic status, loneliness and functional health (Levy et al., 2002). Therefore, ageist narratives may affect how older adults are treated, how they behave themselves, and may even have an adverse impact on health in old age.

The experience of old age differs from one culture to another. Chinese culture and Māori culture provide two examples where elders are granted greater status, respect and hold important social roles, in comparison to Western cultures. In some Asian cultures, Confucian values and traditions have created a strong sense of filial obligation (Choi, 1996; Sung, 2001). In China this sense of filial obligation reportedly translates into a duty to remain near ageing parents and to look after them as required (Liu, 2008). In this social context, for elderly parents to enter supported accommodation would result in a loss of face for the whole family (Liu, 2008). In Māori culture, Māori elders hold vital leadership roles in their community (Durie, 1999; Dyall, Skipper, Kepa, Hayman, & Kerse, 2013; Mead, 2016; Waldon, 2004). Māori kaumātua (elders) have status in their communities and they enhance the mana of their marae, hapū and iwi (tribe) (Durie, 1999). This time of life involves new obligations and responsibilities, including; speaking

on behalf of their tribe, caring for or supporting children and younger adults to develop their potential, resolving disputes, spiritual leadership, performing tangi (funeral) duties and rituals, marae duties and rituals, and carrying Māori culture (Durie, 1999). There is no specified age at which Māori become kaumātua, yet these roles are enhanced when the individual is in their sixties or beyond (Durie, 1999). At a greater age, kaumātua may step back from some of the more demanding obligations of their role, yet they are still regarded as taonga (treasure) and enjoy high status (Durie, 1999). Therefore, both Chinese and Māori cultures recognise the value of elders in their communities.

In modern day Western societies, the social and cultural context shapes how old age is perceived and experienced. By Western societies I refer to cultures that have their roots in Western Europe. First, Western culture reportedly places great value on youth and those attributes associated with being young, whilst perceiving little value in old age (Bayer, 2005; Jones, 2004; Smirnova, 2012). Consequently, aging individuals may continue to embrace a youthful identity rather than identify themselves as 'old' (Barak & Stern, 1985; Weiss & Lang, 2012). Second, being independent and self-reliant is reportedly highly valued in Western culture (Davey & Glasgow, 2006; Oyserman, Coon, & Kimmelmeier, 2002). Therefore, being 'independent' may become a cherished part of an individual's self-concept throughout their life, and in the instance that they require help as they age, they may still seek to retain their independent identity (e.g., Miller, Sinding, Griffith, Shannon, & Raina, 2016). Third, the Christian background of Western countries is interwoven into Western culture, regardless of the religious beliefs of individuals. More specifically, the protestant work ethic has been argued to shape the actions of older adults (Ekerdt, 1986). It has been theorised that Western society places such value on work and productivity that this work ethic continues to define the actions of retirees even after they leave the work force (Ekerdt, 1986). Consequently, retirees are encouraged to maintain a busy and productive retirement, in which they are actively working at leisure activities or voluntary work (Katz, 2000). This busy ethic intertwines with moral imperatives that describes appropriate ways to be busy (Ekerdt, 1986; Katz, 2000). For example, drinking and gambling are activities that are not generally considered an appropriate way to maintain busyness, as they do not align with Western, middle class morality (Katz, 2000). Activities that promote successful aging are

condoned however (Ekerdt, 1986; Katz, 2000). Those activities that are considered to promote successful aging are perceived to be a legitimate way of being busy and active in retirement (e.g. Caprara et al., 2013; Davey & Glasgow, 2006). Last, the West has been described as a consumerist, capitalist society in which individuals frequently make purchases that construct their social identity (Gilleard, 1996; Miles, 1998; Stillerman, 2015). Within this context, those older adults with enough wealth to participate in consumer culture may be perceived by others as successful, autonomous and moral individuals (Rozanova, Miller & Wetle, 2016). In contrast, those who have not carefully planned their finances or who have been too poor over their lifetime to accumulate enough wealth in old age may be perceived as a burden to society (Rozanova et al., 2016). Thus, this cultural environment shapes how old age is currently experienced in the West.

The political and economic context also shapes how old age is experienced within Western society. Western countries are part of a globalised, capitalist economic system in which social welfare systems have been developed. This political and economic context is relatively recent. The old age pension and widespread retirement has only existed for the last hundred years or so in the West (Rogers, 2014). Prior to pension schemes, older adults who could no longer support themselves financially and who did not have families who could do so spent their final days in bleak circumstances (Bland, 1999). Germany was the first to introduce the old age pension in 1889 (Higgs & Gilleard, 2014). New Zealand followed suit in 1898, as did Australia and the United Kingdom within the subsequent decade (Rogers, 2014). The pension allowed for the emergence of retirement as a separate 'life stage' in which older adults were freed from the obligations of work.

The development of residential care homes was another key social development to affect the lives of older people in the West. By residential care home I refer to an institution in which older adults live and are cared for on a daily basis by staff. When it was first developed, residential care provided a better alternative to the harsh conditions in poor law asylums in some Western countries (Bland, 1999). This meant that chronically unwell older adults had somewhere to go, where they would be cared for if their relatives could not care for them (Bland, 1999). However, past research has

drawn attention to some problems with the way that residential care homes currently operate. To begin with, residential care is based on the medical model of care that prioritises the efficient provision of medical care, safety and physical comfort (Bland, 2007; Henderson, 1995; Ryvicker, 2009; Spitzer, Neuman, & Holden, 2004). This medical model has been developed with a focus on healing the acutely ill, yet the model does not generalise well to supporting the psycho-social needs of chronically unwell older adults. Research has suggested that the psycho-social needs of older adults are not catered to in residential care homes (e.g. Bland, 2005, 2007; Ryvicker, 2009). More specifically, the medical model does not take into account the need for a sense of autonomy, purpose, meaning, social connection and enjoyment that continues into old age (Boyle, Barnes, Buchman, & Bennett, 2009; Harnett, 2010; Jungers, 2010; Kissane & McLaren, 2006; Zika & Chamberlain, 1992). Furthermore, the pay and conditions of residential care staff does not reflect the important role they play in the lives of older people. For example, Diamond (1986, 1995) observed that residential care staff in North America are largely made up of women, immigrants and racial minorities. He described how these workers were underpaid to the extent that they could not support themselves without working more than one job (Diamond, 1986, 1995). In a New Zealand context, care workers have been similarly undervalued. In 2013, New Zealand care workers took legal action against their employer, alleging that they were systemically underpaid (New Zealand Aged Care Association, 2017). They argued that care worker positions are underpaid because they are primarily held by women workers, citing the Equal Pay Act 1972 (New Zealand Aged Care Association, 2017).

In the 1980s, Keren Brown Wilson was a leading influence in the development of the assisted living apartment option, which was intended as an alternative to the hospital-like operation of residential care (Wilson, 2007). Wilson was inspired to develop a better alternative, subsequent to witnessing her mother's experience of living in a nursing home (Wilson, 2007). The assisted living option was designed to facilitate individual choice, autonomy and privacy, whilst also providing assistance with food, personal care and medication if requested (Wilson, 2007). In comparison to nursing home care, measures of daily functioning, life satisfaction, depression and cognition reportedly improved for most assisted living residents, and their health had not suffered

(Wilson, 2007). In the 1990s assisted living as a concept spread, however, the standards that were initially upheld by Wilson were not upheld by corporate developers (Hawes, Phillips, Rose, Holan, & Sherman, 2003; Kane & Wilson, 2007). Over time, assisted living accommodation has become an intermediate step between independent living and the residential care home that it was intended to replace (Spitzer et al., 2004; Wilson, 2007).

In contrast to assisted living and residential care, retirement villages provide a unique accommodation option for older adults who are considered independent, therefore, requiring little or no assistance from day to day. A retirement village is legally understood in New Zealand to be residential accommodation targeted to older adults that includes access to shared facilities and/or services (Retirement Villages Act, 2003). Typically, retirement villages provide facilities for organised social clubs and events for their residents (e.g., Grant, 2006; Hu, Xia, Skitmore, Buys, & Zuo, 2017). Although retirement villages are targeted to independent older adults, it is frequently the case that assisted living and residential care options are available on the same site, the idea being that residents may move from independent living through to residential care as their needs change (Jones Lang LaSalle, 2014). The retirement village phenomenon, in its current form, became popular after its initial development in the United States of America in the 1950s and 1960s (McHugh & Fletchall, 2009; McHugh & Larson-Keagy, 2005). An early and well known example is Sun City, a large-scale retirement village located in Arizona, U.S.A (McHugh & Larson-Keagy, 2005). The popularity of Sun City sparked commercial interest in the retirement village concept (McHugh & Larson-Keagy, 2005). Since then, corporate owned retirement villages have spread throughout the Western world, including New Zealand, due to their profitability as a corporate investment (Davidson, 2017; Gibson, 2017a, 2017b; Jones Lang LaSalle, 2017; McHugh & Larson-Keagy, 2005).

The retirement village phenomenon reflects the cultural context in which it developed. Lucas (2002) observed that retirement villages emulate the American, middle class suburban ideal. Many villages are visually similar to suburban communities, with fairly homogenous suburban style dwellings surrounded by picturesque gardens (Lucas, 2002). Retirement villages are also based around the idea of a suburban community (Lucas, 2002). Furthermore, it has been argued that retirement villages draw

heavily on successful aging narratives in their design and advertisement (Lucas, 2004). Advertisements have sold the idea that in order to pursue an active, healthy, socially connected 'lifestyle' an older adult must buy into a retirement village community (Lucas, 2004; Simpson & Cheney, 2007). Therefore, by purchasing retirement village accommodation, residents can purchase the active, socially engaged identity associated with this landscape (Laws, 1995; Lucas, 2004). Furthermore, McHugh and Larson-Keagy (2005) suggested that the popularity of retirement villages may have been in reaction to ageist narratives in Western society. For example, Sun City residents reported that they experienced social exclusion and discrimination in the wider community but not at the retirement village (McHugh & Larson-Keagy, 2005). The residents perceived that Sun City challenged ageist narratives that convey older adults having nothing to offer society (McHugh & Larson-Keagy, 2005). It has been further argued that retirement villages have developed within a social context where the younger generations are highly mobile and work focused (Goldhaber & Donaldson, 2012). Therefore, younger adults are less available to their older relatives (Goldhaber & Donaldson, 2012). Thus, retirement villages are embedded in a Western cultural context.

In recent decades, retirement villages have become well established in New Zealand. At the end of 2016, the New Zealand Retirement Village Database recorded approximately 380 retirement villages New Zealand wide, with the greatest proportion of units in the Auckland region (32%), followed by Canterbury and Wellington (12% each), and then the Bay of Plenty (11%) (Jones Lang Lasalle, 2017). The number of retirement villages has been growing, and existing villages are expanding to accommodate larger numbers of residents (Jones Lang Lasalle, 2017). Moreover, it has been widely assumed that as the proportion of older adults in New Zealand rises, increasing numbers of New Zealanders will enter retirement villages (e.g., Hawkes, 2017; Jones Lang Lasalle, 2017). If these predictions prove to be accurate, the retirement village environment will impact on an increasing number of New Zealanders in the future.

Despite this, there is little published research in a New Zealand context that has examined the experience of living in a retirement village. The studies that have been carried out provide some insight into the experience of living in a New Zealand

retirement village (Graham & Tuffin, 2004; Grant, 2004, 2007). For example, Grant (2004, 2007) has argued that retirement villages are supportive, socially connected environments, in which older adults benefit from the leisure lifestyle on offer. Furthermore, Graham and Tuffin (2004) argued that older adults experience retirement villages as a solution to loneliness. The older adults in this study described the retirement village community as more friendly and welcoming than the wider community, yet also respectful of their need for privacy (Graham & Tuffin, 2004). The participants also appreciated the sense of safety and security that they experienced at the village (Graham & Tuffin, 2004).

In regards to the international literature, some studies have described the reasons why older adults move to a retirement village (e.g., Crisp, Windsor, Anstey, & Butterworth, 2013; Groger & Kinney, 2007) and their experience of living there (e.g., Ayalon, 2018; Barnes et al., 2012; Bernard, Bartlam, Sim, & Biggs, 2007; Gardner, Browning, & Kendig, 2005; Pacione, 2012). It has been argued frequently that retirement villages offer older adults certain advantages over other forms of accommodation (e.g., Gardner, Browning, & Kendig, 2005; Goldhaber & Donaldson, 2012; Pacione, 2012; Streib, 2002). For example, a 'push-pull' framework has been suggested as a way of understanding the reasons why older adults move to retirement villages (Bäumker et al., 2012; Stimson & McCrea, 2004). Factors such as declines in health and mobility, social isolation, the cost of home maintenance, and a desire to plan ahead, may 'push' an older adult out of their previous home (Bekhet, Zauszniewski, & Nakhla, 2009; Kupke, 2001; Stimson & McCrea, 2004). Other factors may 'pull' an older adult to a retirement village, such as the security, community, location, and the availability of ongoing care (Bekhet et al., 2009; Kupke, 2001; Stimson & McCrea, 2004). Overall, the international literature suggests that retirement villages do offer some advantages over other housing options in the West. However, much of this research describing the experiences of retirement village residents fails to critically examine the social, cultural and political context in which these experiences are located.

The aim of this study is to explore how retirement village residents have made sense of their experience of living in a retirement village and to consider their experiences within the wider socio-political context. It is important to carry out this

research for several reasons. There is currently a paucity of research that explores the experiences of New Zealand retirement village residents. Yet, this experience is going to become more common as increasing numbers of New Zealanders enter retirement villages in the future. In 2016, it was estimated that there were approximately 36, 000 New Zealanders living in retirement villages (Jones Lang Lasalle, 2017) and the industry plans to expand in the future (Ryman Healthcare Limited, 2017; Metlifecare Limited, 2017; Summerset Group Holdings Limited, 2016). This indicates that further research is required that aims to understand how New Zealand retirement villages are experienced by their residents.

Furthermore, this study combines a micro and macro approach to analysis in a way that previous research has not. Amongst the international research there are some studies that have considered the cultural context of retirement villages (e.g., Lucas, 2004; McHugh, 2000). There are also studies that have explored the experiences of retirement village residents (e.g., Ayalon, 2018; Bernard et al., 2012; Graham & Tuffin, 2004; Grant, 2004, 2007). However, most studies do not make a strong connection between individual experience and the wider social, cultural and political context. Yet, individual experience and cultural context are thoroughly intertwined. Each one cannot be fully understood separate from the other. For example, the experiences of individuals cannot be understood separate from an understanding of the wider societal narratives, values, ideologies, inequalities, and practices that operate in society (Souto-Manning, 2014). Likewise, the influence of these societal narratives, values, ideologies, inequalities, and societal practices on everyday life cannot be understood without reference to specific examples of how these play out in the lives of individuals (Souto-Manning, 2014). Therefore, this research aims to combine a micro and macro approach, in order to better understand the experiences of retirement village residents as well as the wider socio-political context that has influenced their experiences. In doing so, this research sets out to address this significant gap in the literature.

CHAPTER 2: Theory and method

Epistemological and ontological stance:

The epistemological stance of any kind of research inevitably shapes the way analysis takes place (McGrath & Johnson, 2003). Social constructionism was chosen as the epistemological basis of this research because the theoretical assumptions upon which it is based were considered to be most appropriate to the research objective.

Research undertaken from a social constructionist epistemological stance focuses on how our understanding of the world is constructed and the consequences for individuals and society (Gergen, 2015). Social constructionism rests on the philosophical assumption that all knowledge as we know it is jointly constructed by people, from our subjective position as humans that have lived within a unique culture (Gergen, 1985). Therefore, all knowledge is subjective, unique to the social, political, historical context, and changes as the social context changes (Gergen, 1985; Gergen & Zielke, 2006). Moreover, social constructionism argues that multiple versions of reality are legitimate and that by changing the way we understand the world we have the power to alter individual experiences and to challenge existing power relationships (Burr, 2015). Therefore, social constructionism is an ideal epistemological stance from which to pursue this study's aim, because it assumes that the way individuals make sense of their personal experience is inextricably linked to the social world in which that individual lives.

This research takes the ontological stance that an objective reality may exist independent of the observer. However, human beings cannot separate our perception of the world from our own subjective standpoint and therefore cannot perceive reality objectively (Raskin, 2002). This is not to say that an objective reality does not exist apart from human perception, or that knowledge has no relationship to the physical world (Nightingale & Cromby, 2002). Rather, this research takes the stance that all knowledge is coloured by the social world of the humans that constructed it (Gergen, 1985; Gergen & Zielke, 2006).

Methodological approach:

The study objective was to explore the way that New Zealand retirement village residents made sense of their experience of living in a retirement village, whilst locating their experience in the wider social, cultural, political context. Therefore, the analysis focused on the personal narratives of New Zealand retirement village residents, who were interviewed about their experience of living in a retirement village.

Critical narrative analysis (CNA) was used as the methodological basis of this study. CNA is a methodology that is particularly relevant to examining the experiences of individuals, whilst locating these personal experiences in the wider socio-political environment (Souto-Manning, 2014). CNA combines two well-established approaches in qualitative research, that of narrative analysis and critical discourse analysis (Souto-Manning, 2014). Previous research has argued that old age is conceptualised in ways that are destructive for aging individuals (Gullette, 2004, 2011; Thornton, 2002) and that the retirement village phenomenon is deeply embedded in cultural values, beliefs and norms (Lucas, 2002, 2004; McHugh & Larson-Keagy, 2005; Simpson & Cheney, 2007). Thus, CNA is an ideal approach for this study's aim, because combining a narrative analysis and critical discourse analysis approach, allows for consideration of how personal meaning is located in the broader cultural context.

This research was based upon a narrative theoretical approach that argues humans are natural storytellers, who use narrative as a way of making sense of the world (Emerson & Frosh, 2004; Mischler, 1995; Reissman, 1993). In keeping with a narrative analytical approach, this study explored how the participants made sense of their experiences at the retirement village through systematic analysis of the personal narratives that they told. How personal narrative is defined varies greatly across studies (Mischler, 1995; Reissman, 1993; Willig, 2013). This study chose to define personal narrative very broadly. Previous research has suggested that the way researchers conceptualise narrative is heavily influenced by their cultural background, which may lead them to overlook less 'obvious' narratives when they define narrative rigidly, based on preconceived expectations. For example, Reissman (1987) reported that Western, white, middle-class interviewers expect narratives to be organised temporally and so

may overlook those narratives that are organised episodically. De Medeiros (2016) has argued that those 'small' narratives, that are not temporally ordered or fully developed, may be easily ignored when focusing on those 'big' narratives that fit generally accepted notions of what narrative is. Narrow definitions of narrative imply there is a 'correct' definition of narrative, yet these definitions are arguably socially constructed phenomena themselves. Narrow definitions of personal narrative functions to limit the data that researchers work with unnecessarily and these omissions may change the results in unexpected ways. Therefore, this study has chosen to use De Medeiros' broad definition of personal narrative: "a telling of some aspect of self through ordered symbols" (De Medeiros, 2016, p. 65). Sometimes, the talk of the participants did not fall under this study's definition of 'personal narrative'. In this instance, the researcher still chose to examine how meaning was constructed in their talk, rather than unnecessarily limit the data.

In keeping with a critical narrative approach (Souto-Manning, 2014), this study was premised on the assumption that how an individual makes sense of the world is embedded within shared societal narratives (De Medeiros, 2016; Luke, 1995; Phoenix, Smith, & Sparkes, 2010). For the purposes of this research, a societal narrative is how a phenomenon (e.g. an object, subject, or concept) is collectively understood by groups of people in a given society. This study determined whether a narrative was a 'societal narrative' based on whether the participants' understanding of a phenomenon had been frequently described elsewhere. Furthermore, the researcher used her subjective stance, as a member of New Zealand society, to ascertain whether this was a narrative that she recognised. For example, 'decline in old age' was identified as a societal narrative in this study because previous research has argued that old age is widely understood to be a time of physical and mental decline (e.g., Gullette, 2004, 2011) and the researcher immediately recognised this well-known narrative. Consequently, this study analysed how societal narratives had shaped the way participants made sense of their experiences at the retirement village. Furthermore, attention was given to the wider social consequences of these societal narratives. Therefore, the researcher's analytical interpretation challenged some existing ways of viewing the world and

considered alternative narratives that may better promote the interests of older New Zealanders.

This study also makes reference to values and ideologies. For the purposes of this research, by values I refer to standards of behaviour or personal attributes that are widely considered virtuous in society. By ideologies I refer to a comprehensive set of political or economic beliefs that are widely influential in society. The influence of cultural values and ideologies were evident within the participant narratives, the societal narratives that participants drew on, and in the general talk between the participant and the interviewer.

The present study further drew on principles and practices from critical discourse analysis (CDA) (Phillips & Hardy, 2002; Willig, 2013). Accordingly, this study assumed that language does more than merely describe, it is also a vehicle through which social action and interaction occurs (Burr, 2015; Parker, 2005; Potter, 2003). An example of the performative nature of language can be illustrated by Dodds and Chamberlain's (2017) study. They argued that when scientists, such as nutritionists, draw on scientific studies to support their opinion this functions to legitimise their opinion as 'true' and 'correct' (Dodds & Chamberlain, 2017). Furthermore, the present study assumed that language is embedded in wider power relations. Therefore, language may function to maintain the status quo, to oppress, or may be used to resist (Parker, 2005). Wetherell and Potter's (1992) work provides an example of the relation between language and power. They argued that the way that their participants constructed Māori served to legitimise the oppression and disenfranchisement of Māori in New Zealand (Wetherell & Potter, 1992). This research considered how the participants' talk reflected wider power relations that are created by dominant societal narratives in New Zealand.

In keeping with a critical discourse approach, this study also analysed subject positions that were constructed during the interaction between participant and interviewer. Societal narratives describe categories of subjects, thereby constructing a range of possible subject positions that may be taken up in social interactions (Luke, 1995; Rawlings, 2016; Törrönen, 2001). Furthermore, the social consequences of these subject positions were discussed in the findings. An example of how subject positions

operate is illustrated by Rawlings (2016) work which described how high school students positioned themselves as 'just joking'. She observed that this subject position was used to portray their bullying and harassment as innocuous, whilst shutting down opportunities for the victim to resist (Rawlings, 2016).

Additionally, this research was premised upon the idea that individual experience cannot be fully understood without also understanding the wider social, political, economic and physical environment in which the experience has taken place, and vice versa (Souto-Manning, 2014). Consequently, this research locates the participants' narratives within the socio-political context in which their experiences have taken place. More specifically, this involved examining societal practices in New Zealand and their relation to the participant narratives. By societal practices I refer to the ways that society currently organises itself. For example, typical housing and urban design choices in New Zealand are societal practices that are discussed in the findings. The participants' narratives, focused on their experiences, were explicitly linked to current societal practices in New Zealand. For example, the participants described old age as a time when people lose their ability to get out and socialise, thereby becoming isolated. Yet, this experience is located within a society where driving a car is necessary to get out and socialise. Therefore, this research made the connection between individual experience and the wider environment in which the experience took place.

Data collection:

The data set was comprised of audio recordings and written transcripts from multiple, semi-structured, individual interviews with fourteen retirement village residents, from one retirement village in Auckland, New Zealand. By choosing one retirement village, this allowed the researcher to examine how one village was experienced differently or similarly across the participant group. A retirement village in the Auckland region was chosen, because the Auckland region has the highest proportion of retirement villages by far at 32%. Therefore, the Auckland context is particularly relevant to understanding the experience of living in a village in New Zealand. The retirement village in this study was comprised of apartment style dwellings and stand-alone villas. Like other retirement villages in New Zealand, this village offered

shared spaces in which to socialise or pursue hobbies, which were located in the main building complex. There was no residential care facility onsite.

The study used snow-ball sampling to gather fourteen participants. The researcher had initially intended to approach residents in a different manner than what actually took place. The researcher intended to place a notice in the retirement village weekly newsletter about the research, and to deliver a talk on the research to residents in one of the shared rooms at the village, to inform potential participants about the research. However, on a visit to the village the researcher was approached by two residents in person at the village café and this led to a discussion about the intended research. These two residents offered to participate and then introduced the researcher to other residents who were passing by the café, seven of whom volunteered to participate. One of this initial group of nine participants, approached four of her acquaintances whom she thought would be interested in participation. Consequently, another four participants were recruited for the study. The final participant joined the study unexpectedly. Whilst interviewing one of the thirteen participants in their home, at the third interview, their spouse became interested in the conversation and joined in. This final participant gave permission for her contribution to this interview to be analysed, alongside that of her spouse. Overall, the participants were acquainted with each other and were involved enough in the village community to have met other residents.

A relatively small number of participants, fourteen in total, volunteered to participate in this study. The research was exploratory in nature and consequently prioritised spending a significant amount of time to better understand the way that each participant had given meaning to their experience, rather than spending less time with each individual but with a larger number of participants. All participants were of Pākehā ethnicity, ages ranged from 73 to 91 years old, four were men and nine were women. All of the participants lived independently in one of the two independent living accommodation options available; six lived in a villa and eight lived in an apartment.

Participants were interviewed individually, or when relevant to their situation, they were interviewed as a couple. The decision to interview participants individually was made for two key reasons; to protect participant confidentiality and to encourage

the open discussion of private opinions, free from the pressures of a group situation. The study also included three married couples. Two of these couples were always interviewed together. In regards to the third couple, the wife asked to be involved in the interviews after several interviews had already taken place with her husband. In this instance the husband was interviewed alone for the first two interviews and then husband and wife were interviewed together in the third interview. The remaining eight participants were interviewed alone. The location of each interview was chosen by each participant (with the exception of the walking interview, as explained below). Twelve participants were interviewed in their own home. The remaining two were interviewed in the village café, at a time of day when few residents were about.

In most cases, the interview process involved three interviews with each participant or couple. The decision to carry out multiple interviews was made for three key reasons. First, it allowed for greater rapport to develop between researcher and participants than would be the case with a single interview, facilitating a more open discussion of the individual's personal experiences. Second, multiple interviews allowed for more time to be spent discussing these experiences and opinions and allowed the interviewer to return with questions after listening to the recordings. Third, it allowed for the interviews to be more participant-led because the interviewer was able to adapt the interview questions to the topics that participants raised themselves. When a participant raised a topic that the interviewer had not thought of, the interviewer could ask other participants about that same topic in subsequent interviews.

Each of the three, semi-structured interviews primarily focused on a different topic, relating to different aspects of the participants' experience of living at the village. The researcher provided some structure to each interview by prompting participants with questions on the same topics, although delivery was not identical. Broadly speaking, the first interview focused on their decision to move to the village and the process of moving, the second interview focused on their current lives at the village, and the third interview focused on their experience of the physical environment at the village. Although most participants took part in three, one hour interviews, four participants (two individuals and one couple) requested to take part in two interviews

instead of three. In this instance, the two interviews covered the same topics and were still approximately three hours long in total.

The first interview focused on the participant's decision to move to the village and the process of moving. The participants discussed topics such as; their reasons for moving to a retirement village, the events that triggered or led up to their move, the process of looking for village, their initial impressions, the process of selling their previous house and moving, their first few days, weeks or months of living there, and their adjustment to a new home.

Subsequent to the first interview the participant filled out a time-use diary for a week (see appendix C). In this diary they recorded their daily activities, who they spent time with, and where they went, for one week. The diary was used in addition to the semi-structured interview questions in the second interview, in order to prompt discussion around the participants' current lives at the village. The researcher asked the participants to tell the researcher about their entries and expand on what they had noted. The diary entries prompted the participants to recall detailed information from their past week, thereby facilitating a thorough exploration of their current lives at the village. The diary itself was not analysed. The second interview covered topics such as; the advantages and disadvantages of living in a village, how they spent their time each week, the social and leisure activities they took part in, volunteer work inside and outside the village, social dynamics at the village, their opinion of the financial arrangement, times spent with friends and family, their experience of the facilities and services, and their impressions of staff and management.

The third interview focused on the participant's physical environment at the village. The researcher initially intended that this would involve taking a walk around the participant's home and the village facilities whilst conversing. Walking through spaces of interest during an interview can prompt associated thoughts and memories, therefore, providing greater insight into the participant's experiences (Brown & Durrheim, 2009; Carpiano, 2009; De Leon & Cohen, 2005). However, walking through the village was not particularly helpful in facilitating discussion. The participants' talk appeared to become more restricted, often focusing on impersonal topics of

conversation. The retirement village grounds is a shared space and so walking around the village may have made the conversation less private, therefore shutting down discussion around personal or sensitive topics. In addition to this difficulty, there was poor weather during the weeks in which these last interviews were conducted. Consequently, many participants preferred to walk within the main building or not to walk at all. Only six participants actually took part in the walking interview. For these six participants, the walk only took up part of the interview and the remainder was spent conversing in the participants' homes. The third interview covered topics such as; the design of their home, downsizing of possessions, their impression of the shared spaces and grounds. Most importantly, the third interview provided the opportunity to further discuss topics that were raised in previous interviews. Consequently, the participants' disclosed a number of personal experiences in the third interviews that provided interesting insights into their experiences. Overall, the data gained during the third interviews still proved to be useful.

The interviews were conducted in a flexible manner that was open to the introduction of new topics by the participants themselves (Kvale, 2007). Flexibility was considered very important because the study aimed to explore how the participants themselves made meaning, rather than to confirm any pre-existing perspective of the researcher (Kvale, 2007). Therefore, the researcher used open-ended questions and followed the conversation where the participant took it, except in instances where there was clearly no relevance to the topic under study. The conversational style of the interview facilitated an open, participant-led discussion by keeping the interview relaxed, informal and conversation-like.

Ethical considerations:

This research involved a number of ethical considerations, in regards to; obtaining consent to enter the retirement village, informed participant consent, culturally safe practices, potential for harm, participant confidentiality, and data storage. The way that each ethical issue was approached is discussed in turn.

Obtaining consent to enter a retirement village was an ethical consideration because the premises is a privately owned space. Consequently, the researcher could

not enter the premises without permission from the manager or upon invitation from a resident. The researcher sought and obtained permission from village manager to enter and recruit participants. There is no legal requirement to gain the permission of the retirement village to interview independent residents. However, it was desirable to have the cooperation of the village management for carrying out the research. Therefore before approaching village residents the researcher met with the manager and obtained their consent to approach residents. The retirement village in this study was the second village that the researcher approached. The management of the first village declined permission to approach residents.

Before interviews commenced, the participants were fully informed about the research and their rights as participants. Those residents that expressed interest in participation were given an information sheet that explained the nature of the research and pre-empted questions about confidentiality, data storage and participant rights (see appendix A). Furthermore, the interviewer discussed each of these issues with every participant at the outset of the first interview and answered any questions that they had. The interviewer explained that the participant had the right to withdraw from the study at any point in time and that they could request for their data to be removed from the study at any time before analysis began. At this point, the participants signed a consent form (see appendix B).

Action was taken to ensure culturally safe practice before participant recruitment began. The researcher sought guidance from a kaumātua, Nephi Skipwith, at the School of Psychology, Massey University. Nephi Skipwith agreed to be available to consult with on cultural issues in the instance that there were Māori residents at the village that expressed an interest in participating. No Māori participants volunteered to take part in the study and so cultural guidance was not required.

Throughout the research process the welfare of the participants was considered to be of paramount importance. Therefore, the interviews were carried out in a manner that was sensitive to the potential for harm to the participants. The interviews did not cause any of the participants to become distressed. Participants commented that they had enjoyed talking with the researcher about their experiences at the village.

Confidentiality was an important ethical issue considered in the research. During analysis, the participants' identities were protected through the deletion and alteration of any identifying details. The participants were each assigned a pseudonym that accompanies any extracts used from their interviews. These pseudonyms are presented in Table 1 (p. 28) alongside the participants' approximate ages. This study does not link the participant pseudonyms to any other identifying details, in an effort to protect their identities. This was particularly important because each participant was an acquaintance or friend of at least one other participant in the study. Therefore, if pseudonyms were to be presented alongside many identifying details, this could allow participants to identify each other. This has the potential to be harmful because the analysis includes narrative excerpts where participants described highly personal and distressing experiences. Furthermore, the participant narratives suggested that the retirement village was a close knit community in which residents sometimes gossiped about each other. Within this context, a breach of confidentiality could be particularly harmful. Other identifying details, such as names of other people and locations, were also deleted. The identity of the village and owner-operators was similarly protected through the deletion of names and locations. The description of the village was limited to that which was particularly relevant to the analysis. This was considered important because this study examines some of the problems that participants experienced at the village. This retirement village is run as a business and this analysis could potentially be harmful to the business image of the village if confidentiality was breached.

It is unlikely yet theoretically possible that some of the participants could identify each other because of the snow-ball sampling used to gather participants. However, participants were made aware of this possibility before they agreed to participate. Furthermore, throughout the interviews it was emphasised to the participants that they could ask for any comments or details to be excluded from the data set. Consequently, some sections of interview have been excluded from the data set upon request. For example, one participant described a conflict with another resident and subsequently requested for this to be removed from the data. Furthermore, the researcher took care to not use quotes that were particularly derogatory to others in the village, to avoid harm to the participant in the instance that their identity was uncovered by other

residents. For example, this involved using alternative quotes or deleting a potentially problematic sentence from a quote. Therefore, particularly sensitive details have been removed from the data to protect the participants in the instance that they were identifiable to each other. These deletions did not affect the overall analysis.

The data has been stored in a manner that is secure and respectful of the participants. Consent forms, digital audio records and transcripts were stored securely and separately. Only those directly involved in the research had access to the raw data, in order to protect the identity of the participants. These people were the researcher, research supervisor Kerry Chamberlain, co-supervisor Angela McNaught, and a professional transcriber. The transcriber only temporarily had access to the audio files whilst undertaking transcription. All parties agreed to strictly maintain the confidentiality of the participants. The audio files and digital transcripts have been stored in separate password protected files on the researcher's computer. The data will be kept for five years by the researcher, who will be responsible for its safe keeping and eventual disposal. The consent forms have been stored in a separate and secure place at the researcher's house.

Data analysis:

The interviews were recorded with a dictaphone and then transcribed verbatim. Transcription included all dialogue of both the interviewer and the participants, in recognition that narratives are co-constructed in conversation (Emerson & Frosh, 2004). Filler words, such as 'um' and multiple repetitions, were included in some early transcripts but they did not appear to change how the researcher interpreted the intended meaning of the words. Yet, the researcher perceived that they frequently interfered with the flow of meaning, making the transcript more difficult to read and therefore analyse. Consequently, filler words were excluded except when they were considered important to the interpretation of meaning.

The analysis involved listening and re-listening to recorded interviews, reading and re-reading interview transcripts, engagement with relevant literature, coding data into personal narratives and thematic categories, asking questions of the data, producing ideas based on a critical narrative analysis approach, searching for cases in the data that

might disconfirm researcher ideas, and organising the researcher's ideas into an overall argument. The analytical process involved rigorously going back and forth between data and analytic work, and subjecting the findings to repeated questioning. This process produced a coherent interpretation that was grounded in and evidenced by the data.

The interviews were coded in two different ways throughout analysis; personal narratives and thematic categories. First, personal narratives that focused on a discrete event or experience were frequently told in segments, across several interviews with one participant. Thus, these narrative segments drawn from the interviews of one participant were grouped together so that the personal narratives could be analysed. Analytical attention was given to the way meaning was constructed within these personal narratives. Second, patterns of meaning were identified across the data set and these were coded into thematic categories. These thematic categories were analysed for their similarities and differences in the way that participants constructed phenomena, or positioned themselves and others.

These thematic categories and personal narratives were interrelated. The analysis of the thematic categories informed the analysis of the personal narratives and vice versa. For example, the thematic category 'old age' grouped together sections where the participants had made sense of old age. The way that the participants made sense of 'old age' was connected to how they made sense of their experiences at the retirement village. Therefore, the participants' personal narratives about 'moving to the retirement village' drew on the meaning constructed in the thematic category 'old age'. This also worked in the reverse, so that the personal narratives informed which thematic categories were coded. For example, the participant narratives constructed the retirement village as a solution to old age. Consequently, each solution that they described was identified as a thematic category for further analysis. These thematic categories were; 'community', 'security', 'design', 'medical care', and 'staff and services'. These thematic categories were analysed in order to understand in detail how the participants constructed each of these solutions.

The similarities across the way participants made sense of their experiences largely informed the way that the data was interpreted. However, the differences in the

way they made sense of these experiences were also important. When alternative ways of making sense were identified in the participant narratives this was attended to by asking two key questions: First, does this difference in the data change the overall interpretation? Second, what does this difference reveal in regards to how the participants made sense of their experiences? Overall, differences in the data did not alter the interpretation of the data. Rather, differences in the data provided additional insight into how the village was experienced. For example, Anna's narrative (p. 111) constructed an alternative way of perceiving the village. This narrative is key to understanding the potentially problematic nature of the village.

Much of the analysis involved asking questions of the data, drawing on practices from a critical narrative approach. These questions were:

1. How do participants give meaning to their experience of moving to and living in a retirement village in their personal narratives?
2. How do participants construct the objects, subjects and concepts that they describe in their personal narratives?
3. Are the ways that participants construct phenomena widely recognisable, and therefore do they reference societal narratives?
4. What unspoken assumptions are key to understanding the participant narratives and what does this reveal?
5. How do the interviewer's questions, comments, or general presence co-construct the narratives that are constructed in the interview?
6. How does the participant position themselves in the conversation, or how are they positioned by the interviewer, or how do both jointly position the participant in the context of the conversation?
7. How do the subject positions that are taken up relate back to societal narratives?
8. When societal narratives about a phenomenon are identified, what are alternative ways of constructing this phenomenon, and how might alternate interpretations of reality differ in their social consequences?
9. Are cultural values or ideologies recognisable in the personal narratives that the participants tell or the societal narratives that they draw on? How have these

values or ideologies shaped the way the participants made sense of their experience (or a phenomena, subject, object, or concept)?

The analysis involved on-going consideration of how best to represent the findings. For example, there was deliberation over whether to present the analysis using extended participant narratives, or using smaller narrative excerpts that exemplified each analytical idea. The analysis predominantly makes use of smaller excerpts because this allowed for each analytical idea to be discussed in depth. A few longer narrative excerpts are used to demonstrate how these ideas came together in individual participant narratives. Furthermore, there was thought given to how many chapters and sections were required to present the analytical interpretation in a coherent, logically progressing manner. After working through several different options, it was decided that the findings would be best presented by discussing them in two separate chapters, each focused on a different societal narrative. The first, 'Chapter 3: Ageist narratives' focuses on the societal narrative of decline and loss in old age. Within this chapter, three sections present: how the participants made sense of old age; how they resisted the societal narrative of decline and loss; and discussion of these findings in relation to the cultural context. The second, 'Chapter 4: Solutions, fractures, and the socio-political context' focuses on the societal narrative that depicts retirement villages as a solution to decline and loss. Within this chapter, there are also three sections that cover: the participants' constructions of the village as a solution to decline and loss; how this solution narrative is fractured in their discussion of problems with the village; followed by a discussion of these findings in terms of the socio-political context in which the retirement village solution exists. The findings were organised so that chapter 4 builds upon and extends the ideas discussed in chapter 3. Furthermore, each section within each chapter builds upon and extends what was discussed in the previous section(s). Therefore, the findings were organised to ensure that the presentation of ideas progressed in a logical, coherent manner. In each section, the analytical interpretation is provided alongside quotations from the data to maintain transparency and to allow for independent assessment of the research claims. A selection of relevant quotations are included in the findings so as to maintain conciseness and readability. The quotations are labelled with a letter and a number, with the letter referencing the chapter they are

in (“A” for Chapter 3 and “B” for Chapter 4) and the number referencing the order in which it is cited in that section (e.g., “A1”, “A2”, and so on). The participant pseudonyms and their approximate age at the time of the interviews are presented in the table below:

Table 1: List of participant pseudonyms and ages

Pseudonym	Approximate age
Alison	Unknown
Anna	Early 70s
Caroline	Early 80s
Charlie	Early 80s
David	Early 80s
Doris	Early 90s
Edith	Early 90s
Graham	Early 80s
Henry	Late 80s
Lewis	Late 70s
Nancy	Mid 70s
Rebecca	Late 70s
Rose	Mid 80s
Violet	Late 70s

Validity, reliability and objectivity are concepts that were developed within an empiricist paradigm (Potter, 2003). These ways of assessing the legitimacy of research work do not easily translate to qualitative, social constructionist work (Potter, 2003). From a social constructionist perspective, subjectivity is vital in the interpretation of social phenomena (Raskin, 2002). It is only by being embedded in shared cultural assumptions and ways of understanding that a researcher can interpret interview data in the first place (Raskin, 2002). Furthermore, all knowledge is subjective because it is actively made by people (Gergen, 1985). However, although social constructionism assumes that there is more than one way of constructing meaning, this does not mean that there are limitless ways of interpreting the data (Gergen, 1985). There is a limit to the number of interpretations that are possible because human meaning is dependent on shared understandings in the community (Gergen, 1985). Interpretations are therefore dependent on normative rules and should make sense to others reading the same data (Potter, 2003). In order to demonstrate the legitimacy of the researcher’s interpretation, this research seeks to make methodological and analytical choices

transparent, so that they can be assessed for their legitimacy by others. Transparency was achieved by providing a description of and justification for the analytical approach used, providing quotations from the data, and outlining the subjective perspective of the researcher. Overall, the researcher used a rigorous analytical approach. Consequently, the findings represent a coherent interpretation of the participants' narratives that is based upon meticulous analytical work and that is grounded in the data.

Researcher perspective:

It is important to make the subjective position of the researcher explicit so that this can be considered alongside the analytical interpretation of the data. Therefore, I will also discuss the subjective stance from which I approached this research. My initial interest in this research was sparked by my own family experiences that meant I began to contemplate how older adults are commonly perceived and treated in our society. Both of my grandmothers lived for a time in residential care and each was unhappy in different ways. My father's mother was hoping to recover her mobility so that she could 'escape' the rest home and return to her own home but instead passed away. My mother's mother became so unhappy that she mentally and physically deteriorated to the extent that she stopped eating. Yet, when a relative took her to live with them she improved emotionally, mentally and physically. These experiences meant that I began to question whether it is older adults themselves who should 'adapt' to their social environment, or rather whether it is the social environment itself that should be examined further. However, I also have family members that have worked with older adults in residential care that have remarked to me on the effort that carers and nurses put into their work. Therefore, the negative experiences of my grandparents were tempered by a recognition that many of those who work in residential care facilities are caring and hardworking individuals. Whilst I have sought to be self-reflexive throughout this research project, my interpretation of the data and overall argument has inevitably been shaped by values that I hold, such as equality and autonomy. Although my initial interest was in studying residential care homes, ethical and practical considerations meant that retirement village residents were more accessible participants.

In some ways, I was situated in the culture that I studied. I am a white, middle class, and female New Zealander. Many of the values that have been associated with Western culture, such as independence, consumerism, protestant work ethic, are values that I recognise from my own social world. This subjective understanding has helped me to understand and interpret the narratives of the participants and meant that some assumptions were left unspoken in the interviews. However, old age is a subculture within the culture that I live in. I was not a part of this subculture because I undertook this research in my mid-late twenties. Furthermore, I only had experienced close relationships with a few older adults, namely three grandparents and one family friend. Therefore, for me 'old age' is akin to a foreign culture. I was very aware that I do not have any first-hand insight into those experiences unique to old age. In some respects this could be an advantage because by being outside the experience of old-age some taken-for-granted ideas may appear less natural and obvious, therefore allowing for critical discussion of these ideas. However, this also had the potential to be a disadvantage because it meant that I might misinterpret or misunderstand issues that I have not been personally affected by. For this reason, I approached this study as explorative research. I sought to keep the topics broad enough and the interviews comprehensive enough that I might come to understand those issues that the participants themselves thought were important.

The interview data was co-constructed and therefore my own behaviour in the interviews is relevant to their interpretation. I approached the interviews with a desire to understand that which I did not understand and with an awareness that I might not immediately recognise that which was most important. Consequently, I almost always followed the participants' conversation where it went, gave verbal and non-verbal encouragement to continue speaking, and only asked further questions when they appeared to have finished speaking on that topic. To some extent, my behaviour was influenced by an awareness of their age. Most of my interactions with others more than ten years older than myself, outside of family and family friends, have been power relationships where I was in a subordinate position (e.g. school, university and work). These experiences may have made my behaviour towards the participants more polite and reserved than I would be when with those of a similar age to myself, or younger

than myself. Overall, whilst my behaviour was coloured to some extent by an awareness of our age differences, I approached the interviews from the assumption that the participants were highly capable individuals with a greater experience of life than myself. This is important to note because of the way that participants resisted 'loss narratives', as described in chapter three. My behaviour throughout the interviews was friendly and respectful in a way that facilitated participant discussion.

CHAPTER 3: Ageist narratives

This chapter is divided into three sections, entitled: 'narratives of decline and loss in old age', 'resisting narratives of decline and loss in old age', and 'critiquing narratives of decline and loss in old age'. The first section focuses on how the participants made sense of the aging process and old age. The participants described old age as a distinct life stage that is characterised by decline and loss, thereby problematizing old age. The second section demonstrates how participants resisted the application of these narratives to themselves. Instead, they aligned themselves with a third age (young-old) subject position. This allowed them to align themselves with successful aging narratives and distance themselves from narratives of decline and loss. The third section critically examines the social consequences of loss narratives for older adults and considers alternative old age narratives.

Narratives of decline and loss in old age

The interviews focused on the participants' decisions to move into a retirement village and their subsequent experience of living there. The interviewer did not enquire how the participants' experienced or made sense of old age. Yet, within the participant narratives were repeated references to old age and aging. The participants primarily constructed old age as a time of decline and interrelated losses that progressively build upon each other. These various narratives will be referenced altogether as 'loss narratives'. Many of these loss narratives have been previously described by other researchers who have commented on Western cultural narratives (e.g. De Medeiros, 2016; Thornton, 2002). This suggests that when the participants referred to old age, they drew on wider societal understandings of what it means to be old.

The participants conveyed that life can be categorised into distinct stages. This way of understanding the lifespan suggests that those of a similar age group have similar characteristics and experiences that distinguish them from earlier or later age groups. Hagestad and Uhlenberg (2005) have suggested that modern day, Western society is socially, spatially and culturally organised around the concept of differentiated life stages. The participants made sense of their own experience by relating it back to the idea that they were in a distinct life stage – that of old age - where certain behaviours

and experiences are typical. They constructed old age as distinct from earlier times in life. Furthermore, they conveyed that old age was comprised of two stages, that of the younger-old and the older-old. These categories appeared to reference the concepts of the third age and fourth age respectively, as they are frequently described in the literature (e.g., Baltes & Smith, 2003). Whereas the third age may be conceptualised as an extension of middle years, during which the older adult is retired yet highly functional and actively engaged with social and productive activities, the fourth age may be conceptualised as a time of illness and functional decline (Baltes & Smith, 2003; Laslett, 1987; Radtke, Young, & Van Mens-Verhulst, 2016). Mostly, the participants positioned themselves as being in the third age (younger old). Thus, they positioned themselves as 'old' but still capable and actively engaged in life.

In the examples below, both Rebecca and Doris make sense of living in the retirement village by referring back to their current 'life stage' (for example, see excerpts labelled A1, A3). They suggested that it is common for the younger-old to live in retirement villages and for the older-old to live in residential care (A2, A3). Therefore, they constructed an association between different life stages and emplacement in specific physical environments.

A1

This is the next stage of our life.

(Rebecca, int. 1, p. 11)

A2

My neighbour next door, she's moved out now and she's in a rest home, that's her next stage.

(Rebecca, int. 1, p. 14)

A3

It's like the last station, if your life's different stations, this is almost the last. A rest home is the next station.

(Doris, int. 1, p. 4)

Participants constructed old age as a time of progressive physical and mental decline. Consequently, they described older adults in general as less physically able (A4) and more prone to illness (A5) than younger people. These findings support previous research that identified decline in old age as a dominant societal narrative in Western society (Gullette, 2004, 2011).

A4

I think what happens is the usual thing as you get older, physically you become less able to do the things you used to do. You can't play sport all over the show and you can't tramp or walk as much or get around as easily.

(Lewis, int. 2, p. 6)

A5

Another thing was that as you get older you've got to expect your body parts to wear out, and you know that your health will deteriorate.

(Doris, int. 1, p. 1)

Participants detailed a range of ways that older adults may mentally decline (A6-A8). In the examples below, Henry constructs older adults as more forgetful and less open to change than younger adults (A6). He places the blame for forgetting the appointment he made with the interviewer on deteriorating memory in old age. Nancy constructs older adults in general as resistant to change, implying mental rigidity in old age (A7). In A8, David draws on a well-known proverb to make a joke about himself, yet he adds on the phrase "as you get older". In doing so, he associates old age with a "small mind", or in other words reduced mental capacity (A8).

A6

I guess now we're all set in our ways and we do our little funny things, and we forget things. I know I forget things. I forgot to look at my diary this morning. I was watching the America's Cup.

(Henry, int. 3, p. 11)

A7

Nobody liked the new carpet when they were putting it down, but I haven't heard anybody complain since. I think it's when you get to a certain age, change is a bit hard to take. It doesn't worry me but there are people who don't like change. They like their life to just go along nice and steadily without any problems or changes.

(Nancy, int. 2, p. 6)

A8

Small thing amuse small minds I suppose, as you get older.

(David, int. 2, p. 5)

Participants described being able to do less as they aged, associating old age with declining energy, mobility and capability. For example, Rebecca and Graham describe having less energy in old age (A9). Lewis associates getting older with being slower, less able to get around, and less able to do the things that he used to (A10). Doris connects old age with becoming a less competent driver, thereby constructing old age as a time of reduced competency (A11).

A9

Rebecca: I think it's a matter of really beginning to know, you think you can go on forever, but I was beginning to find my energy level was being reduced. I just couldn't keep up doing the things, keeping the house. I'd get tired. If I was busy

one day I'd need a day to recover, as it were, so I knew that my energy level was running out and that I needed to really consider it.

Graham: Not running out but reducing.

(Rebecca and Graham, int. 1, p. 11)

A10

I guess in the days gone by when our kids were at the stage of going to netball and football and Girl Guides and Scouts and all those sorts of things, we were heavily involved in the community and heavily involved in our jobs. But as we've got older and bit slower and less able to get around, our interests, although they're there, our ability to get out and do things has been reduced considerably and that's just old age. It happens to us all, even to you in time!

(Lewis, int. 2, p. 4-5)

A11

Doris: There's a time, you don't know when you should give up driving too, but there is a time when you should because of safety to other people.

Interviewer: There's plenty of young people that are dangerous drivers.

Doris: I think we can be a bit of a menace. My husband, this morning when we were coming home he drove over the white lines to turn round a corner.

(Doris, int. 2, p. 19)

Building upon the idea that older adults progressively lose their ability to do things that they used to do, the participants portrayed old age as a time when people lead less busy lives (A12). They particularly made an association between the fourth age (older-old) and doing very little (A13, A14). In the examples below, Henry suggests that older-old people reach a point where they don't want to take part in hobbies and social activities anymore and become more inward-looking (A13). Nancy distinguishes between the younger and older residents, saying that the younger residents are more

likely to join in with village clubs and activities (A14). Therefore, the participants particularly constructed the fourth age, the older-old, as a time when people engage in very little social or productive activity. Those in the third age (younger-old) were constructed as relatively more engaged in social and productive occupation. Western society has been argued to place great value on remaining 'busy' even in the absence of paid work (Ekerdt, 1986; Katz, 2000). Within this ideological context, this portrayed loss of 'busyness' functions to devalue the day to day lives of fourth age (older-old) individuals.

A12

I think most of the people, if not all of the people here, had busy lives doing whatever in professions or businesses and now they're at a stage where they're just slowing down and at the end of their lives and just taking things more quietly.

(Lewis, int. 2, p. 15)

A13

You get to the stage where you don't want to play bowls, you don't want to go to the dinners and dance because you're too old and you see it happening – people going into themselves, especially people that haven't been here long. They don't know a great number of people because they're coming in too old. You've got to come in here in your mid to late seventies I think to get the best out of the village.

(Henry, int. 2, p. 14)

A14

There are also quite a number of people that have come in recently who are probably in their late sixties, which is quite good because they're willing to do all these things. Every now and again our clubs were going down. The bowling club had lost a lot of members, and the walking group had, and even the housie, because people had just left or departed or just were too ill and too old to do

them. This, apparently, is like a cycle, you get a lot of new ones come in of a reasonable age and then later on there's all the elderly people and then it cycles round.

(Nancy, int. 1, p. 11)

Participants sometimes went further and conflated doing less with negative qualities and behaviours. First, they conflated doing less with having a less interesting life in comparison with younger, busier people. For example, in A15 Doris constructs older people as essentially not having a life. She contrasts this with the younger people in her life, who she describes as “busy”. She conveys that older people are extremely dull for younger people to spend time with.

A15

We don't see as much of our family as we would like to see them. They're very busy and we talk on the phone but they don't come and see as us as much as I think they should come! My daughter, she's been [names her daughter's profession], she said the other day, "I feel guilty that we don't come and see you more." I said to her, "Yes, but we've got each other and can get out together. Worry about us when there's only one of us but at present we're alright." I want them to live their lives, I don't want them to be tied down to old people. I remember going to see my old father and I used to get bored to tears. Every week I would go and see him and I'd get bored to tears for an hour. I often think you forget, when you're getting old you don't have a life, really.

(Doris, int. 2, p. 8-9)

Second, they constructed an association between doing less in old age with petty behaviour. They conveyed that because older people do less, they can become bored and consequently may behave in a petty, somewhat unpleasant manner. For example, in A16 Caroline and David suggest that many older people gossip because they lead boring lives. In A17 Doris associates old age with leading a narrow life and subsequent petty behaviour. She contrasts this with the lives of young people, making the

assumption that because the interviewer is young they have access to a wider range of experiences and so will have “more of an open opinion of things” than older people as a result. Descriptions of older adults as boring and petty, along with descriptions of forgetfulness, dislike of change, and a reduced mental capacity, combine to portray older adults in a very negative manner.

A16

David: There's a very fast moving grapevine here in the village. Villages are like that.

Caroline: A lot of old people are bored and that's the most exciting thing they do.

David: They say, "I'll tell you something now. This is to go no further." And you hear it from about three different sources.

(David and Caroline, int. 3, p. 5-6)

A17

I go up and down the streets in here and the people get to know me. There's not a soul about, you'd think the place was dead but they often say to me, "I didn't see you walking past this morning." People look out the windows. It's the same as the apartments – when you're out there bowling, not a soul, you can't see a thing, you'd think everybody was dead in the building, but you know that there are about 200 eyes looking down on you watching what you do! We get very interested in what other people do almost to the point of getting nose. I get on very well with everyone here and I don't have any friction but there is friction sometimes between people. People are just on the outer. Some people are always on the outer because of their personalities and things. For instance, in the restaurant, if you were to come in and you took a seat that one of the others usually sit in, that would be pretty major. That would be a terrible disaster. They'd say, "That's my seat." People that don't get out, their life becomes very narrow and little things become very important and with older people, I've heard people say, "You're getting older now." I'm not saying this correctly. Your life

becomes much narrower. Whereas you go out and you're seeing things in your life. You've got more of an open opinion of things. But our life becomes much narrower and little things, the petty things often become important to you.

(Doris, int. 2, p. 10-11)

Participants not only constructed old age as a time when people do less, they also constructed it as a time when people need less. The participants associated old age with downsizing to smaller, one-level accommodation and reducing the number of possessions in order to fit into a smaller home. Yet, when discussing this change they sometimes went further and suggested that they didn't need the same amount of space (A18) or possessions (A19) in old age as they did in their younger days. Therefore, they drew an association between growing older and a reduction in their needs.

A18

It's just smaller and more convenient for us at our stage of life. We just don't need as much.

(Lewis, int. 3, p. 6)

A19

Yeah, it's sad. We spend so much time accumulating stuff and now reaching my age and stage I want to get rid of things. I don't need them.

(Anna, int. 1, p. 27)

The losses that the participants associated with old age built upon each other, constructing an ever increasing narrative of loss. Participants depicted old age as a time where people lose previous social supports and are therefore prone to loneliness. Loss of social support was tied back to the idea of decline, more specifically to declines in health and mobility. The participants described multiple bereavement as more common in old age (A20). They also argued that a loss of mobility in old age results in social isolation (A21, A22). They explained that when people are unable to go out to socialise, they become frequently confined to their home where there are few people to socialise

with (A21, A22). These findings support previous research that argues that the association between loneliness and old age has become a societal narrative in Western society (De Medeiros, 2016; Thornton, 2002).

A20

I didn't count on my friend dying so soon. Such is life. When you grow older it can happen that you have quite a few people dying within a short space of time.

(Anna, int. 1, p. 14)

A21

All I can say is if you want to live a long life, go to a retirement village. All these people here, they'd be living alone, and you can't expect old friends to – half of them wouldn't be driving. I did manage to get my licence but I don't go very far, I only go down the bay to shop and go along to the mall in the car, I don't even drive to [the nearby suburb]. I would if I had to, but don't see any point. If I was still in that apartment I'd have a very lonely life because all my neighbours have younger children, they weren't interested and the women all work these days. You don't have a neighbour you can chat over the fence to like people used to in the olden days.

(Edith, int. 1, p. 11)

A22

We were aware that as we got older, and if you're living in an area where all your neighbours go out to work all day, there aren't people with whom you can interact with during the day at all because they're just not there, they're working. Unless you went and got involved in activities like we did with our local church or some of the other things we are doing. But certainly not in your immediate neighbourhood, not like here.

(Graham, int. 1, p. 6-7)

Participants constructed older adults as dependent on younger people for support. They alluded to the idea that older adults are declining in their capability and so they require younger people to assist them in their daily lives (A23, A24, A25). For example in the excerpts below, Doris (A23) remarks that older people are less able to cope with responsibility and therefore are dependent on others to manage responsibility on their behalf. Lewis and Violet (A24) communicate their expectation that growing old will involve needing more help. Rebecca (A25) constructs helping out her adult children as a role reversal and therefore comical. She alludes to the general expectation that older adults typically seek help from their adult children rather than the other way around.

A23

You lie in bed at night and it's a stormy, windy night and you hear a rattle – this was when I first came in – I heard a rattle and I thought, oh, no, what's that? Got to get the plumber in or something. You think, who cares? Go back to sleep, don't have to worry. It's taken worries and responsibility which you can't cope with when you get older. Perhaps that's a sensible thing to say. We've got a manager and he's a marvellous manager. People tell him things and he gets them done. He's watching over things and I feel at [this village] we're very spoilt and we're cosseted, looked after very well.

(Doris, int. 1, p. 7)

A24

Lewis: The important thing is, and we often say to other people who are thinking of moving into any village, that one should go into the village before you really need to go. In other words, before you're in your wheelchair or on your walking frame. As it happened, my legs tended to give out a bit after we got in but I'm still fairly mobile. I can get around with a walking stick and, of course, we have a car so we're able to drive.

Violet: It's silly to leave it until you're 92 or something and you really need help.

(Lewis and Violet, int. 1, p. 5-6)

A25

My daughter has had a lot of back trouble and she had quite a serious back operation earlier in the year. It was good that we lived nearby so that I could do things for her, which we laughed about because we thought, you're meant to come and help us, not the other way around!

(Rebecca, int. 1, p. 25)

The participants constructed a connection between dependency in the fourth age and a loss of autonomy. They portrayed the fourth age (old-old age) as a time when people may lose control over their own lives. They asserted that when an older person declines to the extent that they are too ill or disabled to remain living independently, then they must move into residential care. They explained that in this instance they would have no choice about whether to go or not, and that once there they would have little control over their own lives. For example, in A26 David's joke about being locked up refers the possibility he may go to a residential care home at some point in the future. His choice of words connotes an environment that is like a prison or asylum, in which the inmates or patients cannot leave no matter how much they wish to. In A27 Violet explains that retirement villages are quite different from residential care because people can do as they like, they don't have to do anything that they don't want to do. This implies that in residential care homes people no longer have the autonomy or freedom to make choices for themselves.

A26

We thought, that's it, we don't have to do another shift. The family doesn't have to worry about us. That's where we'll be until they take us off to whatever or lock us away somewhere. And that's how we came to be in apartment.

(David, int. 1, p.7-8)

A27

Violet: When people come to visit us they think they're coming to a rest home, don't they? Then they get a surprise when they find that we're perfectly individual and please ourselves and we don't have to do anything at all that we don't want to do.

Lewis: They're under the impression that you're in a retirement home rather than a retirement village. There's quite a distinct difference, as you would realise.

(Lewis and Violet, int. 1, p. 8)

Furthermore, they conveyed that by moving to residential care, an older person not only lost control over their life but that they also lost their privacy (A30), personal space (A28, A29) and any semblance of a meaningful life (A30). For example, Doris portrays a residential care resident's room as unpleasantly small (A28) and explains that in the residential care environment she would be forced to spend time around others she disliked (A29). This description conveys a lack of personal space and a lack of control. Lewis portrays residential care residents as engaging in inactive, mindless activities (A30). This arguably constructs the residential care home as a place where old people no longer lead a meaningful life. He also contrasts his own accommodation as private and a "real home" (A30) thereby implying that residential care accommodation is neither private nor a home. Overall, the participants constructed residential care in such negative terms that it was unsurprising that they all expressed fear or dislike of the idea of living there. Most notably though, several participants expressed the sentiment that dying is actually preferable to living into residential care (A31, A32). They described those who die before reaching the point of living in residential care as comparatively "lucky" (A31). Therefore, moving to a residential care home was portrayed to be the result of decline and loss in old age and ultimately the biggest loss of all, so that losing one's life was conveyed to be a lesser evil by comparison.

A28

I wouldn't like to be in a little square box. That'd be a bit like going into a rest home, wouldn't it? It's very small, isn't it? Just a bed and a chair and a dressing table. For a lot of us here, that's what the next step is when you can't look after yourself.

(Doris, int. 3, p. 12-13)

A29

I think a rest home would be very hard to get used to because sometimes you'll be sitting at a table with someone and perhaps their table manners and with food and things like that. That could get on your nerves. I know downstairs sometimes people have asked to be changed from tables because the other people are a bit slovenly. Doesn't happen very often but it does sometimes. That would be the trouble with rest homes. I think we all dread going to rest homes because it's so small and it's different to here.

(Doris, int. 3, p. 12-13)

A30

Some people outside have a different concept of what retirement villages are. They think they are retirement homes, where they may have had the experience of some family or friends who've gone in and they have a room, like their bedroom, and maybe a bit of an en-suite, and then they go to sort of a common lounge and often you've been there and you see maybe half a dozen or more people sitting looking at a television and they're all snoozing and the television's continued to go. They come to a common dining room to have their meal and I think many people thought that that's the sort of thing we'd gone into, when it's not like that at all. There are apartments in this village where people do dine together and can sit in a common lounge, but they have their own lounges. We're like a small house, you can come in here and close the door and stay here for a month and that's it. Nobody would know where you were. It's a real home and

we feel very content and it's big enough for both of us to look after. I've got to do all the work around the place.

(Lewis, int. 3, p. 5-6)

A31

There are lots of private hospitals/nursing homes. Good ones and bad ones. Where I'll finish up, I don't know. That's something we have to talk about because you have to have some idea and make some arrangements. You just can't hope it'll be alright or you hope, like everybody hopes, that I'll go to bed one night and not wake up the next morning. They're the lucky ones.

(Henry, int. 2, p. 9)

A32

When anyone here has a stroke or can't look after themselves in this particular village you have to go to a nursing home and that's my fear! But hopefully I'll just go to bed one night and not wake up.

(Edith, int. 1, p. 1-2)

The way that participants described old age emphasised the ways in which older people become, need or have less than younger adults. The participants rarely associated old age with becoming more than they used to be in their youth. On one occasion only, one participant associated old age with a greater level of knowledge and experience. In the excerpt below, Rebecca (A33) describes how older people can be useful to younger people in their social circle as a result of having greater life experience.

A33

I think as you get older you're more a resource person than doing, you're able to share about the experiences you've had in life and how you've overcome things.

(Rebecca, int. 2, p. 12-13)

In contrast to their negative portrayal of old age, the participants constructed youth in a very positive manner. For example, in A34, Doris offers to help the interviewer to find more participants for this study. She constructs younger people as more “clear” in their thinking, thereby associating youth with greater competency. Furthermore, she indicates that being viewed as young is considered complimentary.

A34

I know them and I think if you ring out of the blue they might turn you down, whereas I could tell them several people are doing this in our village but they're wanting some younger people, and that will flatter them, won't it? I think, too, that their minds are clearer and they think better. They're more thinkers and they can sum up situations very well and perhaps would be very helpful to you. I'll do that and I'll let you know.

(Doris, int. 2, p. 16)

When the participants spoke about the process of aging in general terms, they constructed aging as a process of progressive decline and snow-balling losses. Their portrayal of old age aligns with societal narratives of decline and loss that have been previously described and challenged in the literature (e.g. De Medeiros, 2016; Gullette, 2004, 2011; Thornton, 2002). The way that the participants differentiated between younger-old and older-old adults, is akin to societal narratives of the third and fourth age (Baltes & Smith, 2003; Laslett, 1987). This suggests that the way the participants made sense of old age, as roughly made up of two stages, is also in alignment with wider societal narratives about old age. The next section will examine how loss narratives shaped interaction between the interviewer and participants and the means through which the participants resisted loss narratives.

Resisting narratives of decline and loss in old age

The way that the participants described old age and ageing was predominantly negative. However, when talking about themselves and their own lives, they positioned themselves in positive ways, as intelligent, responsible, kind and productive individuals. Yet, it was sometimes apparent that loss narratives threatened to undermine the participants' ability to locate themselves positively in the interview. Loss narratives threatened to position them as mentally inferior, incapable, unproductive, and essentially different to younger people. When the participants perceived that loss narratives might be applied to them they frequently worked to distance themselves from these narratives.

The age difference between the interviewer and the participants likely created an enhanced awareness on the part of the participants that loss narratives might be applied to them. The interviewer was approximately fifty to sixty years younger than the participants. This age difference created an environment in which the participants were automatically positioned as 'old' and the interviewer was positioned as 'young'. The participants' talk demonstrated an awareness of this young-old dynamic and that loss narratives might be applied to them because they were 'old'. This occurred even though the interviewer endeavoured to not apply these loss narratives to the participants and responded in ways that supported the participants to distance themselves from these narratives. Nonetheless, a mutual awareness of these loss narratives (often unspoken) sometimes placed the older participants in a defensive position during interactions with the younger interviewer. It is likely that the dynamic observed in this research was particularly pronounced because of the significant age difference between the interviewer and participants. Had the age difference been less, it is likely that this young/old dynamic would have been less pronounced.

The participants actively distanced themselves from narratives of decline and loss in their talk. One way in which they did so, was by aligning themselves with a third age (young-old) subject position. The conceptual distinction between the third age (young-old) and fourth age (old-old) produces two 'old age' related subject positions. Whereas, the third age subject position is associated with an active engagement in life, the fourth

age subject position is associated with significant decline and associated loss (Baltes & Smith, 2003; Higgs & Gilleard, 2014; Laslett, 1987). Thus, the third age subject position aligns with widely held ideas about what it means to age successfully (Rowe & Kahn, 1987, 1997). In contrast, the fourth age subject position constructs an individual as physically and mentally incapable and so functions to devalue those to whom it is applied. Therefore, by aligning themselves with a third age subject position, the participants could inhabit an 'old' subject position whilst distancing themselves from loss narratives. All of the participants were living independently and presented as high functioning, intelligent individuals. Consequently, they were able to inhabit this third age subject position with ease.

Loss narratives function to devalue older adults by positioning them as inferior to younger adults. The narrative of mental decline is particularly devaluing because it constructs older adults as mentally inferior to younger people. If an older adult is perceived to be mentally inferior, naturally it would follow that their thoughts and opinions may be taken less seriously than those of younger adults who are presumably more capable, merely due to their age. Thus, the narrative of mental decline works to place older adults in a subordinate position within the context of human interaction. Furthermore, this narrative of mental inferiority calls into question the very worth and value of the individual. It makes sense then, that participants strongly resisted any serious application of the mental decline narrative to themselves. This resistance can be observed in excerpt A35. In this example, Doris constructs old age as a time of mental decline generally speaking. However, Doris also conveys that her own intellect and her husband's intellect are in good working order.

A35

Doris: It's very hard on people that have got partners that get Alzheimer's and lots of them do in here. Their personality just changes completely. It's really hard. Got a friend living in one of the villas down there and she's having a real struggle with him. They can be quite demanding or they can be quite easy to manage sometimes. [Another resident], that one I showed you the garden, that I said was the most elegant lady, her husband's got Alzheimer's and he got quite

violent. Lovely fellow. That does happen in here. I think of all things, if you're old and you've got your mind it's the greatest gift you can have. Sometimes people break their hips or they suffer from rheumatism or arthritis or something but if you've still got your reason, that's a wonderful thing to be able to keep. So many old people can't think clearly when they're old. I think I think clearly.

Interviewer: You seem very clear, just as clear as anyone.

Doris: My husband's still thinking clearly. He gave a talk at Probus this week on Tolstoy and he talked for 25 minutes without any notes. So, he got it in his mind and it went quite well. He heard in a roundabout way from someone else that they enjoyed the talk so he felt he got on alright. That keeps your mind turning over, too, to have something like that to do.

(Doris, int. 3, p. 14)

When Doris describes Alzheimer's disease as prevalent and constructs many older people as not thinking "clearly" she accepts cultural narratives of mental decline generally. She asserts that, "if you're old and you've got your mind it's the greatest gift you can have." Note that Doris begins with "if you're old". By beginning with this, it suggests that this statement is somehow specific to older people and that having "your mind" is a rarer thing in old age. By accepting this narrative generally, she puts herself in a precarious position though because she is also 'old'. In order to have her own intellect taken seriously, Doris must distance herself from this narrative, which she does. She resists applying this to herself, which the interviewer affirms. Doris then continues to provide evidence in support of her husband's intellect, who the interviewer had not met. She details how her husband gave a speech recently on the Russian writer Tolstoy, "without any notes", therefore proving his ability to learn, remember and communicate complex information. She provides further evidence of his competence, by relaying the positive appraisal he received from others as well. That Doris chooses to state that she and her husband are clear thinkers, and that she chooses to provide evidence in support of this, is significant. It demonstrates the effect which devaluing societal narratives can have on the social position of individuals. The mental decline narrative potentially placed Doris in a position of mental inferiority, and through her choice of words she

works to undo the effects of this devaluing narrative. Doris also comments that activities like giving a talk, keeps a person's mind active. This remark may allude to the idea that mental decline can be delayed or prevented, by engagement in mental activity (e.g., Salthouse, 2006; Schooler, 2007). Therefore, this may be another form of resistance because it positions her as in control and taking action to prevent mental decline.

The participants also asserted their value as individuals by distancing themselves from loss narratives that threatened to position them as incapable, non-productive members of society. It has been argued that Western society places great importance on hard work, productivity and busyness (Ekerdt, 1986; Katz, 2000). Therefore, loss narratives that depict older adults as less busy than younger adults effectively devalue older adults because our culture places great value on those who are productive and busy. For example, in A36 Violet distances herself and her husband Lewis from devaluing loss narratives. The excerpt opens with Lewis conveying the expectation that he will become less mobile and less able to do things as he ages. Yet, Violet responds by drawing the interviewer's attention to the ways in which they continue to contribute to society, through their volunteer work at the local school. Violet's comments function to counteract any impression that they are unable to do things at the moment. She therefore positions them as busy and productive members of the community and distances them from narratives which depict older adults as deteriorating and non-productive.

A36

Lewis: I think one of the attractions of coming here was that, one - it was in our district initially where we lived. We could still go to our groups that we know and understand and enjoy, and then later on when we get a bit less able to get around we'll be able to go into the village groups – there are lots of them – or just sit here and read listen to the radio and that sort of thing. Slowly withdraw into our shell.

Violet: We do do a lot out in the community at the moment.

Lewis: We do.

Violet: We help the school.

Lewis: That's another thing. School term, it's holidays at the moment, but normally on a Friday morning we go down with another two or three people from here and work with kids, just one to one reading which, of course, being our career it's an interest to us and we feel we can use a little bit of our expertise and help.

Violet: At Rotary we're on the District Literacy Committee, so that does projects round the country and international. So, that's an interest, too.

(Lewis and Violet, int. 2, p. 4-5)

Examination of participant dialogue demonstrates how loss narratives construct older adults as fundamentally different and inferior to younger adults. A series of excerpts from Henry's narrative (A37-A39) demonstrates this point. In dialogue with Henry it was apparent that he perceived that loss narratives might be applied to him by the younger interviewer. His dialogue actively works to position himself and other residents as normal – more like younger people than not – and as valuable members of society. Throughout the interviews he made reference to loss narratives then proceeded to distance himself from such narratives. That he felt compelled to do so speaks to the stigma that he perceived was attached to his age group. For example, in A37 Henry's dialogue functions to distance him from any association with residential care. Residential care connotes advanced physical or mental decline, dependency, and loss of autonomy in the fourth age (Higgs & Gilleard, 2014). Thus, to be associated with residential care is highly threatening to maintaining a positive identity. Henry asserts that he is not institutionalised, thereby distancing himself from these loss narratives. He then argues that it is important to be involved in activities outside the retirement village, likening this situation to living in a privately owned house. Thus, he constructs living in the retirement village as the same as living elsewhere in the community but quite different to residential care. Henry also appears to resist loss narratives that depict older adults as doing little with their time, by arguing for the importance of engaging in activities that are outside the village. Furthermore, when Henry describes the activities that he chooses to spend time on, he demonstrates his own intellectual capacity. He

chooses to study history and listen to talks on academic subjects by University of the Third Age (U3A) speakers, which are intellectually challenging hobbies. This excerpt closes with Henry joking that he doesn't play bowls because he isn't "old enough." In doing so, he resists the idea that he should spend his time doing activities that are associated with being 'old'. In A38 Henry's dialogue works to position himself and other older adults as contributing, productive and normal members of the community. The excerpt begins with Henry emphasising the similarities between himself and the interviewer, by pointing out that our daily routines are essentially the same. After he comments on one potential difference, that many older people do not work, he then directs the conversation to the ways that he and others have worked but in the form of volunteer work. This serves to position himself and other older adults as productive, contributing – therefore valuable – members of society. In A39 Henry alludes to narratives that depict older adults as doing very little with their time. He resists this, arguing that it is a matter of personal choice of whether to do nothing or not. Throughout all of these excerpts, it is apparent that Henry perceives that he may be stereotyped based on his age and place of residence. Thus, he emphasises the ways that older adults are the same as younger adults and resists devaluing loss narratives.

A37

Henry: People seem to think that this is an institution where your life is regulated, but it's not. To be happy here I'm sure you've got to have outside interests. You cannot, until you can't drive anymore, close yourself in. When you've lived in a house you had interests outside the house and probably you had friends and you've got to keep those interests and expand them. For instance, I was at a meeting of U3A yesterday, you know what U3A is?

Interviewer: Is that the University of the Third Age?

Henry: University of the Third Age. Which is a lot of fun. We meet once a month. We have what they call a main meeting where we have a guest speaker, usually two speakers, one before morning tea, one after, but we have very good speakers, and then that's the main meeting where everybody goes and then people have groups of interest. I go to historical studies [once a month]. [Henry

describes his own interests and the academic subjects that people recently spoke about at U3A] But it's wonderful and I go to [Probus] which meets once a month, and I belong to a lodge and I go out every Wednesday and meet blokes all my own age, some of them I've known for 50 years. So outside interests are important. In the village you can play bowls three times a week. I don't, I say I'm not old enough.

(Henry, int. 1, p. 2-3)

A38

Henry: Life's no different here to anywhere else. You get up in the morning, you go to bed at night, you have three meals a day. That's what you do, isn't it? Except we don't go to work now.

Interviewer: Yeah, that part's very nice.

Henry: There are things you can do outside the village. I did five years as a volunteer in the museum, which I loved. People go and do things. I know a few people who go and help with the schools with remedial reading and that sort of thing.

(Henry, int. 2, p. 10)

A39

There's always something to do. You can sit and look at the wall if you want to, but you don't have to, it's up to you. Even when you can't drive you can get the village bus down to [nearby picturesque spot]. You don't have to shop, you just go for a walk and look at the sea.

(Henry, int. 2, p. 11)

When the participants talked about ageing this compromised their ability to position themselves in a positive way. Yet, when participants made no reference to ageing, they were able to position themselves as successful, capable, and valuable with

greater ease. For example in A40, Charlie's dialogue positions him as intelligent and high achieving but he makes no reference to societal narratives about old age when he does so.

A40

Charlie: Had morning tea at the home of Dr [name], this is the physicist in [location], and he's got a group of similar minded people who don't accept literal Christianity but most of them, one's a doctor, a medical practitioner and this other one is the mathematician who did his PhD in the interface between science and religion and started the network of Science and Religion. They've all got some kind of approach to working outside what they perceive as the limiting scientific framework of looking only at a materialistic world. There's something more than just materials in life. I discussed theism and deism with the Reverend [name], he's a bright cookie too, he's about 90, some very interesting minds there. I don't know how interested you are in this kind of stuff.

Interviewer: It's interesting.

Charlie: There's a guy who's just recently resigned as the Archbishop of the [name] Church, that's the [church in another country], it's like their education system, it's quite independent. He has resigned on the grounds that he was asked to support dogma of the [name] Church and his view is, "No." The dogma, like all language, is symbolic.

(Charlie, int. 2, p. 7)

Excerpt A40 was in the context of asking Charlie about his previous week. He is describing meeting with a group of intellectuals with whom he meets regularly. He constructs his friends as intelligent and influential, by including their professions in his description of them; 'physicist', 'doctor', 'mathematician' and 'reverend'. These professions are well respected in Western society and carry social status. He constructs his friends as highly intelligent, dropping into the description that the Reverend is now 90. In doing so he resists societal narratives that depict older adults as losing their

mental faculties by asserting quite the opposite. Furthermore, by describing his philosophical ideas and opinions, he positions himself as an intelligent, thoughtful man. This demonstrates how the participants positioned themselves positively with greater ease when they did not discuss old age and associated loss narratives.

The above examples demonstrate that loss narratives function to depict older adults as inferior, inadequate individuals. Therefore, when the participants talked about old age this frequently threatened to undermine their presentation of a positive identity because they were also 'old'. They never referred to their age or the ageing process in order to position themselves as more impressive. Rather, they made use of alternative means to locate themselves positively in the interview. This suggests a real lack of positive societal narratives about old age in Western society. The consequence of this is that older adults cannot draw on old age narratives to position themselves positively and must use alternative means to do so.

Critiquing narratives of decline and loss in old age

These findings support the literature that describes Western society as an ageist society (Nelson, 2005; Palmore, 2001). Loss narratives function to devalue older adults and to threaten them with an undesirable future. When taken altogether, loss narratives imply that older adults *are less than* they were when they were younger, that they *do less*, and *have less*. Loss narratives function to devalue older adults because they convey that older adults are inferior to young adults, merely due to their age. It is notable that many of the participants were from a relatively successful background. Many had worked in highly respected careers before retirement and all had owned their own home before moving to the village. Even with these social advantages, loss narratives compromised their ability to position themselves as capable, worthy individuals. Loss narratives are also threatening to those approaching old age because they convey that old age is characterised by series of interrelated negative occurrences that are portrayed to be inherent to old age. These narratives therefore imply that if an individual wishes to avoid a lonely, boring, difficult life in old age, they must find solutions to manage these anticipated losses. The participants did describe seeking out solutions to these

losses. Their narratives of finding solutions to decline and loss are examined within the next chapter.

The conceptualisation of old age as a time characterised by decline and loss is not an objective truth. When ideas become ingrained within a culture, they appear as natural, obvious and true. This may be particularly the case with loss narratives because some older adults do experience reductions in their physical or mental abilities over time (e.g. Barnes & Yaffe, 2011; Lezzoni, McCarthy, Davis, & Siebens, 2001) and some do find themselves in situations where they experience other kinds of loss (e.g., Bland, 2005; Wiles et al., 2009). Yet, these loss narratives constitute just one way of understanding old age. Together narratives of loss in old age make up a societal narrative that is historically and culturally specific. Even in today's global economy, there are differences between cultures in societal attitudes towards old age (e.g., Durie, 1999; Liu, 2008; Sung, 2001). Other ways of conceptualising old age are also possible.

The participants drew on narratives of mental and physical decline when they made sense of old age in general (Gullette, 2004, 2011). However, the extent to which physical and mental decline is inevitable in old age has been strongly debated (e.g., Rowe & Kahn, 1987, 1997; Wroblewski, Amati, Smiley, Goodpaster & Wright, 2011). Studies have reported that the level of functioning across the older demographic is widely variable, much more so than at any other age group (e.g. Ylikoski et al., 1999). Therefore, making generalisations about the level of functioning that can be expected in old age is frequently likely to be inaccurate. Furthermore, some research has suggested that the cognitive decline that has been observed in healthy older adults, may actually be due to an expectation of poor performance (Hess et al., 2003; Levy et al., 2000; Levy, 1996; O'Brien & Hummert, 2006; Rahhal et al., 2001). It has been argued that older adults in Western countries have internalised the belief that older people experience cognitive deficits, thereby creating a self-fulfilling prophecy where their performance on cognitive tests is compromised (Levy, 2003). Therefore mental decline can be the result of the social environment that older adults live in rather than a process that is inherent to old age.

Although Western culture views old age as a time of decline, we might with equal legitimacy view old age in more positive terms. This emphasis on decline ignores those ways in which older adults may have become *more than* they were as a young adult. Over the lifespan, adults have the opportunity to accumulate a wealth of knowledge and experience (e.g., Calo, 2008; Sullivan, Mikels & Carstensen, 2010). Some research has also reported that as people age, their interpersonal skills improve (Hess, 2006; Luong, Charles, & Fingerman, 2011), their emotion regulation skills improve (Charles & Carstensen, 2009) and they develop a more positive outlook on life (e.g. Mather & Carstensen, 2005; Schlagman et al., 2006). The participants drew on societal loss narratives that construct old age as a time when people become less than they were in youth. Only one participant remarked that older adults have more life experiences to draw on, and that younger adults can learn from these. Yet, when viewed from a different perspective it would appear to be equally valid to suggest that older adults are *more* capable than they were as younger adults. The conceptualisation of older adults as *less than* younger people is therefore highly questionable.

The loss narratives that participants told were influenced by Western values. This Western influence is due to New Zealand's cultural roots in the West. New Zealand became a bicultural country after the arrival of Pākehā in the eighteenth and nineteenth centuries (Anderson, Binney, & Harris, 2014). Since this time, the disenfranchisement and oppression of Māori has allowed Western culture to prevail over Māori culture in many ways (Bess, 2011; Waitangi Tribunal, 1986). The way that the participants made sense of old age frequently incorporated Western cultural values. For example, they constructed old age as a time when people lead less busy lives than previously. However, they conflated being less busy with leading a less interesting life. This conflation is arguably a matter of perspective and partly reflects Western values, where being busy and productive is approved of (Ekerdt, 1986; Katz, 2000). From this ideological perspective, leading a quiet life is perceived in a negative light. Yet, it is also possible that a person may lead a busy but subjectively dull existence, or alternatively a quiet but subjectively interesting one. Therefore, there is no natural connection between being 'busy' and 'interesting'. Rather, this association is socially constructed.

The idea that older adults are dependent on others for help is also arguably a culturally specific belief. The participants conveyed that older adults need more assistance than younger people, thereby drawing on societal narratives of dependency in old age (Angus & Reeve, 2006). This societal belief - that older adults are 'dependent' whereas younger people are 'independent' - relates back to how we as a culture understand these terms. Older adults are perceived to be dependent if they require help from others with daily tasks, for example, with self-care or household tasks. Young people who do not require this help are perceived to be independent. Yet, people of all ages are highly dependent on other people and their surrounding environment in their everyday lives. In today's developed world we live in a global economy. Commonly we rely on others, whom we may never see, to grow and process the food we eat, to make our clothes, and to provide us with the goods that we need to function on a daily basis. Even in the work place, we are dependent on our services being required, on others to pay us, and on others accepting money to pay for the items that we cannot produce ourselves. On an even more basic level we are dependent on the air we breathe, the land we live on, and the animals and plants around us in order to live. From this perspective, we are *all* dependent on others, though different groups may require different kinds of help. Therefore, it is arguably the case that Western society defines 'dependence' and 'independence' in a specific and highly debatable manner. Yet, the conceptualisation of older adults as dependent functions to devalue them as a group. Western society has been argued to be an individualist society, which places value on independence, autonomy and individuality, in contrast to collective societies, which place relatively greater value on social relationships and interdependence (Hsu & Barker, 2013; Ogiwara & Uchida, 2014). Within the Western cultural value system, independence is valued (Miller et al., 2016). Therefore, in Western culture, to construct older adults as more dependent than younger adults functions to devalue older adults, to portray them as less worthy, due to their so called dependency.

The participants constructed an association between old age, social isolation and loneliness. This loss narrative warrants careful consideration due to the negative impact that prolonged loneliness can have on any individual (Courtin & Knapp, 2017; Heinrich & Gullone, 2006; Mushtaq, Shoib, Shah, & Mushtaq, 2014). To some extent, research

diverges in its conclusions in regards to the relationship between old age, social isolation and loneliness. Whereas some research identifies social isolation and loneliness as problems that are particularly associated with old age (Beer et al., 2016; Lillyman & Land, 2007; Victor, Scambler, Bond, & Bowling, 2002), other research has contested this generalised association (Charles & Carstensen, 2009; De Medeiros, 2016). When 'old age' is conceptualised as anyone over sixty-five, researchers have argued that those over sixty-five are actually less likely to feel lonely than younger age groups in New Zealand (Statistics New Zealand, 2013). Yet, those over sixty-five are a heterogeneous demographic and the risk of becoming isolated and lonely has been reported to differ significantly within this larger group (Jylhä, 2004). Research has reported that those older adults who experience functional decline, bereavement of a close relationship, or who live in residential care are significantly more likely to be lonely than others (Jylhä, 2004). Therefore, whilst the narrative of loneliness in old age may become derogatory when applied generally, it is also unhelpful to dismiss it altogether. This particular issue is therefore discussed in greater depth in Chapter 4.

When critically examining societal narratives, it is important to consider the consequences of maintaining these narratives. The participants constructed their lives as occurring in a succession of 'stages'. This conceptualisation of old age as a separate life stage may have consequences for society. The categorisation of life into different 'stages' accentuates the differences between age groups. This way of understanding age does not emphasise the heterogeneity within age groups or the similarities between different age groups. Consequently, this implies that older adults have more in common with each other than they do with adults of other age groups, merely due to their age. The assumption that different age groups or people within a similar life 'stage' have more in common than they do with other age groups, has implications for society. This cultural assumption legitimises the segregation of different age groups into different social spheres (Hagestad & Uhlenberg, 2005). In the case of older adults, this legitimises the grouping together of older adults within a specific community, where their social sphere is physically separate from that of other age groups. This phenomenon is not specific to old age, as many societal institutions lead to the segregation of different ages into different social spheres (Hagestad & Uhlenberg, 2005). However, when combined

with other loss narratives that depict older adults as physically and mentally inferior, boring, petty, and dependent, this encourages the social exclusion of older adults from younger social spheres. Yet, alternative perspectives are also plausible. It could be argued that people who share similar interests, values and beliefs have more in common regardless of their age group, than those who merely share the same age. Furthermore, when an alternative perspective is considered, one that diminishes the importance of age and life stage and emphasises the common humanity across age groups, this encourages the formation of relationships across age groups. Constructing an alternative perspective may therefore work to bring people of different ages together, rather than differentiating and separating.

This study demonstrates some of the consequences that loss narratives have for older adults. Loss narratives construct older adults as inferior and therefore discriminate against older adults. Consequently, they have the power to shape interpersonal interaction and social relationships. This study demonstrates that loss narratives adversely affect an older adult's ability to position themselves as a capable and valuable individual, during social interaction with younger adults. Although the interviewer strove to not apply loss narratives to the participants, their awareness that this might occur sometimes placed them in a defensive position during the interviews. This was notable given that the participants appeared to be high functioning and successful individuals. Their socioeconomic status and achievements should have clearly located them as valuable, capable individuals in the interaction. If loss narratives have the power to somewhat undermine the ability of capable, educated individuals to locate themselves positively in an interview with a young woman, then the effects of these narratives are likely to be even more powerful when older adults have visible disabilities or have been disempowered in other ways. Previous research has described other ways in which loss narratives have shaped social interaction between younger and older adults. For example, studies have analysed how younger adults that believe ageist narratives talk using simplified, slow, and patronising speech when talking with older adults (Brown & Draper, 2003; Hehman et al., 2012; Ryan et al., 1995). In promoting discrimination against older adults, loss narratives may also function to isolate older adults. If older adults are perceived to make incapable, dull friends for younger adults,

this may reduce the likelihood of inter-generational friendships (Chen & King, 2002) thereby functioning to fulfil the prophecy of loneliness in old age.

There is a relationship between loss narratives and societal practices that can work in two directions. On the one hand, societal practices can create loss in old age, thereby contributing to our societal understanding of old age as a time of loss. For example, the medical model of care in a residential care setting can create loss in old age (Diamond, 1986, 1995; Henderson, 1995; Mills & Sizer, Burton & Harris, 2016). The medical model of care prioritises the provision of healthcare, safety and physical comfort to older adults, but largely does not take into account what makes life meaningful or enjoyable (Bland, 2005; Diamond, 1995; Henderson, 1995; Spitzer et al., 2004). To illustrate this point, in a study of New Zealand residential care homes, Bland (2007) argued that the ritualised, one-size-fits-all approach to care diminished the residents' autonomy because they had little say in when or how assistance would be provided. The residential care environment can create a loss of autonomy, privacy, and meaningful occupation in old age (e.g., Bland, 2005; Jungers, 2010; Shippee, 2009). Thus, the participants made a connection between residential care and loss in old age. Yet, this situation is not inevitable because residential care is a culturally specific setting that has arisen within a unique socio-political environment. Therefore, alternative approaches are possible, as the assisted living option has demonstrated (Wilson, 2007). On the other hand, loss narratives can function to promote discrimination and specific societal practices, including those that create loss. For example, if older adults are conceptualised as 'less able to do things' and 'needing less' than younger adults, this legitimises providing residential care residents with limited autonomy, personal space, and opportunities for meaningful occupation. Thus, societal practices may function to construct narratives of loss, and narratives of loss may function to legitimise current societal practices. This suggests that changes in either has significant potential to alter the other.

When loss narratives are critically examined and alternative viewpoints are considered, it becomes possible to construct alternative old age narratives that better promote the wellbeing of older adults in society. However, this suggestion may imply that loss narratives should be replaced with narratives that deny outright the legitimacy of decline or loss in old age at all. It has been argued that the successful aging literature

has constructed an alternative narrative about old age that denies the association between old age and decline. The successful aging narrative constructs 'success' in old age as the near absence of illness or decline (Rowe & Kahn, 1987, 1997). This narrative suggests further that illness and disability are the result of individual lifestyle choices (Rowe & Kahn, 1987, 1997) and essentially characterises aging well as synonymous with not aging at all (McHugh, 2000, 2003). This is arguably another form of ageism because it ascribes no real value to being older (McHugh, 2000, 2003). The successful aging narrative idealises 'agelessness' and therefore regards any decline or loss as a failure to age well (McHugh, 2000, 2003). In considering alternatives to loss narratives, I do not suggest that the challenges that may present themselves in old age should be ignored. Rather, that there are more ways of perceiving old age than on the one hand, a time of loss, and on the other, a time that is exactly the same as middle years. There are legitimately ways in which older people become more than they used to be and there is research to support this idea (e.g., Carstensen et al., 2000; Mather & Carstensen, 2005; Schlagman et al., 2006). The idealisation of agelessness may itself be a backlash to the lack of positive narratives that are specific to old age. Yet, it does not take a great deal of imagination to construct a third possibility – that old age may be a time of both positive experiences and negative experiences, and that older adults are not inferior but have many attributes that give them a great deal of value, not only to themselves but to others.

In summary, the participants constructed an association between old age and progressive decline and loss. This chapter has demonstrated that these loss narratives threatened to undermine the participants' ability to locate themselves positively in the context of the interviews. Loss narratives construct older adults as inferior, incapable and unproductive, and therefore function to devalue those to whom they are applied. Within the context of the interviews with a young interviewer, the participants occupied an 'old' subject position that was created by their age difference. Consequently, the participants drew on a third age subject position and Western values to resist loss narratives and locate themselves positively in the interview. The participants did not draw on societal narratives about old age in order to do so. This suggests that there is a paucity of societal narratives that construct old age in a positive way, so that the

participants used alternate means to locate themselves positively during these social interactions. Yet, loss narratives are culturally specific and incorporate Western values. Therefore, loss narratives are not the only possible way to make sense of old age and these narratives are highly derogatory. Alternative narratives that emphasise how older adults become more than they were in youth, that do not construct illness and disability as a personal failure to age well, may better promote the interests of older New Zealanders.

Loss narratives were interwoven with the way that the participants made sense of their own lives. They expected to experience progressive decline and loss as they aged. Chapter 4 will explore how the participants constructed their move to retirement village as a solution to decline and loss. This chapter has introduced the idea that loss in old age can be exacerbated or actively created by current societal practices. Chapter 4 further considers how societal practices actively construct problems for older adults, thereby creating a need for solutions.

CHAPTER 4: Solutions, fractures and the socio-political context

This chapter is made up of three sections, entitled; 'narratives that depict the retirement village as a solution', 'fractures in the solution narrative', and 'the socio-political context of the solution narrative'. The first section explores how the participants made sense of moving into a retirement village as a solution to decline and loss. More specifically, they conveyed that the village community was a solution to loneliness, security was a solution to crime, the housing design was a solution to disability, medical care was a solution to illness, and, staff and support services allowed them to remain independent of family. This section discusses the societal practices that create problems for older adults, thereby creating a need for these solutions. Western values further shaped the solutions that the participants considered to be acceptable. The second section examines how the participants made sense of problematic aspects of the village. When the participants described problematic aspects of the village this created a 'fracture' in their solution narrative. They downplayed and minimised these fractures through their choice of words and arguments. This phenomenon reflected their emotional and financial investment in remaining at the village. Yet, the presence of fractures indicated that the participants experienced the village as an imperfect solution to decline and loss. The third section builds on these analyses to consider socio-political context within which the retirement village solution has developed. Retirement villages reflect Western values and ideologies. Yet, they are not accessible to all older New Zealanders and are an imperfect solution to decline and loss. The way that society understands old age functions to legitimise retirement villages. Loss narratives naturalise the association between old age, decline, and loss, thereby implying that old age itself is the problem. Solution narratives construct retirement villages as a solution to loss and as a way to achieve success in old age, thereby combining loss narratives and successful ageing narratives, in a manner that promotes retirement villages. However, the retirement village solution does not address the societal narratives and practices that create problems for older adults. This research concludes that the problems that older adults face are better solved at a societal level, rather than left for older adults to solve individually.

Narratives that depict the retirement village as a solution

The previous chapter described how the participants made sense of old age as a time of decline and loss. These loss narratives are societal level narratives that function to problematize old age. They construct 'old age' as a series of difficulties, beginning with decline and potentially ending in a loss of control over one's own life. Furthermore, the fourth age (old-old) subject position that embodies decline and loss in old age functions to devalue older adults to whom it is applied. Within this context, it makes sense that older adults would desire to find solutions that allow them to manage or avoid anticipated decline and loss. The participants made sense of the retirement village as a solution to decline and loss. They explained that by moving to the retirement village they were able to better manage, or in some cases avoid entirely, decline and loss as they aged.

The participants' narratives about moving to and living at the village were 'solution narratives' that portrayed the village as a solution. In this narrative, actual or anticipated decline formed the rationale for moving to the village. Therefore, decline (and the losses associated with decline) might be considered the antagonist of their stories. The participants themselves were protagonists within their stories that were somehow affected by decline and subsequently had to adapt to or navigate around the problems this created. In the first example of narrative work to accomplish this, Charlie portrays the village as a solution to decline in old age. He explains that he experienced a medical emergency that his wife felt unable to cope with by herself. He suggests that this was a key event that led his wife to persuade him to move into a retirement village. Thus, underlying his story is physical decline as the antagonist that must be managed or negotiated around in some way. Charlie does not explicitly state why moving to the village is a solution. However, it is implied that living at a village will help his wife cope if he experiences a medical emergency again.

B1

Last January I was doing a simple little household activity like barbecuing at the back door, we had a two storey house in [an Auckland suburb] and I was downstairs just outside one of the opening doors like those two over there and,

here I'm deducing what happened, I don't remember this, I must have felt unusual because I took a step towards going inside but not enough to act as I normally would of thinking, something strange is happening, I better clear up what I'm doing so I don't leave fire or something burning. I hadn't done that, I just walked towards the door and then I came conscious after some time, I don't know how long, no one else was there, might've been five minutes, something fairly small. I was calling out for my wife for help and she'd started to notice that I hadn't returned with the cooked meat for dinner.

I went into hospital as a result of that. She called an ambulance, because she has her own health problems and found it very difficult to get me up off the ground without help, but she did eventually. Called 111 and I went to hospital. From then I've started a number of neurological examinations which show nothing wrong, nothing abnormal if you can define that with the state of my neurological system. Then they wondered whether it was a mixture of that and cardiovascular stuff because I get angina pretty easily. It's inconclusive, but I am taking medication for epileptic seizures although there's no other evidence that I have these things – big mystery.

That happened and it unsettled my wife and she began thinking forward and I only mention this because the initiative for coming in here really came from her. She said, "If this happens again, what am I to do?" I was a bit reluctant to leave where we were but at any rate I agreed to come and have a look at about half a dozen different retirement villages (Charlie, int. 1, p. 1-2)

In another example, Nancy presents the village as a solution for her after the loss of her husband. In the following narrative excerpts (B2-B4) Nancy describes how the death of her husband prompted her to move to be near her children. When describing her own gradual adjustment to her new situation, she portrays the retirement village as a solution. She explains that being at the village helped her at a time when she was grieving because it provided her with people to meet and activities to get involved in, thereby constituting a solution for her at a difficult time.

B2

The end of [year] my husband died and at that stage we were living over in [location]. [Describes where they lived and for how long]. At first I didn't know what to do, it was just sudden, he was sitting like you are now and he was dead on the floor the next minute, so it was a terrible shock. This was just before Christmas. After Christmas I stayed with members of the family for a while and then went back home and thought it was all very well on my own there, the neighbours were lovely, I had some very good friends over the road, but then you can't expect them to do what the family will do for you. [Nancy explains she has two children who are living nearby the village]...so that was the natural thing to do – sell up and come somewhere where I had the family close by. Over the Christmas/New Year period my daughter and I went round most of the villages [in this area]. When we came into this one, I think it was a Sunday and we walked up to the area there where the lounge and dining room, and my daughter turned to me and she said, "Oh, you'd be happy here"

(Nancy, int. 1, p. 1)

B3

Nancy: It took me, mind you, probably a year to settle in because, of course, having lost my husband as well, suddenly living on my own with nobody. It just took some time, and I used to go over to visit the family and say, "It's time I went home to the village." Now I can say, "It's about time I went home," because by then I'd realised that it was home.

Interviewer: What changed in that year that made it feel like home?

Nancy: I don't know exactly. Probably because I got more involved in things. I met people and probably also realised that this has to be home, I can't go back so this is what I've got now, and I'm quite happy.

Interviewer: Comparing a retirement village, because I suppose if you'd sold your old house you could've potentially bought a new house closer to your family, what made you decide to come here rather than just buying a new unit or house?

*Nancy: I think because of company, security and it just seemed the thing to do. I know if my husband had been alive I don't think we would've ever done it. He would've liked more freedom and a bigger garage and all the sorts of things that men like, I'm sure he wouldn't have. Also because we did everything together. I'd worked up until about 2001 I think I gave up work, he'd already retired quite some time before that, so we did things together. We didn't have separate. Although he used to go out and work at the airport a couple of times a week, but we didn't have separate things to do. If we went somewhere, we went together. I thought coming here to a place like this I'd perhaps be able to find things to do here, whereas if you're outside it's not quite so easy to get to know people and go to bowling clubs and that sort of thing. Whereas here it was all laid on.
(Nancy, int. 1, p. 2-3)*

B4

The company, the security and the activities – they were all there. I know at times the family will ring up and I won't be here and they'll say, "Where are you? I can never find you, you're always out." I am, I'm kept busy which, I think, was very good for me to start with, was to keep busy, because I didn't have time to think too much. Then, of course, I just kept on being busy.

(Nancy, int. 1, p. 5)

In the previous two examples, the participants described actual decline or loss that precipitated their move. However, other participants described how the expectation of decline and loss in the future prompted them to seek out a solution. For example, in the excerpt below (B5), Doris portrays her move to the village as a solution to decline and loss that they sought out in advance of any significant decline or loss. Within the opening of Doris's narrative, there is the impression that it is inevitable that the effects of old age would sometime force them to move from their home, when she says each of them was

not ready to move “yet”. This choice of words suggests that whilst she initially resisted moving from the house that she loved, she had already accepted that old age would force them to move eventually, though she wished to extend the time she had in her home. This allusion to the inevitability of decline in old age is repeated throughout her narrative. For example, she states that the timing of their move was good because they were in good health and still a couple. This implies that in time, they would gradually lose health or one person would die first, and so they would benefit from moving into the village early.

She describes a key event that triggered their decision to move, when her husband had been gardening and remarked that the garden was becoming “too much” for them to handle. On the surface this event appears somewhat common place and yet it has important symbolic value. This event symbolises that old age is creeping up on the couple. This causes them to consider moving out more seriously. Doris constructs a strong argument of why moving to the retirement village is beneficial in old age, drawing on loss narratives that depict dependency, loneliness, and decline, then providing examples of how these were addressed by moving into the village. Thus, she portrays it as a solution to these problems.

B5

We'd often thought of going into a retirement village because we had lots of friends in retirement villages. When I would say to my husband, "What about it?" He said, "I don't think I'm ready yet." Then I would get cool on the idea and he would get keen on it and he'd suggest it to me and I'd say, "I don't think I want to go yet." It wasn't until one morning he was out in the garden, we were living in [location], we had a townhouse there but it had a lot of ground around it. He came in and he said, "This garden's getting too much for us, I think we should think about moving. There's only one place I'll go to and that's [this village]." I would've liked to have been nearer in so our family could have got over more easy to see us. It was [this village] and he was keen on [this village] because we'd been here several times, we had friends here. We had 14, 15 friends living in here and also he [used to work at the village]. We were used to coming in and out of

this village. Lots of people say as you walk in it's got a sense of friendliness and it is a friendly village. That was why he said I'll only go to [this village]. So, that was it.

We talked about it and one of the reasons why we moved in, we wanted to be independent, we didn't want to be dependent on our family. We wanted them to live their own lives and have their own friends and we didn't want them to have to be running over to us and worrying about us. We didn't want to be a burden to them. Another thing was that as you get older you've got to expect your body parts to wear out and you know that your health will deteriorate and it would be nice to be at a place where there was a nurse or where you could get some help. Another reason was, too, that in old age you can get very lonely. You just sit in your place and you look at your four walls. In here there's so much company. That's just by the by. Another thing was security. Sometimes you lie in bed and you hear a bit of a rustle and you think, gosh, is that someone breaking in? These villages are very secure – that was another reason, for security.

There were certain things that held us back from moving in. We didn't want to leave our house because it was a bigger house and plenty of room and the family could come and stay. We lived in [location], we had a bit of a harbour view, it wasn't a great big view but it was a lovely view, [describes view] – that was going to go, you had to give that up. Also, we could walk to the beach. It took us about quarter of an hour to walk to the beach and I could walk to [shopping location] very easy and I'm very keen on shops. We were giving all that up and those were the things that we weighed up – did we want to give them up and leave them behind?

You've got to give up something but you gain others and gain more. They were some of the reasons. We chose to come to [this village] because of the friendliness and we knew people here and we were used to coming in. One of the reasons why we thought it was a good idea while we still a couple, my husband and myself were in reasonably good health, we were active which was nine years ago. It's good to come in as a couple so you can make a network of friends and

activities. If one dies then you carry on with those things and I think that's important. We've got in this village Mr [name], that won't mean anything to you, would it? He was a member of parliament and he was the mayor of [location] and to older people he's very well known. Over in London he [held an important position]. He came in and he said that it was wise to come in while there were two of you so you can make a network of friends. If you're going on your own and you're walking into a room of a crowd of people that you don't know, you can be a bit overcome but if you've got some husband or something with you, you have a lot more courage to get into groups.

My husband said to me after he came in from the garden and he said, "It's all getting too much looking after this place," maintenance on the place, you think in the middle of the night, oh, gosh, is that a tile going off the roof, if it was windy. Is the spouting falling down and painting and all that. There was maintenance around your house you had to worry about. So, he rang and he made an appointment with the manager here to come in.

(Doris, int. 1, p. 1)

All of the participants described seeking out or finding a solution to decline and loss at the village and there were similarities in the specific solutions they described. They conveyed that the community was a solution to loneliness, the security was a solution to vulnerability to crime, the housing design was a solution to disability, the medical staff was a solution to illness, and, the staff and support services were a solution to dependency. Each of these solutions are discussed in greater depth below. The specific solutions that the participants described aligned with that described in previous research (e.g., Crisp et al., 2013; Bekhet et al., 2009; Bohle, Rawlings-Way, Finn, Ang, & Kennedy, 2014; Buys, 2000; Gardner et al., 2005; Hu et al., 2017; Weeks, Keefe, & MacDonald, 2012). This alignment between the solutions that participants in this study described with descriptions in the wider literature suggests that the solution narrative operates at a societal level. The retirement village option is internationally understood to be a solution to decline and loss in old age and is an accepted societal narrative. Thus,

when the participants portrayed the village as a solution they drew on wider societal narratives that depict retirement villages as a solution to decline and loss.

Many of the problems that participants sought solutions for at the village had no direct relationship to old age, rather they were located within the social and physical environment in which the participants lived. Consequently, this section also considers how some societal practices in New Zealand exacerbate and actively create loss in old age. Furthermore, the kinds of solutions that the participants considered to be helpful were influenced by New Zealand cultural values. Therefore, this section also considers how New Zealand cultural values shaped the solutions that participants sought at the village.

Community:

The participants constructed the village community as a solution to social isolation and loneliness. For example, in B6 Edith argues that older people become socially isolated living in the community and she constructs the village as a solution. She explains that older people often cannot drive and therefore are unable to get out to socialise. Furthermore, she illustrates how isolated older adults who live alone and cannot drive can be, by explaining that the only people who are physically nearby – neighbours – do not wish to socialise nowadays. In B7, Graham and Rebecca are talking about the advantages of being at the village for those that cannot drive, such as the village bus service. They argue that the availability of other people to socialise with on site is a real advantage for those who are living alone. They explain that if an older person lives alone in the community they have no one to interact with whilst they are at home. In B8, Nancy argues that the social activities at the village make it easier meet people. In other excerpts she indicated that this was particularly beneficial whilst she was grieving the death of her husband (B2-B4). In B8, she observes that living in the community is not true 'freedom' if you are living alone and grieving because it is difficult to find others to meet and things to do. Therefore, she depicts the village as a better option for those who live alone. In B9, Charlie constructs the other residents as friendly towards and inclusive of newcomers. He compares this to living in the suburbs and argues that the village is a more sociable, welcoming community.

B6

All these people here, they'd be living alone, and you can't expect old friends to – half of them wouldn't be driving. I did manage to get my licence but I don't go very far, I only go down the [nearby shops] in the car, I don't even drive to [a nearby suburb]. I would if I had to, but don't see any point. If I was still in that apartment I'd have a very lonely life because all my neighbours had younger children, they weren't interested and the women all work these days. You don't have a neighbour you can chat over the fence to like people used to in the olden days.

(Edith, int. 1, p. 11)

B7

Rebecca: Of course, there's the bus for those who can't drive any more, there's a bus that now goes to [nearby shops] about four days a week that takes them shopping for a couple of hours. There's so much for it.

Graham: Particularly people who no longer drive. There's probably about 30 or 40 in the village, at least, that would be in ...

Rebecca: There are the positives being in a village. You're not on your own, as Graham said. One of the things I found where we lived that we had nice neighbours but they went out to work and you'd wave to them in the morning or see them coming home at night, there was nowhere to interact with them for people there on their own.

Graham: Their children were grown up and our children were grown up.

Rebecca: Here there's always someone and you can walk up to the main centre and there's always someone there. You can sit in the lounge or dining room and have a chat. Those are the positives for people like us, at our age.

(Rebecca and Graham, int. 1, p. 8)

B8

Nancy: I thought coming here to a place like this I'd perhaps be able to find things to do here, whereas if you're outside it's not quite so easy to get to know people and go to bowling clubs and that sort of thing, whereas here it was all laid on.

Interviewer: What did you mean when you said there was more freedom with having your own house compared to this? What did you mean by that? Do you just mean more privacy?

Nancy: Yes, you probably do. No, I don't know whether it would've been freedom, really, if I'd stayed where I was, because there wasn't things to do and I'd have had to have gone out and physically found things to do. Whereas here, it's more or less all laid on for you. You can do everything that's available, you can do half of it or you can do none of it – you've got a real choice.

(Nancy, int. 1, p. 2-3)

B9

The other thing is there's a much more connected network of knowledge about the community in here. Even though we lived in [location] and they had a Christmas party where everyone, most people except the recluses, went to each year. Here people do take an interest and perhaps that leads into the second thing – how we found the atmosphere when we got here. People were very, very friendly and welcomed us. Just made us feel good and wanted. I was sitting at table last night, we went to a dine and dance evening which is a bit unusual for us, we've given that up for a few years, but it's one of those activities that provides a social framework, the social glue that makes this place an identity in itself and gives it cohesion. We probably go to more things than we would normally for that reason alone. We want to be part of the community.

(Charlie, int. 1, p. 4)

The participants' narratives described how some older adults can become socially isolated or lonely in New Zealand. Their narratives suggested that if an older person loses their previous mobility, and particularly if they lose the ability to drive, they can become isolated due to an inability to get out to socialise. This supports the findings of previous studies that have described how disability can isolate older adults (McInnis & White, 2001; Russell & Schofield, 1999). The participants described the retirement village as a solution to this, due to the welcoming community and easily accessed social activities. They also described how being socially connected can help a person through bereavement because it is an environment that is conducive to meeting people. Although bereavement is an inevitability at some stage in life, the other circumstances that are described to lead to loneliness in old age are not inevitable. The potential for isolation in old age that they described is linked to the social and physical environment in New Zealand, rather than an inevitable consequence of being old. Societal practices such as car-centric urban design and age segregation currently function to isolate some older adults in New Zealand.

New Zealand's cultural dependency on cars for transport has created a physical environment that can easily isolate those who do not drive. In New Zealand, the private motor vehicle is the most common mode of transport by far (Shaw, Russell, Van Sparrentak, Merrett & Clegg, 2016). For example, the 2010-2013 Household Travel Survey that was conducted in New Zealand, reported that 79% of all travel was conducted using a car, compared to 3% using public transport, 1% by cycling and 16% by walking (Shaw et al., 2016). The participants described their own dependence on cars for transport. They explained that even at the village, where they had access to a bus, this would mean serious constraints on their ability to get out (B10-B11):

B10

One thing about us in the village, when you give up your licence that's really like a death in the family. It's very hard to give up your licence because you're giving up independence and you are dependent on the bus.

(Doris, int. 2, p. 7)

B11

It's going to be a big difference when I can't drive. It'll be a real blow, like being chopped off at the knees. Earlier this year I wasn't allowed to drive for a month and that was hard.

(Henry, int. 1, p. 12)

However, it has been argued that a societal level dependency on cars is the result of urban design choices. More specifically, that segregated land use (i.e. locating residential housing all together in one area and businesses in another), decentralisation (i.e. not having a distinct town centre), low density housing (i.e. suburbs consisting of one level homes with a garden) and poor pedestrian facilities, combine to produce car dependency at a societal level (Lo, 2009). The consequence of this is that each individual must travel from their home using their car if they wish to go to work, run errands, or meet with others to socialise (Lo, 2009). Some researchers have criticised this lack of 'walkability' for the effect it may have on social interaction. For example, some have argued that sprawling, decentralised urban design increases the time and distance that people must travel in order to meet with others, thereby reducing opportunities for social interaction (Li & Farber, 2013). Others have suggested that this kind of urban design reduces neighbourhood cohesion because when people do not walk in their neighbourhood the opportunities for local interaction are reduced (Du Toit, Cerin, Leslie & Owen, 2007; Zhu, Yu, Lee, Lu & Mann, 2014). Whereas car-centric urban design may have some adverse consequences for the social relationships of people in general, this is a much greater problem for those who cannot drive. Those who cannot drive face the additional obstacle of finding someone to transport them to social spaces. Those who remain at home during the day are physically distant from the spaces in which other people are working, running errands and socialising, so that there are few people nearby with whom they can potentially interact with. The participant narratives referred to this, when they described how older adults who remain at home have no one nearby to socialise with. In this way, a car-centric environment promotes social isolation in the instance that an older person cannot drive (Webber, Porter & Menec, 2010; Wiles et al.,

2009). Thus, the participants perceived they would be isolated in the community without the ability to drive.

Furthermore, the age segregated nature of New Zealand society creates a social environment in which the potential social networks of older adults are unnecessarily restricted. This age segregation was evident in the personal narratives of the participants. For example, when the participants described their social networks they indicated that those people they were close to, or spent significant amounts of time with, were predominantly of a similar age. Family was a notable exception. For example, in B12 Henry states that he has outlived the majority of his friends – several other participants in this study similarly stated this. This remark suggests that Henry’s social circle was predominantly made up of a those of similar age, rather than significantly younger. In B13 David explains that the friends he spends most of his time with are mostly in the village, except for a group of friends from his school days and his family. David attended school with this group of friends and therefore, this suggests that they are a similar age to him. In B14 Doris describes visiting the mall, an outing that is a regular occurrence for her. She explains that part of the reason why she likes being in the mall is to see “people”, “children”, and “babies”. She argues that it is good for older people to be around younger age groups, yet this excerpt and others suggested that her social network (with the exception of her family) was predominantly made up of others of a similar age to herself.

B12

Most of my sailing friends, in fact, the majority of my friends are dead. I’m lucky, I guess. I don’t know if it’s luck or not.

(Henry, int. 1, p. 13)

B13

Outside the village, for Caroline and I it’s family. We’ve got friends outside the village, but we don’t go to their places or socialise with them much – only the old [place deleted] School people when I see them every three months, that’s about the socialising that we do.

(David, int. 2, p. 12)

B14

Then Friday, this is the day we go over to the [nearby] Mall – Tuesday and Friday, and this is not hard and fast. We meet lots of village folk there cos the bus goes over and you meet lots of other people over there and a lot of people from [another] Village go, you can pick them out, because if it's a horrible day it's warm and it's bright and it's cheery and you see people and you see children, you see babies. Here, you miss the children and the babies and you get a mixture of people over there and it's awfully good for you. I think it's good for your mind to see school children and so on in the holidays, which are menace, of course, over there to us older people! Not really. But it's a nice place to go and it's a bright place and we greet each other over there and perhaps sit and have coffee with some of the residents we meet over there. It's a nice thing to do when you're old.

(Doris, int. 2, p. 13)

At times in the participant narratives the assumption that people generally make friends with others who are in the same age bracket was evident. For example, in B6 Edith explained how older adults become isolated not only because of their own inability to drive, but also because of their friends' inability to drive. This argument assumes that people's close friends are generally of a similar age who have similarly lost their mobility as they have aged. However, this assumption that friends are most easily made with others of the same age may partly reflect the society that we live in. It has been argued that Western society segregates people into discrete social roles based on age (Hagestad & Uhlenberg, 2005; 2006). These social roles are located in differentiated physical spaces (Hagestad & Uhlenberg, 2005; 2006). For example, when comparing the school aged child, university student, stay at home parent with a baby, working adult, and retired adult, these people all spend large parts of their days in physically distinct spaces. Furthermore, each of these descriptions connotes a particular age range that is typical – for example, although some people are lucky enough to retire at thirty, this instance would be rare. Consequently, we live in a society where different age groups live out their lives in physically separate spaces, hindering opportunities for different ages to

interact and form meaningful social relationships (Hagestad & Uhlenberg, 2005; 2006). This was evident when the participants talked about the inaccessibility of younger neighbours who are busy working or looking after children in differentiated social spaces (B6, B7). This creates a situation where people of all ages largely form close non-familial relationships within their age category (McPherson, Smith-Lovin, & Cook, 2001; Uhlenberg & Gierveld, 2004). This has relevance to the perpetuation of ageist stereotypes, as previous research has argued that prejudice against another 'group' is reduced by intergroup contact, especially when friendships form with those in that group (Pettigrew, Tropp, Wagner & Christ, 2011). Age segregation may increase the likelihood of social isolation in old age, by limiting potential social networks to a narrower age band and perpetuating age-based prejudice (Nelson, 2005; Uhlenberg & Gierveld, 2004). Therefore, the current social and physical environment in New Zealand functions to isolate some older adults and this was evident in the participant narratives. Societal level age segregation explains the apparent paradox of the participant narratives, in that they constructed the age segregated village environment as a solution to social isolation in old age. When older adults are prevented through societal age segregation from forming close, non-familial, intergenerational contacts, then it makes sense that they would be less isolated by being in an environment where they are at close proximity to those of a similar age.

Security:

The participants described the village as a solution to crime due to the security measures at the village (B15-B17). The village had formal security measures in place, including; walls surrounding the premises, a gateway that locked at night, 24 hour presence of staff, and a neighbourhood watch programme. The participants also described how village security was enforced by residents themselves. For example, in B18 Violet and Lewis describe a situation where they took action to ensure the village was secure.

Crime is not a problem that is unique to old age, yet the participants alluded to ways in which it may be more problematic for older adults. Narratives that associate decline and social isolation with old age also connote a sense of vulnerability at this time in life. Some

participants who lived alone perceived that they were safer at the village (B15, B16). Moreover, the participants conveyed that if they went away on holidays it was important to know their possessions were safe (B17). To some extent, this relates back to Western social norms, where old age is understood as a time of retirement from work and a busy life of leisure (Ekerdt, 1986; McHugh, 2000). Improved security was considered particularly advantageous when pursuing a leisure filled retirement (B17).

B15

Being on my own it was more sensible to move in where there was a bit of security

(Alison, int. 1, p. 1)

B16

I just feel comfortable and safe. Such awful things happening, you read about old ladies being bashed and things, it's terrible.

(Edith, int. 1, p. 11)

B17

When I say the security thing that was probably, for us in those days, the biggest attraction. We could just walk away and leave your place but you didn't have to worry about the lawns being mowed – it was all done. You didn't have to organise anything. You could just decide sitting here now, "Why don't we go for a trip down to Rotorua?" We had a motorhome. Or, "Why don't we head to the South Island tomorrow?" "Yeah, right." Off we go. Just tell the office we'll be away and we'll let you know when we're coming back, and off we go, spend three or four weeks away.

(David, int. 1, p. 10)

B18

Lewis: I think very, very rarely do you see other people wandering around the place – strangers that is. The only people that tend to come are visitors or people

having a look around to see if they would like to come to the village and live here. They go through the office and are taken around by the manager or somebody. It's a very, very pleasant place to live and very secure in that because of the people who live here, there tends to be someone who will see you if you're a stranger.

Violet: It was interesting, one day two teenage boys from [a local college], I think, were walking along here and I thought, I wonder what they're doing? And the woman over the road came out as well, we both came out and talked to them and said, "What are you doing here?"

(Lewis and Violet, int. 3, p. 12-13)

The participants described how there was a sense of safety and security living at the village, due to the separate nature of the community, a high level of trust amongst residents, and additional security features. Previous research has reported that some older adults move to retirement villages for safety and security (Bekhet et al., 2009; Bernard et al., 2007; Kupke, 2001). Within this retirement village, the level of security might be conceptualised as the "kiwi style" of security that has been observed in New Zealand gated communities (Dixon, Dupuis, & Lysnar, 2004). The village design communicated the private nature of the community whilst providing few physical barriers to entry (Dixon et al., 2004). For example, the walls were low enough to be easily climbed and beside the locked gate the pedestrian path was open at all times. Although there is some disagreement in the literature as to whether gated communities achieve lower crime rates than their surrounding neighbourhoods (e.g., Addington & Rennison, 2015; Breetzke & Cohn, 2013; Breetzke, Landman, & Cohn, 2014), residents frequently perceive themselves to be safer (Sakip, Johari, & Salleh, 2013; Wilson-Doenges, 2000). This sense of being safe in one's own home is particularly important though, because the sense of being unsafe can be a significant source of stress and can function to constrain an individual's daily activities (Foster & Giles-Corti, 2008; Simonelli et al., 2015).

Both fear of crime and actual crime rates are associated with the social, political and economic conditions in any given society. Previous research has argued that higher

levels of poverty and income inequality in society are associated with worse social outcomes, including violent crime (Nadanovsk & Cunha-Cruz, 2009; Wilkinson & Pickett, 2009; Workman & McIntosh, 2013). This is relevant to discussing perceived safety in a New Zealand context, due to the current level of poverty and inequality in New Zealand. During the 1980s, both poverty and income inequality markedly increased (Rashbrooke, 2013; Simpson, Duncanson, Oben, Wicken, & Gallagher, 2016). For example, the proportion of children living in poverty in New Zealand has increased from 12-13% in the late 1980s to 21-28% in the present day, depending on the measure used (Simpson et al., 2016). Currently, the top one percent of New Zealanders are reported to own three times as much wealth as the poorest fifty percent (Rashbrooke, 2014). Most cities and regions in New Zealand display conspicuous income differences between rich and poor residents (Rashbrooke, 2014). Income and wealth inequality can become damaging in society when it becomes entrenched and therefore results in unequal opportunity (Nana, 2013). In a New Zealand context, much of the current inequality is the result of historical race based oppression. As a consequence of historical disenfranchisement and oppression, Māori and Pacific Islanders are significantly more likely to be living below the poverty line in New Zealand (Rashbrooke, 2014). Thus, it is arguably the case that poverty and inequality in New Zealand foster crime and subsequently foster fear of crime. Therefore, this socio-political context that cultivates crime, also cultivates a need for additional security, as was the case for the participants.

Furthermore, the fear of crime literature suggests that disempowered demographic groups experience higher levels of fear in relation to their own safety. Women have been reported to experience higher levels of fear in comparison to white, heterosexual males (Pain, 2001; Roman & Chalfin, 2008). It has been further argued that this higher level of fear is the result of gender oppression. For example, women experience higher levels of fear due to the potential for becoming the target of sexual crimes (Pain, 2001). This is relevant to older New Zealanders because women make up a higher proportion of the older population as a result of living longer (Statistics New Zealand, 2015). Within New Zealand retirement villages, it has been reported that there are a significantly higher number of female residents (Davey, De Joux, Nana & Arcus, 2004). Participants in this study commented that this was also the case in their

retirement village. Therefore, the participants' desire for security is located within a social context in which gender oppression is widespread. It is worth considering that this social context may influence older women's desire for additional security at home.

Design:

The village offered two accommodation options. There were apartment style dwellings in the main building complex. There were also stand alone, one-level villas available in the streets surrounding the main building. Each villa had its own garden. Some of the participants described the design of their home at the village as more accessible and easy to look after than their previous home thus providing a solution to declining mobility (B19, B22). For example, in B19 Lewis and Violet discuss how Lewis's reducing mobility became a problem in their previous home. Furthermore, some participants described their difficulty in finding housing in the wider community that they perceived would be easy to live in if they became disabled. For example, in a series of excerpts from Rebecca and Graham's narrative (B20-B22) they describe their difficulty in finding a smaller home in Auckland that they perceived was accessible and useable in the instance that their mobility declined (B20, B22). Consequently, they moved to a retirement village because it was the only house they could find that met their criteria (B21). As Rebecca explains, she didn't want to live in a retirement village at all, yet this village was the only place they found in Auckland that offered a one-level, easy-care home that appealed to her (B21). Although Rebecca and Graham were not ill or disabled, they perceived that they might become so in the future and moved in advance of any disability (B22).

B19

Lewis: The last place had stairs – all our living was upstairs, and so to go anywhere, to go up to the kitchen, to the bedroom, to the lounge, you had to walk up the stairs and invariably you would go downstairs to get something and you'd forgotten what you'd come down for or you'd go back up and forgotten to bring the thing back up. It became quite a task.

Violet: Particularly with Lewis. Lewis has arthritis and so those stairs were getting to be a problem.

Interviewer: Is there anything else about the design of this house that suits you better than your old one?

Lewis: No, it's just smaller and more convenient for us at our stage of life.

(Lewis and Violet, int. 3, p. 6)

B20

We've been in here 18 months. We had been thinking beforehand, about three years beforehand my husband had said "I think it's time we downsized from the family home". It took me a while to adjust to that but after about three years I could see that it was really the right thing to do. So we put our house on the market and the agent had been looking around for us. We wanted to downsize to something, two, three at the most little bedroom home, which was level, because our family home had stairs up and down to the front door. At the time of selling we hadn't found anything.

(Rebecca, int. 1, p. 1)

B21

We were feeling, what are we going to do about this? We do have a family bach [out of Auckland]. And we decided that we could go and live there anyway, if we didn't find anything by the time we had to move out of the house. We could go and live there in the meantime. But my husband was anxious that we really get something before we go there, so that we knew our plans. He was looking on trade me and he found a villa here in this village. The only reason we thought it was a possibility was that we've got a daughter living [nearby] and my husband's got a sister living [nearby]. I hadn't wanted... one, I said, "Well I didn't want to go in a retirement village" which is what we had thought earlier, and two, we certainly didn't want to move [away from where we used to live], although we

had family nearby. But I agreed to come and have a look at it, and come and see, just to keep him quiet really. When we came into the village it felt good. Compared to the other retirement villages it felt good. It's got a little suburb feeling, you don't feel as if you're in a... it's really got a village feeling, little suburbs. So that was good for me. And then they came and showed us one that they had just renovated just down the road. This one was still occupied. We could see what they were going to do with it. When we looked through here, it, we were quite impressed because of the size. The fact that it had a lovely garden around, well you know a garden that I could do things with. It had space, you look out at sky, and you're not looking at each other's backyard or looking into another wall, which is a lot of the units when you are looking out in the community. I felt I could live here, if I wasn't here. That's exactly what I said to my husband going home, "Well I could live that place if it wasn't [in this area], if it wasn't in a retirement village"

(Rebecca, int. 1, p. 1-2)

B22

Graham: Although it was a low maintenance place there were places that were hard to reach to get at which I was starting to find a bit more difficult. The fact that we had the stairs. Although the main place was just on one level, with the backyard totally level, you had to get down to the garage, you had to go downstairs. My little study just inside the front door was downstairs, close to the garage. Very useful for my [volunteer work] people coming in to see me because it meant I didn't need to take them to the house, and we also had the computer there. It meant that both of us were running up and down these stairs all day long and we could see the time would come when we would find this more difficult. There was another thing which happened, too. We had some friends that came to visit us in a wheelchair or with walking frames or whatever, and suddenly we had great difficulty in getting them up into the house, even trying to tow them up with a rope.

Rebecca: It was a steep path.

Graham: We had a steep path around the side of the house, and that really gave me a bit of a shock when we saw that.

Rebecca: I can remember when that happened.

Graham: It had a big effect on me.

Rebecca: Yes, it did. We thought, goodness me, maybe it is time that we went into something that's level.

(Rebecca and Graham, int. 1, p. 10-11)

For the purposes of this research, by disability I refer to functional impairment, ranging from very minor to more significant impairment. The participants communicated that they moved to the village partly because they wanted to live in a house that was accessible and useable for disabled adults. They also highlighted that finding this kind of house in the wider community can be difficult. In New Zealand and internationally, housing that is targeted to the general population is differentiated from housing designed to be useable and accessible for disabled people (Davey et al., 2004). When the need arises, housing is typically adapted after it is built to suit the needs of a disabled resident (Crews & Zavotka, 2006; Davey et al., 2004; Davey, 2006). The consequence of this is that standard housing in New Zealand is often impractical for disabled older adults (Davey, 2006; Severinsen, Breheny, & Stephens, 2016). Although disability is frequently viewed as an individual impairment, those in the disability movement have argued that it is society that impairs those who are disabled (Oldman, 2002). This argument is particularly relevant to the New Zealand housing sector because standard housing design may function to exclude disabled older adults (Davey, 2006; Wiles et al., 2009). When standard housing design is not useable for all, this can 'push' older adults out of their home if they experience declines in their health and mobility (Davey et al., 2004; Stimson & McCrear, 2004; Wagner, Shubair, & Michalos, 2010; Weeks et al., 2012).

Advocates for the disability movement have supported the idea of universal design in housing (Nunn, Sweaney, Cude, & Hathcote, 2009). Iwarsson and Ståhl (2003) have

argued that typical approaches to housing design are based on the assumption that standard design caters to normal individuals, whilst accessible design is specifically for disabled individuals. This lack of universal usability functions to segregate and stigmatise disabled people (Iwarsson & Ståhl, 2003). The participant narratives suggest that by not making housing design universally useable, this excludes disabled older adults from many houses, limits their options and potentially pushes them towards segregated housing options made specifically for the 'old' (Oldman, 2002).

Medical care:

The retirement village offered a range of onsite medical services to the residents, although it had no residential care home or hospital attached. A doctor and podiatrist visited a clinic that was onsite at the village at certain times during the week. In addition to this, there were Emergency Response Attendants (ERA) on site 24 hours a day, 7 days a week. These ERAs could provide some medical services, short term support in the respite care apartment, and arrange transport to the doctor off premises for a fee. Furthermore, each apartment and villa was equipped with emergency response (ER) call buttons, from which they could contact an ERA in an emergency. The participants constructed accessible medical care at the village as solution to declining health.

Some participants conveyed that the accessibility of medical care was one reason why they chose to live at the village (B23, B24). Those participants that were not able to drive found the onsite doctor easier to access (B23). Others emphasised that the ERAs were able to offer them emotional support when they were unwell or coping with an emergency and that otherwise they would have no one nearby to turn to (B24, B25). Furthermore, they explained the uncertainty that they and others experienced about whether to seek medical assistance or not (B24, B26). Thus, they explained that ERAs were able to provide some guidance as to whether medical help was needed or not (B24, B26).

B23

Although I don't feel old, I really thought it would be the best placed thing to do and if I needed medical help there's a clinic here and the doctor is here weekly.

[Text deleted here]. The medical thing was fairly important, because not having a car I couldn't get out and find another doctor at a different place every time, so it was a big help to have someone in here.

(Rose, int. 1, p. 7-8)

B24

I was told that in Australia if you press that button you get St John's come and they're a bit worried that they could bring something like that in, but I don't think they will because they'll be such an uproar, I would think, because that's the reason you come in. These old people need it. This is what you're paying for. If you're feeling ill, you need assurance that you're okay, because little old people if they're alone and they feel ill they don't like to ring the doctor. The doctor won't come anyway. But old people think oh, I'll leave it and I don't feel that good and it's not good for them. The nurses are wonderful here, it's just no trouble.

(Caroline, int. 3, p. 16)

B25

Twenty four hours there is a person up there, who is one of these ER people. In fact, when I got to the front door - going back to my story of the night that my wife needed to go to hospital and did go to hospital with her bleeding - I realised I didn't have the key so I just banged on the door hoping someone would hear me. Like Juliet in Romeo and Juliet scene, a lovely angelic voice came from above and a woman appeared in a nightdress and asked me what was going on and I told her I was new and my wife needed help I think and she said, "Right, I'll come down."

(Charlie, int. 1, p. 7-8)

B26

They say in doubt, call an ambulance straightaway but, for me, I need reassurance that I'm not fussing when I call an ambulance, and this has happened a number of times before in my life. I've been reluctant to call an ambulance, I know it's my fault but this is the way I was brought up. You don't make yourself a nuisance if you don't have to, and I'm still fighting that. I still was reluctant and in fact I didn't call the ambulance, the lovely nurse did as soon as she got down here the other night.

(Charlie, int. 1, p. 9-10)

Past studies have similarly reported that the medical care at retirement villages, particularly those that are combined with a rest home, are a key reason why older adults choose to move there (Crisp et al., 2013; Bernard, Liddle, Bartlam, Scharf, & Sim, 2012; Kupke, 2001). However, the participants' narratives highlight that illness is not only a physical experience. Previous research has examined how illness can be highly threatening to one's beliefs, sense of self, and expectations for the future (Segal, 2017). Shock, fear, depression, anger and a sense of isolation may accompany the experience of illness (e.g., Birkeland & Natvig, 2009; Jeon, Kraus, Jowsey, & Glasgow, 2010; Segal, 2017). The participants' narratives conveyed that the emotional and practical support that ERAs could provide them was highly valuable when they were distressed and unwell.

Staff and services:

The participants commented that the staff and support services at the village were available to provide them with extra assistance if they needed it. They perceived that this was a solution to becoming more dependent on others in old age. The village offered the option of personal care services, a weekly cleaning and laundry service, the provision of meals and snacks at an onsite restaurant, a weekly bus service that visited shops several times a week, and some maintenance of the home and garden. The participants argued that they were supported at the village in a way that they would not be in their previous homes (B27-B28). They explained that this meant they (B29-B30)

and their families (B31) had less to worry about. Thus, the availability of staff and services was understood to be a relief for them and their families.

B27

This offers us a style of life that we need in a new way, that's much more supportive, protective and I think it's that quality we're swapping for an inheritance for our children.

(Charlie, int. 1, p. 3)

B28

There's a lot of 90 year olds. This one lady lives downstairs, she's just turned 100 and I've just been to the library bus actually at two o'clock and one of the girls there said, "The reason there's so many 90 year olds, we're all really well cared for."

(Edith, int. 1, p. 2-3)

B29

I think I have a better life here than I would living in my own house worrying about the maintenance and cutting the lawns and can I afford a gardener to come and do this, or that darn tree has got to be cut back. You've got no worries, it's all done.

(Henry, int. 3, p. 6)

B30

It's taken worries and responsibility which you can't cope with when you get older. Perhaps that's a sensible thing to say. We've got a manager and he's a marvellous manager. People tell him things and he gets them done. He's watching over things and I feel at [this village] we're very spoilt and we're cosseted, looked after very well.

(Doris, int. 1, p. 7)

B31

Lewis: The other thing, too, is I think that from the family's point of view they're happier in that they realise all of these things happen, and from their point of view they're happier because they know that somebody's there looking after you, or is able to look after you or keep an eye on you while they get on with their career. They feel much more relieved, I think, is the easy way of putting it.

Violet: They know help is at hand.

(Lewis and Violet, int. 2, p. 15)

The participants expressed a strong desire to remain independent. However, when they talked about independence they defined it in a particular way, as not requiring help from their family. They explained that to be dependent on their adult children for support meant becoming a burden. They portrayed the staff and services as a way of remaining independent from their families, though many did not need this additional assistance at the time of the interviews.

Participants explained that becoming dependent on adult children for support could damage cherished family relationships. For example, in B32 David describes his own experience of caring for older family members. He alludes to the mixed emotions that arose at times when his grandmother's dependency on her family interfered with their ability to do things that they wanted to do. Thereby she came to be viewed as a "burden" despite their love for her. In another example, B33, Edith portrays dependency on family as highly undesirable. Edith explains that if she had remained in her previous home, her main source of social support would be her family. When she says "I don't demand anything from them and I get it back", she appears to suggest that by being independent of family she is repaid by having a very good relationship with them. Furthermore, she constructs this independence from family as her own choice and one that has served her well. When she describes her son as "devoted" and outlines how busy her daughter is, she is alluding to and countering the idea that adult children who

do not care for their adult parents are neglectful. Her comments function to clarify that her independence is not due to any lack of affection or consideration on their part. This neutralises any possible negative interpretations and supports her assertion that independence results in better family relationships.

B32

We didn't want to be living with our own family. My grandmother lived with us and at that time with the family it was a burden on the house. We all loved her and loved to have her there but it caused a lot of change in routines and plans. You used to hear, "Oh, gosh, we've gotta do this and we can't do this because Grandma's here." We had to plan around it. When my Mum was ill she used to come and visit and I used to bring her over for a lot of meals to our place. We lived in [location] and she lived in [nearby location]. I used to go there and forever fix a tap and if she fell then I was on the list to drive over there and look after her. We got her to get one of those Never Alone alarms because she had a fall once and a few hours later luckily we went there and found she was lying on the floor and she'd hit her head. She seemed to do that regularly, always hit her head when she went down. It never seemed to give her a headache but she couldn't get up. My Mum was a short and big lady and she had trouble getting up as she got older, she lived 'til she was 95. I used to go and look after her and [my wife] said, "We don't really want that to be our thing where the family has to keep coming and looking after us," and so we thought here you've got the nursing staff and that was one of the main attractions.

(David, int. 1, p. 9)

B33

I'm really quite content in my little home. Most of my friends are, every life has its stages and you have to be realistic about things. If I'd stayed, if we hadn't moved to here and I was left alone in [my old house] I would've been very lonely because none of my neighbours were my age, they all had children at school and they all went to work. There wasn't anybody there. If I got sick you can't be

ringing up your daughter all the time, "I don't feel very well." I've never relied on them too much, just get what I'm given. I don't ask, I don't demand anything from them and I get it back. My son is very devoted and my daughter, up until now, has been extremely busy with three teenagers in the house.

(Edith, int. 2, p. 13)

Participants also constructed their own independence from family as a moral action that protected their children from the burden of dependent aging parents. For example, in the following two excerpts (B34, B35) Henry explains that he and his wife moved to the retirement village so that they could remain independent from their family. Henry describes his own experience of caring for his mother-in-law (B34). This serves to exemplify how an older person may become burdensome to their adult children and illustrates his reasons for remaining independent of them. Thus, Henry constructs their move to the village as an act of consideration and love for his children (B34, B35). The way he tells this story, does not construct his children as neglectful or lacking in affection for him (B35). Rather, he and his wife chose to take control and make a move in order to ensure the well-being of their entire family (B34, B35). Therefore, when Henry positions himself as independent from family, he simultaneously positions himself as a loving and unselfish parent.

B34

My mother in law lived in a little cottage in [location] and we built behind her. She had a stroke and she was in hospital and we saw what was happening, we were going there three times a week because [my wife] wanted to feed her. So, we used to go there and we thought, well, we don't want our children to have to do this, so we came to the retirement village. We had thought about it for a while. We went to [a nearby retirement village] and had a look through there, we took my mother in law with us. They were building it and there were two villas side by side. We thought that would be good. They were very nice and we thought seriously about it and we got home and my mother in law looked at [my wife] and said, "I think it'd be a good idea. You and Henry go there. I'm not ready for that yet." We didn't move in there, we went for a trip overseas instead and

we built a new house in [describes location] behind hers. She had a stroke and she was in hospital, we nursed her for a year and then she had to go to care and she owned the house, well she'd given it to us but it wasn't paid off, so we had to pay for her in the nursing home for about two or three years. It was five years before she died in the hospital, so that wasn't easy. When she went to hospital we came here and sold the house at the back. One of my sons lived in the house but we still had to pay her hospital fees for a while and then we sold her cottage. We're here now, and I will be here till they carry me out.

(Henry, int. 1, p. 5)

B35

Our children, when we started looking at retirement villages, "Don't wanna go there, you're mad, don't go there." They will admit now that we did the right thing. They don't have to worry about us. They don't have to think, oh gotta cut the lawns for the old man. That's one of the reasons we came to a retirement village. We looked after my mother and my mother in law, and we said, "The family are not going to have to do this for us." They're very good. If I want anything they'll do it.

(Henry, int. 3, p. 4)

The participants' desire for independence from family may partly reflect the ideological value placed on independence and self-reliance in New Zealand society (Davey, 2006). Previous research conducted in a Western context has argued that asking for help can seriously threaten an older adult's identity (Miller et al., 2016). Asking for help in Western culture may involve a sense of losing control, indebtedness to the helper, and of becoming a burden to others (Miller et al., 2016). Previous studies have reported that older adults may move to supported accommodation in order to avoid becoming a burden to their families (Groger & Kinney, 2007; Jungers, 2010)

Paying for staff assistance still involves accepting help from others, yet it was constructed as a way to remain independent in old age. It is notable that paying for

assistance was conveyed to be less problematic than receiving unpaid assistance. This particular definition of remaining 'independent' may reflect ideologies associated with current economic and political systems in the West. From the 1980s onwards, neoliberal ideology became more widespread in Western economic and political policy (Ganti, 2014). Neoliberalism may be understood to be a political and economic ideology that advocates for a free market and minimal government intervention into commercial activity (Cammaerts, 2015; Ericson, Barry, & Doyle, 2000). This school of thought argues for reductions in social welfare systems and consequently, argues that the individual is responsible for their own welfare (Ayo, 2012; Breheny & Stephens, 2010). By paying for assistance, the participants were taking responsibility for their own well-being rather than relying on their relations or government services for assistance. Additionally, their acceptance of paying for assistance may reflect the consumer culture that we live in, where having the wealth to make purchases is associated with status and power (Rozanova et al., 2016; Stillerman, 2015). Thus, the participants may not only be perceived as more 'moral' individuals through their independence from family, but also as more powerful (Rozanova et al., 2016).

The solution narrative summarised:

Overall, the participants made sense of their move to the retirement village as a solution to actual or anticipated decline and loss. Their solution narratives aligned with previous research, which suggests that the solution narrative operates at a societal level – retirement villages are widely perceived to be a solution to decline and loss. More specifically, the participants constructed the village community as a solution to loneliness, the design as a solution to declining mobility, the medical care as a solution to declines in health, the staff and services as a solution to loss of previous capacity to do things and resulting dependency. Furthermore, they constructed the security as a solution to crime, particularly for older adults that live alone. The solutions that the participants described allude to problems that are created by the social and physical environment in which older New Zealanders live.

Fractures in the solution narrative

The participants sometimes remarked on difficult or inadequate aspects of the village. In some ways, the village did not live up to their initial expectations, did not offer the solutions they hoped for, or actually created new problems for them to deal with. Sometimes these difficulties were significant enough that they threatened to undermine their portrayal of the village as a solution. Thus, these difficulties created a 'fracture' in their solution narratives. The participants made sense of the village as a solution to decline and loss and fractures threatened to undermine this framework of meaning. Therefore, the participants usually made sense of these fractures in a way that allowed this framework of meaning to hold together. The participants often minimised fractures through their choice of words and arguments. This had the effect of portraying fractures as relatively minor, of diminished importance, and therefore non-problematic. Consequently, for most participants the solution narrative could be maintained in spite of the fractures working to disrupt it. For one of the participants, the fractures were too large for the solution narrative to be held together and it was evident that she had constructed a new narrative since moving to the village. This study examines four notable fractures in the participants' solution narratives and how the participants dealt with these. These fractures relate to the medical care, the community, the financial arrangement, and the village rules. These are each discussed in turn below.

Medical care:

It was evident in a number of participant narratives that the medical services were perceived to be limited in their practical use. For those that perceived the medical services as limited and had come to the village for these services, this constituted a fracture in their solution narrative. In the example below, Doris explains that one reason she moved to the village was due to the presence of nursing staff, thereby constructing this as a solution to declining health in old age (B36). However, her portrayal of the nursing staff suggests that it is a fairly limited solution (B37). Therefore, her remarks about the medical care construct it as an inadequate solution to declining health and this creates a fracture in her narrative.

B36

Another thing was that as you get older you've got to expect your body parts to wear out and you know that your health will deteriorate and it would be nice to be at a place where there was a nurse or where you could get some help.

(Doris, int. 1, p. 1)

B37

Interviewer: Are there any differences to what you expected?

Doris: Perhaps in the nursing realm. We've got a nurse and the nurse is on 24 hours on call and they call it emergency response nurses. You can ring them any hour. At half past four in the morning I fell over and broke my hip and you could just ring them and they're marvellous. They'll come and look after you and get the ambulance. But they don't give you full nursing services, they are just a response team. That's the same in all the rest homes. That changed after we came in. Perhaps that is one different thing. If you came home from hospital and needed nursing, the nurses wouldn't look after you here. You've got to make your own arrangements because it's only a response team that will help you. They'll run you up to the medical centre or something like that but it's limited. That doesn't worry us at all because we keep very well.

(Doris, int. 1, p. 6)

When Doris remarks that the medical services are not as good as she had hoped they would be, this creates a fracture in her solution narrative because it undermines her portrayal of the village as a solution. However, Doris makes sense of this fracture in a way that aligns with her narrative that depicts the village as a solution overall. Thus, she minimises this fracture by explaining that she does not need the care in any case, and, by praising the staff members and the service that they do provide, even though she conveys that the services they offer are limited. These comments function to construct the limited nature of the medical services as non-problematic. This also constructs a description of the medical care that is confusing upon first consideration

because it appears inconsistent. Although she describes coming to the village for the medical care (B36), her description suggests that very little care is available (B37), yet she says this is not a problem because they do not need care in any case and praises the staff (B37). Yet, this apparent inconsistency is the result of two different positions coming together to shape the narrative in a certain way. The researcher asked Doris specifically if there was anything about the village that did not live up to her expectations. This prompted her to discuss those aspects of the village that were not up to her initial expectations and created a fracture in her solution narrative. Not only does this fracture disrupt her narrative through which she has made sense of the village, it also creates the possibility that the researcher may attend to this limitation in the services without comprehending Doris's main message - that overall the village has been a solution for her and a good place to live. Therefore, Doris works to downplay this fracture through her choice of words and argument. This example demonstrates how Doris made sense of a fracture using the framework of meaning provided by the solution narrative and that this was done in the context of social interaction.

Community:

The participants depicted the village community as a solution to loneliness. However, they also remarked on the presence of gossip, social cliques and social conflict within the village community. Although few participants said they were lonely themselves, many had noticed other residents who appeared isolated and lonely. Some of the participants expressed that they had been personally affected by difficult social dynamics at the village. For these participants, this represented a significant fracture in their solution narrative. Rose's narrative exemplifies how the village community was not always experienced as a straightforward solution to loneliness. In the series of excerpts below, Rose explains that one of the reasons she moved to a village was so that she could avoid being isolated and lonely (B38). She constructs the village as a solution to loneliness (B39) and makes a positive evaluation of the village overall (B40).

B38

Interviewer: If your [relative] hadn't been here do you think that you would've still come into a retirement village? Would there have been a preference?

Rose: Yes, I would've. I did think of building or buying a little house but as I would have been quite lonely and the houses cost quite a lot of money, more than I had at that stage, although I don't feel old, I really thought it would be the best placed thing to do and if I needed medical help there's a clinic here and the doctor is here weekly.

(Rose, int. 1, p. 7)

B39

The advantages are security and companionship I would say, and a certain amount of freedom and the knowledge that help is available if necessary, and advice, too.

(Rose, int. 2, p. 10)

B40

I suppose there are disadvantages but on the whole I think it's a pretty wise choice and I would recommend it to people. A lot depends on circumstances. It's not the same for everybody.

(Rose, int. 2, p. 10)

However, Rose's narrative conveys that she found it difficult to get to know others in the community and so the village was not a simple solution to loneliness for her. In excerpt B41, Rose explains how, despite her efforts to join in social activities, she still found it difficult to get to know other residents. In B42, she comments that other residents did not make an effort to befriend her because they were already busy with existing friends and family. In excerpts B41 and B42, Rose articulates this difficulty in a manner that is careful not to criticise other residents. This has the effect of downplaying her initial difficulties. She mentions that some of the residents weren't "patient" with her when she first moved in but counteracts this by saying "most of them are very nice" (B41). Furthermore, after Rose remarks that residents prioritise family over friends, she adds the comment "quite rightly" (B42). This comment functions to lessen any sense of

criticism towards them, by portraying the behaviour of other residents as appropriate and 'right'. Thus, Rose's narrative communicates that the village community was not a straightforward solution to loneliness for her, but does so in a subtle way. Whilst eventually she did find friends, Rose suggests that this took several years of effort to achieve (B42). In a later excerpt (B43), Rose's frustration with some of the social dynamics at the village is made more explicit. For example (B43), Rose explains how the seating arrangements at happy hour serve to exclude those not already established within the community.

B41

Interviewer: How long did it take you to get to know some people at the village?

Rose: About a year, I suppose. I got used to the rhythm of the thing quite well, but the people – took longer to get them sorted out. Some of them had been here since it began and they're not very patient with people like me who didn't know a thing about anything. Most of them are very nice anyway.

(Rose, int. 1, p. 5)

B42

Interviewer: How long do you think it was until you felt settled and at home here? Do you feel settled and at home here now?

Rose: I got to the stage of being quite comfortable and having a place to put everything after about a year, I would say. It took another year to get to know people well enough. It wasn't that I didn't join in as much as I could. I did join in but they had their various friends and things that they did, apart from their own families of course, which people put before anything else really, quite rightly.

(Rose, int. 1, p. 6)

B43

At four the happy hour in the bar begins and it goes on till half past five. I can't stand the thing too long. It's so boring, really, because you would think, wouldn't you that it would be a nice place to meet people you haven't met before. But, not a bit of it. There are tables laid out there – you've seen them – and you get your drink and you sit down and everyone has certain tables they want to sit at and certain seats. You can't just go and sit down, you might be sitting in someone's seat, unless they're away that day. So, me not being mad on it, I get there late, about 10 to five, so sometimes I have to sit next to the utmost boring people and sometimes I'm lucky enough to get someone I can talk to, quite interesting.

(Rose, int. 2, p. 3-4)

The way that Rose couched her initial negative experience in positive language may just be a manner of speaking that is respectful of others. Yet, it may also indicate some discomfort in criticising the village community or in acknowledging her initial difficulty in getting to know others. This discomfort makes sense when considered in the context of other participant narratives that often positioned lonely individuals as at fault. When other participants described the existence of residents who were lonely at the village, this represented fractures in their solution narratives because the village was made sense of as a solution to loneliness. Therefore, the participants made sense of this by adding a proviso to this solution. They argued that the village community was a solution to loneliness, but only if a resident was proactive enough to join in. They emphasised the importance of making an effort and joining in with the activities in order to meet people (B44-B46). These comments functioned to minimise the fracture created by their acknowledgement that some residents seemed lonely. However, this also functioned to present lonely individuals as at fault for not making adequate effort to involve themselves in the community (B44-B46). Therefore, when Rose says “It wasn't that I didn't join in as much as I could. I did join in...” (B42) she may be responding to this idea. If so, her comments function to dispel any blame towards her because she joined in as she was supposed to do. However, this conceptualisation of the village as a

solution and lonely individuals as at fault, may have made it more difficult for Rose to express her initial difficulties with making friends at the village.

B44

One or two people have commented to us about this, it is your attitude when you come into a place like this. You could be very isolated or else you can decide to get involved in a few things and get to know people and reach out to people.

(Rebecca, int. 1, p. 15)

B45

There's no excuse for being lonely. You've got to go out and talk to people.

(David, int. 3, p. 14)

B46

I think there are some very lonely people in the village because they don't make an effort.

(Henry, int. 2, p. 5)

Rose's narrative highlights that some residents do experience difficulty accessing social support in the village community. The retirement village environment brings together a group of people and provides social activities and facilities that allow people to mix. However, forming supportive friendships is not immediately or necessarily achieved by living in such a community. The social dynamics and individual characteristics within any particular village will dictate how easy it is to actually find social support. Furthermore, the participants' solution narratives often positioned lonely residents as at fault, rather than the village community as at fault. This may make it more difficult to acknowledge feeling lonely or excluded at a village.

Financial arrangement:

The financial arrangement was a particularly large fracture in many of the participant narratives. Some participants were explicit in saying that they disliked the financial arrangement, whilst others made sense of the financial arrangement by minimising or reframing the costs involved. In order to understand why the financial arrangement was a fracture however, it is important to first review the standard financial arrangement in New Zealand retirement villages. The typical financial arrangement in New Zealand retirement villages is the occupation rights agreement (ORA) (Davidson, 2017). According to the participants, this was the financial agreement that they had with the village. The occupation rights agreement differs from a freehold title, in that a resident purchases the right to live at a retirement village indefinitely but the resident does not actually own their home (Law Commission, 1999). There are three main costs involved in the ORA which will each be explained in turn. First there is an initial purchase price upon entering a village that is comparable to purchasing an apartment or house. Second, there are service fees. At the village the service fees ranged from approximately \$600 to \$1,700 dollars per month, depending on the services the resident required. Third, there is a deferred management fee that is paid when a resident leaves the village (Davidson, 2017). This fee is typically set at a maximum of 20-30% of the initial purchase price (Davidson, 2017).

The sale and re-sale of each unit is currently a key profit driver in the New Zealand retirement village sector (Davidson, 2017). When a village unit (house or apartment) is resold village owner-operators typically keep the capital gain (Davidson, 2017). By the capital gain I refer to the profit made when a unit is sold, as a result of increases in the value of the unit over time. Therefore, moving to a village involves a significant opportunity cost. The ORA typically specifies that village residents give up the opportunity to claim any increase in value of their home in the future (Davidson, 2017). This opportunity cost is significant because of the general trend of increasing house prices in New Zealand (Kendall, 2016). Over the last five years, New Zealand house prices have increased at an average of 10.8% per annum and Auckland house prices have increased at an average of 12.9% per annum (Davidson, 2017). Retirement village operators have made a significant profit from capital gain at resale, particularly as

current New Zealand tax laws do not require retirement village operators to pay tax on profits from the resale of each ORA (Craigs Investment Partners, 2017a, 2017b; Metlifecare Limited, 2017; Oceania Healthcare Limited, 2017). Overall, the ORA involves the costs incurred by the initial purchase price, deferred management fee, and service fees as well as the opportunity cost involved in allowing the village owners to retain the capital gain.

In the examples below, the financial arrangement represents a fracture in the participant narratives due to the consequences of the cost and opportunity cost involved. In the first example (B47-B52), Graham and Rebecca present the financial arrangement in a way that supports their overall message that the village has been a good solution for them. They frequently work to downplay the negative aspects of this financial agreement through their choice of words.

B47

Graham: I think on the financial side we would have preferred like many people who live in villages to have a freehold arrangement but there were very few villages where you can buy freehold. Most of them, 90% of them you just buy a licence to occupy, which is the situation here. So it's a question of getting used to that and not thinking of it as an investment. We didn't ever think of it as an investment, apart from a lifestyle investment. People who are only interested in having it as an investment well they should do something else. But we didn't think of it that way.

Rebecca: Yes you have to know the facts of coming in, that it's not a capital gains venture. You come in because it's the stage of life you're at. You can see the advantages, with the family it takes a lot of worry off them, about what's going to happen to mum and dad. In fact our family were really delighted when they saw the place. Um what else? And our impressions from day one, we've felt at home, from the moment we moved in. We haven't ever felt we've done the wrong thing and we're very happy here after 18 months.

(Rebecca and Graham, int. 1, p. 3)

B48

Rebecca: As you get older financially the costs of the power bill and things like that in a bigger home, you need to start reducing on that. It's more economic for us here and so those are the sort of things you're starting to think, we have to conserve on some things. It all starts to add up and you think, yes, it's really time.

(Rebecca, int. 1, p. 11)

B49

Graham: As my wife mentioned earlier on, hopefully have our outgoings less, although when we did our sums we could see in total, because there's a service charge here, that there wasn't a lot of difference. There would be some savings in some things which would be similar or slightly more expensive, like the power bill, that's about two-thirds of what it was where we were before, half to two thirds, so that's made a difference.

(Graham, int. 1, p. 13)

B50

Rebecca: What I was saying was when we came in because of the costs and that and the conditions when you come in, our feeling is that we've come in here for the rest of our lives. If we had felt unhappy after being in here a while and think, what did we do this for, and decided, we'll sell, say within a year we'll sell it, we would not have got our money back because they deduct off each year I think it is.

Graham: Seven and a half per cent for four years.

Rebecca: They deduct it off, so you would never get your money back, whereas if you're out in the community and you sell your home you're going to make on it.

Graham: The 7.5% comes off what you pay, not what the place might be worth.

Rebecca: It would be important to come in and really be sure that this is for you, because you've really made the commitment for the rest of your life.

(Rebecca and Graham, int. 1, p. 16-17)

B51

Interviewer: Would you feel comfortable moving out, financially-speaking, if you changed your mind about coming in here? If you had changed your mind and decided you didn't like it, would you have felt able to move out?

Graham: Yes, but we would've ended up having to move into something substantially less desirable than we'd come from originally. Probably in some ways the only way to do that would be to do like [our friend] has done, who's moved [to a smaller town, where house prices are lower]. He's a bit older than us. Into a new, a little bit smaller than this, quite a nice little, it's not a village, it's one of 10 units but the price is about half what we paid for this. But it's in [another town] so that's the sort of thing we'd had to do.

(Rebecca and Graham, int. 1, p. 17)

B52

Rebecca: If we didn't like it and if we'd sold, the answer was we would've had to have a less quality home than what we came from.

Graham: We felt that we were, by our standards, very thorough in our preparation in coming here and so the chance of that going haywire was very small. The risk was quite low, really, and they're reasonably fussy in the village to try and make sure they don't bring people into the village who don't fit in. Occasionally no doubt there will be and sometimes those people just end up feeling unhappy and so they move out. It so happened when we came we related quite well to most of the immediate neighbours.

(Rebecca and Graham, int. 1, p. 18)

In the example above, Graham and Rebecca discuss some aspects of the agreement that appear to be problematic. The move to their home at the village involved the opportunity cost of giving up the capital gain (B47) and other costs such as the deferred management fee (B50). As a consequence, if they ever move out they will have less money than they came into the village with, even though house prices may have increased. In this instance, they will have the choice of moving into a smaller, less desirable house than they previously had, or moving to another city with lower house prices (B51). This represents a fracture in their solution narrative because if they ever wish to move out, the ORA agreement will have significantly reduced their financial assets. They make sense of this fracture in a manner that allows them to still make sense of the village as a solution. One way they do this is by minimising the importance of the costs involved. For example, they construct the retirement village as a “lifestyle investment” (B47) instead of a financial investment. This constructs the costs involved as relatively unimportant due to the benefits of their lifestyle at the village. Furthermore, they position themselves as in control of the process (B52). The costs and opportunity cost are only a problem for them if they move out, so by constructing this situation as unlikely this renders the costs as irrelevant to their own situation (B52).

Another way they bring their account back into line with the solution narrative is by drawing on those aspects of village life that are less costly than living in their previous home. In doing so, they construct their decision as financially sensible. This works to offset the fracture created by the other costs and the opportunity cost. In B48 Rebecca constructs old age as a time when people need to be careful with money and the village as a solution to that problem, due to the lower costs involved in maintaining a smaller home. In B49, Graham portrays the village to be more economical in some respects, by noting their smaller power bill. Yet, this portrayal is undermined to some extent when he says: “when we did our sums we could see in total, because there’s a service charge here, that there wasn’t a lot of difference” (B49). Thus, although Graham and Rebecca work to downplay the fracture created by their description of the ORA, their narrative alludes to the problematic nature of the ORA. More specifically, their narrative suggests that the ORA would become problematic if they ever wished to move out.

The next two examples further illustrate why the financial agreement was problematic for the participants, thereby creating a fracture in their solution narratives. Across the participant narratives it was evident that many would find moving out of the village financially difficult. In some cases, the participants explained it would be so difficult that they did not consider it to be a viable option. Both Henry (B53) and Doris (B54-B55) disclosed that being financially locked into staying at the village had caused them or their partner significant distress in the past. More specifically, Henry commented that he initially felt “trapped” at the village. Doris discussed her husband’s “nervous breakdown” in the first year of living at the village, due to his regrets about moving and the sense that he could not reverse this decision. Both Henry and Doris described fairly distressing experiences. The distress that they described created a large fracture in their solution narratives. Consequently, stronger words of positive appraisal were required to offset such a large fracture. In both examples, the participants emphasise that they have since readjusted to village life, to the extent that they are so happy they would not want to live anywhere else (B53-B55). Their strong positive appraisals of the village function to restore the integrity of their solution narratives.

B53

I can remember the first week very well. We moved in and I thought, my God, I'm trapped in this place, I can never get out! But we've gotten used to it and I wouldn't want to live anywhere else now. If I won Lotto I wouldn't move. I've got everything I want in here. I'm looked after, I don't have to do gardens, there's a nurse on duty 24 hours a day, I've got friends here in the village, I've got a very dear lady friend, we go away for holidays together and I enjoy the people here. Why change?

(Henry, int. 1, p. 2)

B54

My husband, he was quite different to me. He went through a very bad time. He almost had a breakdown and he did have almost like a nervous breakdown, feeling that he'd done the wrong thing coming in. In a way, there's no going back

because you've committed yourself so much financially. It's like the last station, if your life's different stations, this is almost the last. A rest home is the next station. You couldn't sell up and go somewhere else unless you're quite wealthy, unless you've got a lot of money, most people can't. So, you're caught into a situation so that you've got to make a go of it in a way. He thought he'd done the wrong thing and he was really homesick for [our previous home]. It would've taken him I suppose nine months to get over that. Some people come into the village and they take to it like a duck to water but other people come in and find it strange and unusual. It's just different, different people, different place. We went along quite happily although there was this going on underneath. On the other hand, you realise you're gaining a lot of other things. After that, we got into various things – bowling, my husband was a bowler before he came here [where used to live] and we were in a lot of things. We went to the walking group and things like that. After a while you just wouldn't want to be anywhere else because this just opens up a whole new life to an older person. It's really ideal.

(Doris, int. 1, p. 4-5)

B55

Interviewer: What do you think helped your husband adjust? Does he feel quite happy with the decision to move here now?

Doris: Very much so. He wouldn't be anywhere else. He was president of the bowling club for many years and he was in a lot of activities. He just got over that and really enjoyed, just sure we did the right thing. He wouldn't be anywhere else. He tells people that aren't in the village and say, "Why don't you come into the village?"

(Doris, int. 1, p. 11)

Overall, the participants depicted a range of problems that the financial arrangement could cause in the instance that they wished to move out in the future. Many participants did not intend to move, though they acknowledged the possibility of

moving to a residential care home at some point in the future. In New Zealand, the government currently subsidises residential care (Age Concern, 2017; Ministry of Health, 2017). This current policy means that older adults can afford to lose the capital gain on their home to retirement village operators. This policy means that if they become unwell they will still be able to access residential care if they have nowhere else to go. Yet, if the political environment changed in the future so that residential care was not subsidised, the costs involved in moving to a village would become untenable for many older adults. At this time, the profits made by retirement village operators is made at the financial expense of older New Zealanders and the New Zealand government.

Village rules:

Another example of a fracture related to the rules at the village. At the village, the residents were obliged to comply with village rules that were set down by the management. These rules outlined village expectations in regards to appropriate behaviour and maintaining a certain standard in regards to the appearance of home and garden. The rules were not absolute but they did guide the behaviour of residents. Unlike previous examples, the village rules were constructed as a fracture by only one participant. This case exemplifies a particularly strong fracture. Most importantly, this case also demonstrates that not all participants continued to make sense of the village as an effective solution for them after making the move. Anna's rationale for moving to the village was to avoid losing control over her own life in old age. Yet, she experienced the village rules as a threat to her sense of control.

Anna explained that she moved to the retirement village in an attempt to remain autonomous and in control of her own life (B56). She feared that if her health declined she might be forced to move in the future and so chose to take control over the move herself (B56). At the time of moving, she perceived that living at the village was a solution for older adults with declining health (B57). She explained that making the choice to move early was intended to protect her autonomy in several ways. She was able to avoid having the move forced on her in the future (B56). Additionally, by moving when she was both financially and practically independent she was able to dictate the terms upon which she entered a village. She could choose the village that she perceived

was the “nicest” (B56) and make her home at the village how she wanted it to be (B58). She could also avoid the sense of having no purpose left in life, of just “waiting to die”, by moving in early and making a life there (B59).

B56

Just comparing the places in this area the environment is the nicest, I think, of those places. The other village [nearby] looks a bit forbidding from the road, very much an institution. The attraction here is that I've got my own place. I keep myself to myself, I'm not a party person or club person, so it suits me. If I wanted to see company I could if I wanted to, but the only thing I do regularly in the main building is I go to Tai Chi and then a group of us afterwards have a cup of tea and a chat and a laugh and that's the only time really that I go to the main admin block/apartment block. Sometimes the library.

In 2003 or 2004 I went back to [where I was born], my father had suffered a couple of strokes so I brought him back here with me. I suppose that also made me think that I wanted to make a move to a retirement village before I needed to and I wanted it to be my own decision. I didn't want to leave it to my children to then think, my God, what do we do with our old Mum?! I visited my father, of course, and looked around at facilities in [his home town] and the ones that I would've liked I couldn't afford, so the easiest was for me to bring him here. It was really against his wishes. He would've preferred to have stayed back in [his home town]. I thought I don't really want things like that to happen to me, for my own sake and also my children's sake. Hopefully I'll be able to look after myself to the end of my days.

(Anna, int. 1, p. 2-3)

B57

I must admit, initially when I moved in I said to my sons if ever I need to I can move to an apartment and there's a restaurant and I can have a cleaner come and help me and have district nurses coming and shower me or whatever.

(Anna, int. 1, p. 8)

B58

I moved in and I did my own renovation. I put in my own kitchen, bathroom, floor and I thought to myself if I put up with living in a village I at least want my own place to be to my liking.

(Anna, int. 1, p. 4)

B59

Anna: It's nice for me to remember that my father saw this place and said, "Oh, you were lucky to find it." My friend who died a year ago, he said, "No, I'm not ready yet." I didn't want to leave it to the last minute and then feel that I'm sitting there waiting to die – that sort of feeling. If that makes sense.

Interviewer: Yeah, it does.

Anna: Make a move and say, "This suits me, this is more comfortable," and if I want to I don't need to cook. I go up to [nearby suburb] to the Thai restaurant and to the Indian restaurant at [nearby suburb]. I thought that was a better feeling. Lots of people have this block and I must admit first telling people that I was moving to a retirement village I felt a bit awkward. I guess because it's sort of like different stages in your life and you're sort of preparing yourself for the ultimate demise.

(Anna, int. 3, p. 18)

The above excerpts indicate that Anna's rationale for moving to the retirement village was based on her initial perception that it would be a solution for her. However, as her personal narrative progressed it seemed that the retirement village had not provided her with the solution that she had hoped for. The village rules were a significant fracture in Anna's narrative because she experienced them as a threat to her autonomy and individuality. Anna described situations in which other residents and management tried to bring her behaviour back in line with village rules (B60, B61). Anna's occupation

in her home was conditional upon her agreement to village rules and this allowed management to interfere in her affairs to a certain extent. Furthermore, she remarked that other residents had also experienced a loss of control at the village (B62). Therefore, Anna's narrative conveys that she moved to the village to avoid a loss of control in the future but her sense of control was threatened by the village rules.

B60

Anna: We get our weekly or fortnightly newsletter and they ask us not to feed birds.

Interviewer: That's no fun.

Anna: That's another disadvantage. As I said, I keep myself to myself but I have one neighbour who noticed that I feed the birds and he objected and dobbed me in. If we were just living out in the suburbs nobody could take offence and couldn't dob me in. I thought that was really unpleasant.

Interviewer: I agree.

Anna: He phoned without giving his name saying that if I didn't stop he would report me, so I went up to the manager and explained that they were my friends and I was feeding them. Full stop! He said he can't make me stop.

(Anna, int. 1, p. 5-6)

B61

One of the neighbours, and I presume it's the same one, complained about my grass being too long and instead of coming to me and saying, "Anna, your garden looks untidy, would you mind cutting your grass a little more often?" They went to the manager and instead of him calling me, it was a different one to the present one, this one has a better way of communicating. That manager sent me a letter, would you believe, saying that people had complained. So, there was correspondence instead of coming to me and asking me. The final result of that

was that I have permission now to leave my grass for four weeks before I need to cut it!

(Anna, int. 1, p. 6-7)

B62

I did have a [describes nationality] friend who moved into the village here. He only stayed a few months and then left. He felt that he wasn't sufficiently in control of his life. That was the feeling he had.

(Anna, int. 1, p. 7)

Anna communicates that she initially made sense of the village as a solution and this constituted the rationale for moving there. Yet, as her narrative progressed it was apparent that she no longer made sense of the village as a solution. In the excerpts below, Anna explains that the gossip (B63), lack of privacy (B63), and limited medical care (B64) were additional fractures in her solution narrative. These undermined her initial perception of the village as a solution if she were to become ill or disabled in old age. Therefore, these aspects of the village were additional fractures that compounded the threat to her autonomy that she experienced as a result of the village rules. Anna's narrative illustrates how too many fractures can break the solution narrative. Anna could no longer make sense of the village as a solution and so she constructed an alternative narrative. In B64, Anna considers other ways in which she can retain her sense of autonomy and control, in the event of illness and disability.

B63

Since living here and talking with people in the apartments I don't think I ever want to move to an apartment because everybody knows what everybody is doing. I couldn't cope with that. And they perhaps gossip or something like that. I'm sure they talk about me saying what a peculiar person I am but it doesn't worry me.

(Anna, int. 1, p. 8)

B64

Anna: I think it's a relatively small proportion of the population who actually end up in a nursing home, isn't it? There are lots of people here who wish that there was a hospital or nursing home attached to the village and, as I told you last time, I've said to [my children] if I become old and decrepit I'll [live with them]. I guess we always hope that we can stay in our own place till the end. There are no facilities, really, there are nurses on duty but if you ring the alarm bell and they see that you need help they call the ambulance. That's not much help. I think at one stage if you had to go into hospital and then for a short time afterwards you could stay in one of the apartments and they would look after you. If you are unwell and you live in an apartment, and I think even in the villa, they would actually bring you a meal if that's what you needed. Even my friend who died of cancer last year, I spent the last three months with him, looked after him. I'd asked him to come here and he didn't want to, so I moved there. Even he managed to stay home until almost the end.

I do believe in euthanasia, so hopefully by the time, the lawmakers might have a change of mind. Being physically unwell, I suppose one can cope with, but losing one's mind, losing one's marbles, that is something that to me would be the most awful thing to happen. People who can't even recognise their own family and friends, if you don't have friends and family then you might as well be dead. You're better off dead, I think.

Interviewer: It would be frightening knowing that that was going to happen. My grandfather had Alzheimer's when he died.

Anna: My father didn't suffer from Alzheimer's but he'd experienced a couple of severe strokes and when he was still [in his country of origin] – they have the most fantastic rehabilitation clinics. It was after the second stroke, or the first one? I saw him on both occasions. I did say to the medicals, "Don't send my father to a rehab clinic where they teach him to tie his shoelaces. My father wants to be able to play the violin and paint, otherwise his life is not worth living." They did actually send him to an excellent clinic. He really recovered quite well

but, of course, then it was followed by smaller incidents. So, to see a highly intelligent man diminish. His wife and I thought afterwards that it would've been better for him if he'd suffered a really severe fatal stroke first time round.

Well, I said to [my son/daughter], "There's always the plastic bag." If you know that your mind is going or for physical reasons, let's say, people then end up committing suicide before they really need to. You can't wait until it's too late for you to carry out your wishes, you would then need assistance, so people in fact end their life when they might've been able to enjoy life a little longer, if they'd had help is what I'm saying. So, keep fingers crossed!

(Anna, int. 2, p. 10)

In B64, Anna's discussion of alternative solutions function to position her as in control in a situation where a loss of control is threatened in the future. To begin with, she rationalises that most people never need to move into residential care and manage to stay at home until the end. Therefore, she constructs it as unlikely that she will end up in residential care and lose her autonomy. Nonetheless, she outlines some potential plans for maintaining control if her health or mental state declines. More specifically, she outlines her plan to move in with her adult children if she becomes "decrepit". She also considers the possibility of euthanasia or suicide in the hypothetical event of mental decline. In doing so, her narrative works to position her as in control. Yet, throughout her narrative, there is the sense that the possibility of losing control in the future has guided and constrained her life choices. She indicates that she made the decision to move in an effort to protect her autonomy. Yet, she implies that if this threat had not been present, she would have preferred to live elsewhere. For example, when she says she has "put up with living in a village" (B58). This illustrates a dilemma that other older adults may face – either move by themselves and avoid being forced to move, or not move and risk being forced to move later. This choice is severely limited by the possibility that others may take away control in the future. Furthermore, Anna's narrative also suggests that staying autonomous is not necessarily easily achieved by older adults themselves. The potential for losing autonomy is located in wider societal practices that can function to disempower older adults. Although Anna hoped that moving to the

village would be a solution to this, she experienced the village rules as a threat to her sense of autonomy. This was a significant fracture that, in combination with other fractures, was enough to break Anna's solution narrative apart.

Making sense through the solution narrative:

Narrative theory argues that narrative provides a means through which people make sense of their life experiences, give meaning to their actions and to their decisions (Willig, 2013). All of the participants had (at least initially) made sense of their move to the village as a solution to decline and loss in old age. In doing so, they emphasised the positive aspects of the village and the ways that the village provided a solution for them. When participants made sense of problematic aspects of the village, they usually did so in a manner that caused minimal disruption to their solution narratives. Consequently, they minimised the problems that they perceived or experienced. By emphasising solutions and downplaying fractures, this maintained the integrity of the solution narrative overall. It constructed a narrative where solutions outweighed any fractures, thereby balancing these in favour of the solution narrative.

In some respects, the participants' situation may have increased their investment in the solution narrative. All participants described moving to the village because they perceived it would provide solutions to decline and loss. Thus, they had already taken action based on this narrative. Additionally, many indicated that the financial arrangement would make moving out difficult. Therefore, they were invested in it continuing to constitute a solution for them. Furthermore, the solution narrative positioned them as empowered individuals. It did so because it portrayed them as having successfully taken action to manage or avoid the problems they anticipated in old age. This sense of being in control may be particularly meaningful in old age, given that old age is frequently understood to be a time when individuals lose control (Angus & Reeve, 2006; Bland, 2007; Gullette, 2004, 2011). Therefore, it is likely that the way they made sense of the retirement village related to their current situation as well as their experience of living there.

It is reasonable to assume that the solution narrative is a societal narrative for several reasons. All but one of participants constructed the retirement village as a

solution to decline and loss without reservation. In regards to the one exception, this participant had initially made sense of the village as a solution and this had formed the rationale for moving there. This suggests that the residents all drew on an existing societal narrative that constructs retirement villages as a solution to decline and loss. The literature on retirement villages supports this assertion. Previous research has frequently constructed retirement villages as a solution to decline and loss in old age (e.g., Crisp et al., 2013; Gardner et al., 2005; Graham & Tuffin, 2004; Grant, 2006; Hu et al., 2017; Kupke, 2001; Stimson & McCrea, 2004; Streib, 2002). This suggests that the solution narrative is widely accepted in academic circles. Furthermore, the results of Leonard's (2002) study suggests that New Zealand advertisements draw on the solution narrative to promote retirement villages. Leonard (2002) reported that retirement village advertisements in New Zealand drew on four main themes, including; community, security, facilities and independence. These four themes closely align with the specific solutions that the participants described in this study. The participants described community as a solution to loneliness, security as a solution to crime, home design as a solution to disability, medical care as a solution to illness, and staff as a solution that enabled independence. This strongly suggests that the participants were drawing on a widely accepted societal narrative that is disseminated by retirement village advertisements in New Zealand.

Societal narratives have social consequences (Gergen, 2015; Souto-Manning, 2014). The solution narrative functions to promote retirement villages and therefore it is an ideal narrative to draw on for advertising retirement villages. Yet, the solution narrative emphasises the positives whilst minimising the negatives of the retirement village option. Consequently, when this narrative is widely used to depict retirement villages it may not adequately inform older adults who are considering this accommodation option. The findings from this study have exemplified how an older adult may move to a village because they perceive it will be a solution for them, only to find that it was not the solution they hoped for. Furthermore, the financial arrangement is such that many older adults may find it difficult to move out after they have bought into the village. Therefore, it is important that the solution narrative is counterbalanced by recognition of the potentially problematic aspects of village life.

The participants described ways that the retirement village did not live up to their expectations, did not provide the solutions they hoped for, and presented them with additional problems. Their descriptions suggest that they experienced the retirement village as an imperfect solution. These findings are supported by previous international studies that have described difficulties that retirement village residents have encountered. In this study, the medical services were constructed as limited and this represented a fracture in the participant narratives. In a previous study, Buys (2000) reported that the participants' expectations of the medical care differed significantly from what was actually offered. In this study, the participants referred to gossip, cliques, conflict and the presence of lonely people. This represented a fracture in their solution narratives, particularly in the instance that they had been personally affected. Prior research has also commented on difficult social dynamics that can occur within retirement communities and the potential for social isolation despite living in a community (Bernard et al., 2007; Bernard et al., 2012; Chandler & Robinson, 2014; Shippee, 2009). Again in this study, the financial arrangement was a significant fracture due to the costs and the opportunity cost involved. Previous studies have briefly referred to some resident dissatisfaction with the financial arrangement involved in moving to a retirement village, without examining this in detail (Gardner et al., 2005; Kupke, 2001). In this study, the village rules were experienced as a significant fracture by one participant because they undermined her autonomy and individuality. In a previous case study, Pacione (2012) detailed how the residents committee had been heavy-handed in enforcing village rules, resulting in significant dissatisfaction amongst the village residents. These collective findings suggest that the problems that were encountered by this study's participants were not an exception to the rule. These collective findings suggest that retirement villages in general can be a problematic solution to decline and loss in old age.

The socio-political context of the solution narrative

The solution narrative brings together loss narratives and successful aging narratives, in a manner that functions to promote retirement villages. First, in the solution narrative, the retirement village is portrayed to solve the problems of decline and loss. The retirement village is depicted as offering an environment that is supportive to those who experience decline and loss, or to those who anticipate this in the future. It offers solutions to decline and loss that are in line with Western values and ideologies. For example, retirement village facilitates remaining independent of family members, and maintaining a busy, socially engaged lifestyle.

Second, the solution narrative portrays the retirement village lifestyle as the means to a successful old age. When considered from a successful aging perspective, loss narratives arguably depict a failure to age successfully (Martinson & Berridge, 2015; Rowe & Kahn, 1987, 1997). From this perspective, success in old age is characterised by low probability of disease and disability, high cognitive and physical functioning, and active engagement with life as evidenced by social connections and productive activities. Loss narratives present old age as a time of illness and disability, reduced cognitive and physical functioning, and a progressively reducing social and productive engagement with life – essentially the opposite of what signifies success in old age (Martinson & Berridge, 2015; Rowe & Kahn, 1987, 1997). Therefore, when the participants constructed the retirement village as a solution to decline and loss, they likewise constructed it as a solution to unsuccessful aging. They conveyed that the retirement village facilitated their ability to function independently and to remain engaged in leisure and social activities. These accounts suggest that retirement villages enable older adults to age successfully. Previous research has argued that the design and marketing of retirement villages draw on successful aging ideals (Laws, 1995; Lucas, 2004; McHugh, 2000). Retirement villages offer residents a myriad of social and leisure activities. Therefore, older adults may purchase the ability to take part in this active, socially engaged lifestyle at a retirement village – a lifestyle that signifies success in old age (Laws, 1995). Retirement village advertisements also connote high cognitive and physical functioning in old age, through images of healthy, active older adults emplaced within the village landscape (Lucas, 2004). The lifestyle and advertising images

associated with retirement villages are in strong contrast to loss narratives. Thus, the combination of these two narratives – decline versus success – work together to legitimise the existence of retirement villages.

This retirement village solution is located within a capitalist, neoliberal, consumption-based society. This socio-political context has shaped the solutions that New Zealand retirement villages offer. Most retirement villages in New Zealand are run as businesses under corporate ownership (Lazonby, 2007). These offer a corporate solution to decline and loss that is driven by corporate motives. Retirement villages are accountable to their shareholders and so must be profitable (e.g., Metlifecare Limited, 2017; Ryman Healthcare Limited, 2017; Summerset Group Holdings Limited, 2016). However, this corporate model is not ideal because its primary aims do not always align with what is best for older adults themselves. The corporate sector is primarily driven by profit and consequently, ensuring the well-being of residents is of secondary importance. In making a profit, retirement villages drain the assets of older adults, particularly as the capital gain made in reselling units is kept by the corporate owners (Davidson, 2017). The participants described how this may trap residents financially, making it difficult to move out. Some participants disclosed that this financial trap may cause significant psychological distress. Furthermore, this financial cost to retirement village residents has consequences for New Zealand society as a whole. The New Zealand government currently subsidises residential care for those without sufficient assets (Age Concern, 2017; Ministry of Health, 2017). Therefore, older New Zealanders that lose their financial assets to retirement village operators are still able to receive residential care if they require it. This suggests that although retirement villages are profitable for their owner operators, this may be at the cost of older New Zealanders and the New Zealand government.

Furthermore, the business model upon which retirement villages are based means that the services and space that is offered by a retirement village is dependent upon what is considered profitable. This has the potential to limit the spaces and services that are provided, in line with what is most profitable. Corporate owner-operators may build villages with smaller units than actually preferred by residents themselves, in order to maximise profits. Particularly in cities where land prices are high, retirement village

operators in New Zealand are trending towards high density apartment-style buildings in order to maximise profits (Gibson, 2016). Yet, this may not be in the best interests of older adults themselves. For example, Barnes et al. (2012) examined how apartment style dwellings are experienced by disabled retirement village residents, reporting resident dissatisfaction with small living spaces, lack of storage space, and long distances between upper apartment and lifts.

The medical care and services provided by the village may also be limited to what is profitable. The assisted living concept was developed by Wilson in the 1980s to support very disabled and unwell residents whilst protecting their autonomy, control and privacy (Kane & Wilson, 2007; Wilson, 2007). Although Wilson's early efforts demonstrated that assisted living was a promising solution for disabled adults, this concept ultimately failed when it was overtaken by corporations driven by profit motives (Wilson, 2007). Although these businesses drew on assisted living ideals in order to market their own version of 'assisted living', they did not provide the high level of care, autonomy and privacy that was originally intended (Wilson, 2007). For example, a survey of American assisted living facilities (Hawes, Phillips, Rose, Holan, & Sherman, 2003) reported that only 11% offered both a high level of service and privacy. This was also apparent in the current study, in that the participants explained that they could receive assistance at the village yet also remarked that residents needed to be fairly independent to remain at the village. Thus, the village offered some assistance but not enough to allow very disabled or unwell residents to remain there. This limited solution is a business decision and not the only possible option. Wilson's assisted living example suggests that it is possible to provide a high level of care whilst allowing chronically unwell and disabled adults to remain autonomous and private in their own homes. However, it is arguably more profitable to provide limited assistance and draw on assisted living ideals to market this service, than it is to actually provide an adequate level of care that allows disabled, unwell residents to remain autonomous in their own homes (Wilson, 2007).

Furthermore, retirement villages represent a neoliberal solution to decline and loss. Neoliberalism is a political and economic ideology that advocates for reductions in government intervention and spending (Ganti, 2014). This perspective places

responsibility on individuals to take care of their own wellbeing regardless of whether the social context makes this difficult to achieve (Breheny & Stephens, 2010; Ericson et al., 2000). Retirement villages conform to this ideology because they are a solution that individuals may purchase for themselves. However, this individual level solution is problematic for several reasons. First, current income and wealth inequalities in New Zealand mean that this solution is not accessible to everyone (Rashbrooke, 2014; Statistics New Zealand, 2016). The initial purchase price of a unit in a retirement village is comparable to that of an apartment or house. Therefore, only those who have been able to accumulate sufficient wealth in their lifetime have access to this solution. Those New Zealanders that have not done so are effectively excluded from solutions retirement villages offer. Furthermore, the historical disenfranchisement and oppression of Māori means that they are significantly less likely to have accumulated sufficient wealth to own their own home (Statistics New Zealand, 2016). Thus, Māori are more likely to be excluded from this solution than Pākehā. Second, many of the problems that loss narratives associate with old age may be beyond the scope of individuals to solve alone. This study described how one participant moved to the village in order to remain autonomous, only to find that the village was not a solution to this problem. The potential for loss of autonomy in old age is located in current social practices that disempower older adults (Jorgensen, Arksey, Parsons, Senior, & Thomas, 2009). Consequently, older adults by themselves are relatively powerless to solve this problem at an individual level. Third, the social context in New Zealand currently creates and exacerbates the problems that we associate with old age. By focusing on individual level solutions this obscures the social context that creates many of these problems in the first place. Overall, when we place responsibility on individuals to solve societal problems, their ability to do so is less than what can be achieved when society works together to create a solution. As a society, our collective resources are much greater and so our ability to solve problems is greater than that of any individual.

This study has outlined how current solutions to decline and loss in old age are inadequate. This suggests that alternative ways of making sense of old age and alternative solutions are required. The way that societal narratives currently make sense of old age obscures the role that New Zealand society plays in creating problems in the

lives of older New Zealanders. Loss narratives construct an association between old age, decline and loss. This association has become naturalised, so that old age is perceived to be the cause of decline and loss. Thus, loss narratives obscure the way that societal practices actively create and exacerbate decline and loss in old age. The way that societal narratives make sense of the problems that older adults face is important because it has consequences for how these problems will be addressed. If old age is assumed to be the cause of the problems that older adults face, then it naturally follows that old age will be targeted as the problem to be addressed. For example, if old age and associated health declines are assumed to be the reason why people cannot manage in their own home, then it makes sense to move the older person to a special location that caters to their oldness. If old age and associated declines in mobility are assumed to be the cause of social isolation because they cannot go out, then it makes sense to group older people together so they can socialise together. Yet, these solutions are based upon ageist societal narratives and do not directly address the root cause of many problems in old age.

This study proposes an alternative way of making sense of the problems that the participants anticipated in old age. This study argues that New Zealand culture currently creates and exacerbates decline and loss in old age. Old age is problematized through the way we make sense of old age and through the practices that we take for granted. This alternative narrative argues for an entirely different approach. From this perspective, it makes sense to directly target the societal narratives and societal practices that create problems for older adults in the first place. A comprehensive discussion of alternative societal level solutions is outside the scope of this study. However, the findings of this study highlight aspects of our society that contribute to the problems that some older New Zealanders experience. Therefore, these will be briefly outlined for future research to consider.

First, some older adults are at greater risk of social isolation a result of ageist narratives, age segregation (Hagestad & Uhlenberg, 2005, 2006), and car-centric urban design (Webber et al., 2010; Wiles et al. 2009). Consequently, constructing societal old age narratives that emphasise the ways in which older adults become more than they were in youth may reduce age-based stigma. Encouraging greater interaction between

generations has the potential to result in a more inclusive, interconnected society and to counteract the conditions that cause isolation. Furthermore, greater consideration of how car-centric urban design may isolate those with disability may prompt changes in how this is approached in the future. Second, poverty and societal inequality is associated with higher levels of crime (Nadanovsk & Cunha-Cruz, 2009; Wilkinson & Pickett, 2009; Workman & McIntosh, 2013), and fear of crime is higher in those who are subject to oppression, such as women (Pain, 2001). Therefore, social policies that address these issues may reduce some older people's desire for secure, segregated housing. Third, New Zealand housing design often excludes disabled adults and can push older adults from their homes if their mobility declines (Davey, 2006; Wiles et al., 2009). Embracing universal design as a society would better support disabled older (and younger) adults to remain living independently in their own home (Iwarsson & Ståhl, 2003). This situation is desirable, given that many older adults report a preference for ageing in place rather than moving to supported accommodation (Boldy, Grenade, Lewin, Karol, & Burton, 2011; Davey, 2006). Furthermore, this may be more economical for society as a whole due to the cost of residential care and the cost of current government subsidies for residential care (Ministry of Health, 2017). Fourth, illness is often accompanied by psychological distress (Segal, 2017). The participants' described a desire for emotional support when unwell. This suggests that improvements could be made to the New Zealand healthcare system, in regards to emotionally supporting those who experience illness. Last, the aged care sector may also benefit from social change. Residential care homes currently do not prioritise the social and emotional wellbeing of residents (e.g., Bland, 2005, 2007). Greater attention to ensuring resident autonomy, privacy, and social-emotional wellbeing in residential care homes has the potential to significantly improve the final years of life for many. Overall, these provide some examples of areas where societal change may improve the wellbeing of older New Zealanders. Future research is required to determine the specific actions that are required at a societal level to address the problems older adults face.

Overall, the participants described old age as a time of progressive decline and loss. They portrayed the village as a solution to decline and loss. Within the solution narrative, retirement villages are portrayed as a way to age successfully and avoid loss.

Thus, this solution narrative combines other old age narratives – loss narratives and successful aging narratives. Yet, the participant narratives suggest that there were disadvantages and problematic aspects of living in a village that are minimised when couched in the solution narrative. Some of the problems they described relate to the corporate nature of the retirement village solution that means resident wellbeing is secondary to profitability. The retirement village option represents a neoliberal solution to loss, where the responsibility for finding solutions to decline and loss falls on the individual. Yet, upon critical consideration of the findings, this suggests that much of the loss experienced in old age is created by current societal narratives and practices. Therefore, the retirement village solution represents an imperfect solution to problems that are not inevitable. The implication of this is that these social problems may be best targeted directly rather than left for older adults to solve individually as they arise.

CHAPTER 5: Conclusions

This study adds to the current literature on ageist narratives, by exploring the socially constructed nature of loss narratives and demonstrating their consequences for older adults. The participants drew on societal narratives that construct old age as a time of progressive decline and snowballing losses. This research has demonstrated that loss narratives function to devalue older adults, by constructing them as inferior, incapable and unproductive members of society. The analysis illustrates how loss narratives threaten to undermine the ability of older adults to locate themselves positively in social interaction with younger adults. However, the findings also exemplify the ways in which older adults effectively resist these devaluing loss narratives. The participants took up a third age subject position that allowed them to distance themselves from narratives of loss and the fourth age (Baltes & Smith, 2003; Higgs & Gilleard, 2014; Laslett, 1987). Furthermore, they drew on societal values, such as the 'busyness ethic' (Ekerdt, 1986; Katz, 2000) to position themselves as valuable members of society. However, it was notable that they did not refer to old age in order to locate themselves positively during interaction with the interviewer. This suggests a lack of positive old age narratives to draw on, so that the participants needed to use alternative means to position themselves in a positive manner. Yet, loss narratives are socially constructed and only appear to be common sense because they have become ingrained in Western cultures. Past research that has focused on the ways that older adults improve as they age (e.g., Calo, 2008; Charles & Carstensen, 2009; Hess, 2006; Luong et al., 2011; Sullivan et al., 2010; Schlagman et al., 2006) suggests that old age is not solely characterised by decline and loss. Furthermore, much of the loss that the participants anticipated is situated in a socio-political context that creates loss in old age. Loss narratives naturalise an association between old age, decline, and losses that constructs old age as inherently problematic. This focus on old age as the problem detracts from a focus on the societal practices that contribute to loss in old age. The present study argues that alternative narratives that emphasise the ways that older adults become more than they were in youth, and that do not define illness and disability as a 'failure' to age well, may better promote the wellbeing of older adults.

This research identifies a societal narrative that constructs retirement villages as a solution to decline and loss in old age. The participants made sense of their move to the village as a solution, and the specific solutions that they described aligns with those described in past research (e.g., Crisp et al., 2013; Bohle, Rawlings-Way, Finn, Ang, & Kennedy, 2014; Buys, 2000; Hu et al., 2017; Weeks, Keefe, & MacDonald, 2012). Therefore, retirement villages are widely considered to be a solution to challenges in old age and this may be considered a societal level narrative. The solution narrative combines loss narratives and successful aging narratives in a manner that promotes retirement villages. The solution narrative constructs retirement villages as a way that older adults may manage decline and avoid loss, and as a space in which older adults may pursue a lifestyle that signifies success in old age. The participants drew on this societal narrative when they made sense of their move to the village. More specifically, they discussed five key ways that the retirement village provided them with solutions. First, they argued that the community and social activities in the village were a solution to becoming socially isolated. They explained that older adults become isolated living in the suburbs, particularly if they cannot drive and commented that the village community was more welcoming than elsewhere. Second, they conveyed that the security of the village was a solution to crime and therefore advantageous for those living alone or going on holiday often. Third, they suggested that the housing design in the village was a solution to declining mobility. They highlighted that the typical New Zealand home is not built for those with declining mobility or disability. Furthermore, they described their difficulty in finding a home that was useable and accessible outside of the retirement village. Fourth, the participants explained that the emergency response attendants (ERAs) in the village were helpful due to the emotional and practical support that they provided when a resident became unwell. They described the hesitancy that older adults may feel when unwell about whether to seek medical help, and how the ERAs were able to reassure residents or provide guidance as to whether to seek additional help. Fifth, they constructed the staff and services in the village as a solution to the need for additional assistance in old age. They explained that this allowed them to remain independent from their families, thereby protecting cherished family relationships. Overall, most participants recounted their life at the village in a positive manner and asserted that it had been a good option for them. Yet, the solution narrative

does not challenge the ways that current societal narratives and societal practices create problems for older New Zealanders.

Previous research has described the potential solutions that retirement villages offer for older people (e.g., Crisp et al., 2013; Gardner et al., 2005; Graham & Tuffin, 2004; Grant, 2006; Hu et al., 2017; Kupke, 2001; Stimson & McCrea, 2004; Streib, 2002). However, they do not, as this study does, give critical attention to the wider social context of ageing and village living. The solutions that the participants described alluded to difficulties that societal practices in New Zealand create for older adults. First, this research considered how age segregation, in combination with ageist narratives, may contribute to isolation, by limiting the formation of non-kin, intergenerational friendships (Hagestad & Uhlenberg, 2005; 2006). Car-centric urban design may further contribute to isolating older adults, particularly those who are disabled and cannot drive (Webber et al., 2010; Wiles et al., 2009). Second, this study has suggested that the desire for additional security in old age is situated in a wider socio-political environment that fosters crime. Previous research has argued that poverty and social inequality is currently a problem in New Zealand (Rashbrooke, 2013, 2014; Simpson et al., 2016) and that this is associated with higher levels of crime (Nadanovsk & Cunha-Cruz, 2009; Wilkinson & Pickett, 2009; Workman & McIntosh, 2013). Furthermore, gender oppression has also been linked to higher levels of fear of crime in women (Pain, 2001; Roman & Chalfin, 2008) and retirement village residents in New Zealand are predominantly female (Davey et al., 2004). Therefore, this social environment may have created a niche for secure housing aimed at older adults and particularly older women. Third, the analysis suggests that the housing sector in New Zealand does not adequately consider the needs of older adults at the design stage. Old age can be accompanied by declining mobility and disability. The findings suggest that there is a lack of appropriately-designed housing for older adults with limited mobility or disability in the Auckland area. This may push some older adults into a retirement village where more appropriate housing is available to manage such disability (Davey et al., 2004; Stimson & McCrea, 2004; Wagner et al., 2010). Fourth, this study exemplifies that some older adults may not have adequate emotional support when unwell. Previous research has demonstrated that illness is frequently accompanied by emotional distress (Jeon et al.,

2010; Segal, 2017). Therefore, emotional support is particularly important at such a time (Emslie et al., 2009; Wenrich et al., 2003). The present study also considered how Western cultural values influence what solutions are acceptable to older (Pākehā) New Zealanders themselves. The participants conveyed that dependency on paid services was acceptable, whereas reliance on family members was more problematic. Therefore, paying for staff and services was constructed as a solution within the context of a consumer culture that idealises independence (Davey, 2006; Rozanova et al., 2016).

Furthermore, in taking a narrative approach, this study has made a major contribution in exploring how the solution narrative may shape the way that older adults make sense of their experience of living in a retirement village. No other study has offered a similar contribution. The solution narrative functioned to minimise the problems that the participants encountered at the retirement village. This research examined various problems that the participants encountered, including; limitations in the medical care provided, difficulty getting to know others in the community, costs and opportunity costs associated with the financial arrangement, feeling trapped at the village as a result of the financial arrangement, and being constrained by village rules. Perhaps the most significant problem that the participants described was how the financial arrangement involved a level of financial commitment that made moving out of the village difficult. This exacerbates other problematic aspects of village life because it means that residents may not feel that they have the option to move out if other problems arise. It is important to recognise how the solution narrative shapes meaning because otherwise these disadvantages may go unacknowledged. Recognition of both the advantages and the disadvantages of this accommodation option is needed to fully understand how it is experienced by older adults.

This study argues that the retirement village solution reflects the unique socio-political context in which such villages exist. The retirement village concept has developed within a capitalist, consumerist society. Thus, it represents a corporate solution where the interests of older adults are secondary to profitability. The focus on profitability may serve to undermine the adequate provision of space and services to older residents. Therefore, there are problems associated with the corporate nature of the retirement village solution. Furthermore, the retirement village represents a

neoliberal solution that places responsibility on the individual to find solutions to decline and loss in old age (Cammaerts, 2015; Ericson, Barry, & Doyle, 2000). This is problematic for several reasons. First, a certain level of affluence is required to buy into a retirement village and so many New Zealanders are excluded from the solutions that they offer. Second, the problems that the participants sought solutions for are created and exacerbated by societal practices in New Zealand. These problems would be more effectively solved by targeting problematic societal practices directly using our collective resources as a society.

Future directions:

This study deliberately focused on a smaller participant sample, from one Auckland retirement village, in order to examine their experiences in depth. This study offers new insights that have not been found in previous studies. However, the way that the participants made sense of old age is supported by previous studies that have described narratives of decline and loss (Angus & Reeve, 2006; De Medeiros, 2016; Gullette, 2004, 2011; Thornton, 2002). Furthermore, the specific kinds of solutions that the participants sought out at the village have been described in research in New Zealand (Graham & Tuffin, 2004; Grant, 2004) and elsewhere (e.g., Hu et al., 2017; Kupke, 2001; Stimson & McCrear, 2004). The parallels between this study's findings and previous work suggests that the conclusions from this study are relevant to understanding New Zealand retirement villages more generally. However, in future research it would be fruitful to examine the experiences of retirement village residents in other kinds of villages and in different New Zealand locations. For example, this study examined an older retirement village that was relatively spacious and did not offer continuing care. Therefore, villages that differ in their design and the services that they provide may be experienced differently. Furthermore, the findings are located within a New Zealand cultural context and villages in other Western countries may be experienced differently again.

This study has focused on the experiences of middle class, Pākehā New Zealanders and does not consider the experiences of older Māori. The participants' reported that all the village residents, in so far as they knew, appeared to be of European descent.

Therefore, the focus on Pākehā New Zealand culture in the analysis and findings from this research was shaped by the Pākehā participant sample. Furthermore, the retirement village concept originated in other Western countries and New Zealand villages do embrace many Western ideologies. However, this does mean that further research is required to examine a Māori perspective on the retirement village option. New Zealand society is based on a partnership between Māori and Pākehā (Hudson & Russell, 2009). Future studies may wish to consider the intersection between Māori culture and the age segregated housing phenomenon in New Zealand. Retirement villages are located within New Zealand Pākehā cultural ideals and therefore may be perceived and experienced differently by Māori who have maintained their connection to Māori culture. Furthermore, although the village under study was predominantly Pākehā, additional research is needed to ascertain whether this the case elsewhere in New Zealand. Due to historical disenfranchisement, Māori have a lower level of home ownership (Statistics New Zealand, 2016) and so financial constraints may exclude them from moving to retirement villages as a result.

The findings of this study emphasise that the experience of living in a retirement village in New Zealand is thoroughly intertwined with the socio-political context in which this experience occurs. Therefore, the problems that New Zealanders anticipate in old age cannot be understood without reference to the wider societal narratives, values, ideologies, inequalities, and practices that operate in society. This research has drawn attention to some of the ways that societal practices may create problems for older New Zealanders. Societal practices in New Zealand actively contribute to loss in old age, thereby creating a connection between old age and loss in our culture that has become taken for granted. Future research should place greater emphasis on understanding how society contributes to the problems that older adults experience, rather than viewing old age as inherently problematic. Furthermore, it was outside of the scope of this study to generate and examine potential societal solutions to the problems that the participants described. Therefore, it would be particularly beneficial for future research to consider how societal change can address the problems that older adults face and that are currently created by societal practices in New Zealand.

Clinical Implications:

The findings of this study have implications for clinical psychology. When working as a clinical psychologist, it is important to be aware of the societal narratives about old age and their impact on older clients. The findings of this study demonstrate how older adults may struggle to resist loss narratives, even when they are highly functioning, successful individuals, like the participants in this study. Therefore, as part of our reflective practice as clinical psychologists, it is important to consider how we may be applying these devaluing societal narratives to our clients and how they are applying them to themselves. Societal narratives around ageing form the beliefs we have about ourselves as we age, and when these narratives are devaluing and disempowering they essentially create negative beliefs about the self. As clinical psychologists, we have the opportunity to help clients construct new old age narratives that ascribe value to old age. Furthermore, we can advocate for older adults more generally in the way that we speak about old age and the ageing process.

This study also highlights that current societal practices disempower older adults in ways that may be beyond the power of older adults to resolve for themselves. The participants described their fear and distaste at the thought of living in residential care, due to the loss of autonomy, meaningful occupation, personal space and privacy that they anticipated there. This suggests that we, as a society, allow unwell older adults to live in an environment that we would not wish for ourselves. Furthermore, this study exemplified how older adults may attempt to avoid a loss of autonomy by moving to a retirement village, yet the village may also be experienced as a threat to their sense of control. This suggests that taking control away from older adults is deeply embedded in current societal practices and it may be difficult for older adults to avoid this occurrence without the support of others. As clinical psychologists we are in a position to advocate for societal change to promote the social-emotional wellbeing of older adults. Therefore, it is important that we recognise the universal importance of retaining autonomy, individuality, personal space and privacy and do not conceptualise older adults as those that require less than others.

This research also touched on distressing circumstances that the participants had experienced. These included bereavement, illness, difficulty getting to know others in a new place, and feeling trapped by the financial arrangement. Some of these circumstances are more obviously distressing than others, yet clinical psychologists should be aware that even the less obvious ones, such as the nature of the financial arrangement, can precipitate significant emotional suffering. Furthermore, the analysis has demonstrated that when older adults make sense of a retirement village as a solution, this may lead them to minimise the problems that they experience there. It is important that clinical psychologists are aware of this because this means that older clients may minimise the problems they experience at a retirement village if they make sense of the village as a solution overall. An awareness of this may prevent clinical psychologists from overlooking distressing experiences that are related to living at a retirement village, such as a difficulty in getting to know residents.

Concluding comments:

Overall, this study emphasises that retirement villages are a culturally-specific solution to a range of problems that are partly created by our culture. The retirement village solution is a reflection of social, political and economic ideologies in New Zealand. Retirement villages are privately owned and operated businesses (Davidson, 2017; Lazonby, 2007) and this commercial approach reflects the capitalist economic system in which they were developed. By buying into a retirement village, older adults may purchase a lifestyle that signifies successful aging in our culture (McHugh, 2000). Therefore, retirement villages represent a part of a wider consumer culture, in which the ability to make purchases signifies autonomy and status (Rozanova et al., 2016). Only those who have the ability to purchase the retirement village lifestyle have access to the solutions on offer. This aligns with a neoliberal approach that places responsibility on the individual for ensuring their own welfare (Breheny & Stephens, 2010). Furthermore, the retirement village solutions are legitimised by New Zealand social ideologies. New Zealand culture values independence, consumerism, busyness, and productivity (Ekerdt, 1986; Davey, 2006; Katz, 2000; Laws, 1995). Therefore, purchasing these services is legitimised as remaining 'independent' whereas seeking help from family is constructed as being a 'burden'. Furthermore, the busy leisure lifestyle available at the village

embraces a continuation of the protestant work ethic even in retirement from paid work (Ekerdt, 1986; Katz, 2000). The retirement village solution is typical within a New Zealand context, due to the societal practices that exclude and disable older adults. Loss narratives and successful aging narratives alike, attribute little value to old age, and therefore contribute to legitimising discrimination against older adults. Societal practices in New Zealand further discriminate, by creating problems for older adults that may prompt them to move into age-segregated housing. Retirement villages are therefore a culturally and historically specific phenomenon that reflects the societal narratives, values, ideologies and practices that operate in New Zealand.

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APPENDIX A: Information sheet**Information sheet:
Life in a New Zealand retirement village****What is this research about?**

This research is about what it is like to live in a retirement village in New Zealand. I would like to hear about your experience of moving into and living in a retirement village.

Who is doing this research?

My name is Antonia Dodds. I am a student in the doctorate of clinical psychology programme, at Massey University. Professor Kerry Chamberlain and Dr Angela McNaught, from the School of Psychology at Massey University, are supervising me in my doctoral research.

What would I be expected to do?

Before beginning the study, I will explain the research project to you and answer any questions you might have. However you are welcome to ask questions at any time during the study.

Once you have agreed to participate in the study, you would meet with me for three interviews which are about one hour each. The interviews would be set up at a time and place which suits you. In the interviews we would discuss a range of different topics related to your experience of living at your retirement village. This would include your decision to move into the retirement village, how you found moving in, and your current life at the village. In the last interview I would ask you to show me around your home and garden (only those areas which you feel comfortable showing me) and we would go for a little walk around the village if you are willing and able to do so. You would not be asked to talk about anything which makes you uncomfortable and you can decline to answer any particular question during the interviews. Also, you can ask for any part of the interviews not to be used in the research, and you will have a specific opportunity to consider this at the end of the third interview. Between the first and second interviews you will also be asked to fill out a brief diary record of the activities you do each day for one week. We would discuss these activities during subsequent interviews, however, you will not be asked to write down anything in the diary that you would rather not share.

How will my information be handled?

Massey University takes participant welfare and confidentiality very seriously.

The research will not use your name or any other information which could allow people to identify you or your retirement village. However, it is possible that other residents may become aware of your participation in the research.

Interviews will be audio recorded so that I have a record of what we have talked about. During the interviews you can ask for the recorder to be turned off at any time. The recordings will be kept securely and used for research purposes only. Only myself, my supervisors Kerry and Angela, and a transcriber (who will do the written transcription of the interviews), will have access to the information you provide. When the research has been completed you will be given a summary of the project findings.

You are free to withdraw yourself from the study at any time. You may also ask for an interview to be stopped at any point. You are also free to withdraw your data from the research up until two weeks after the final interview. However, if you wish to withdraw your data more than two weeks after the third interview, I will have already started the analysis and you will not be able to withdraw your data.

How do I find out more?

If you have any questions about the study, please feel free to contact me. I would be very happy to talk to you about what the study involves and answer any questions that you have, and there is no obligation at all for you to participate.

You can contact me directly on my cell phone - 027 325 8555 or email at toni@netmail.co.nz

Or, if you wish to you can contact one of my supervisors; Kerry Chamberlain (09 414 0800 ext 41226 or email K.Chamberlain@massey.ac.nz) or Angela McNaught (09 414 0800 ext 41224 or email A.McNaught@massey.ac.nz)

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 13/025. If you have any concerns about the conduct of this research, please contact Dr Ralph Bathurst, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43404, email humanethicsnorth@massey.ac.nz.

APPENDIX B: Consent form**Life in a New Zealand retirement village:**

A qualitative study of the experiences of residents

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:**Date:****Full Name
printed:**

APPENDIX C: Diary task**DIARY TASK**

Please fill out the activities you took part in each day in the record below (For example on Monday you might write; read a book, went for a walk, saw a friend for coffee, etc). For each activity briefly write where you were (e.g. at home, at a café, at the village) and who you were with (e.g. alone, with a friend, with my partner, with a group).

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Early Morning				
Late Morning				
Early Afternoon				
Late Afternoon				

Early Evening				
Late Evening/ Night				
	FRIDAY	SATURDAY	SUNDAY	
Early Morning				
Late Morning				
Early Afternoon				
Late Afternoon				

Early Evening			
Late Evening/ Night			