Ageing Well at Different Standards of Living:

Experiences of Older People

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<u>Abstract</u>

Current approaches to ageing are concerned with promoting positive ageing, and messages around how best to age are prominent in contemporary society. However, there has been debate regarding whether these models foster a positive experience in later life or serve to discriminate and disempower those older people who are unable to meet the standards of positive ageing. One criticism is that promoting positive ageing ignores the many inequalities within society that impact on older people's ability to age in these socially acceptable ways. In addition, these models may fail to capture what is important to older people themselves, instead emphasising characteristics which are more concerned with the economic implications of an ageing population. The present study addressed these criticisms by examining what older people themselves value as important in order to age well, within the material conditions they are situated. Using an interpretative phenomenological approach, transcripts from eight participants over the age of 79 were analysed. The participants in this study valued continuity, having a sense of security, being able to engage in reciprocal relationships, and being able to live within their means. While some of these aspects of later life were valued by all the participants in similar ways, others were clearly impacted by the participant's standards of living. This finding highlights the need to take into account inequalities in society when focusing on older peoples experiences of later life. 6y

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Chapter One

INTRODUCTION

The demographic profile of the population has changed in recent years (Victor, 2010). In both the developed and developing world, the population is ageing (Lamb, 2014). Population projections predict that by 2050, 2 billion people will be 60 years or older (WHO, 2002). Due to changes in longevity and family structure, those over 80+ years of age are the fastest growing group in the developed world (Stenner, McFarquhar, & Bowling, 2010; WHO 2002). Similarly, there is a demographic shift occurring in New Zealand where people are living longer and having fewer children (Bascand, 2012). Bascand (2012) reported that by 2012 the number of people over 65 years of age had passed 600,000. By 2036 the number is estimated to be between 1.18 million and 1.25 million, and by 2061 those aged over 65 years is predicted to increase to between 1.44 million and 1.66 million people (Bascand, 2012). This increase will not occur equally across all sub-groups. Older ethnic minority group members are expected to dramatically increase over the next 50 years with a 270% increase expected for older Māori and over a 400% increase expected for older Pacific peoples (Dyson, 2002).

While mental health has been found to improve with age (Dulin, Stephens, Alpass, Hill, Stevenson, 2011; Chandola, Ferrie, Sacker, Marmot, 2007), physical health tends to deteriorate. Research has shown that hospitalisation and mortality rates for cardiovascular disease, heart disease, and stroke are all higher in older people (Ministry of Health, 2006). Older people are also more likely to experience increasing frailty due to arthritis and osteoporosis (Ministry of Health, 2006). Māori and Pacific peoples have poorer health than other ethnic groups on all indicators of health (Ministry of Health, 2007). As the proportion of Māori and Pacific older people in the population is expected to increase in the coming years, this will have important implications for society. As a result of the increases in health needs that

older people experience, the costs of health and disability services increases considerably with age (Dyson, 2002).

With concern rising at the potential ramifications of these demographic and health changes (Alpass, et al., 2007), there has recently been an increased focus on older people within public policies and how to best manage the needs, care, and economic consequences of this growing population. With the increasing growth of the older population, it is now being suggested that the care of this fast growing group will become unsustainable and represent a large economic burden to society, depleting societal resources (Robertson, 1997). To address this concern, there has been an emphasis on improving health and well-being in later life which has been promoted through positive ageing strategies. These strategies suggest that in order for older people to be able to age well, they need to be actively participating, independent, productively contributing, self-reliant, and in control of their lives (Breheny & Stephens, 2010; Breheny, Stephens, & Mansvelt, in press). These positive ageing strategies are situated within a neo-liberal framework that emphasises individualism, self-government, privatisation, and accountability.

While these policies, and the models they are based on, are designed to foster positive outcomes in later life, they have also drawn criticism. Positive ageing policies tend not to account for the differences in people's lives and the inequalities that impact on the ability of older people to achieve positive ageing ideals (Gattuso, 2003). Inequalities in living standards impact many different aspects of life such as health (Barrett, Twitchin, Kletchko, & Ryan, 2006), the ability to contribute (Offer, 2012), and participate socially (Stephens, Alpass, & Towers, 2010). Therefore living standards impact on older people's ability to age positively (Breheny, et al., 2013) and in ways which are meaningful to them.

Furthermore, positive ageing frameworks tend to treat ageing as a universal experience at every age. What is being advocated for all older people may not be realistically achievable for the older-old and therefore may serve to disempower older people who cannot achieve the ideal of positive ageing that society promotes. Consequently, when

policies are designed for a diverse group of people, they risk ignoring the differences in people's experiences which can affect their ability to meet such standards. In addition to this concern, there has been debate around whether the key features in current health policies and ageing models, which are being endorsed as essential to ageing well, match with the views of those in later life. The present study sought to address these points and add to the growing body of literature on ageing well in later life.

Chapter 2 describes the main theories of ageing and how these have traditionally been used to explain and understand the experiences of older people. This chapter highlights the ways that theories of ageing reflect the social and historical imperatives of the time.

Chapter 3 provides an overview of the current prominent ideas around how to best age in contemporary society. Critically examining these ideals of ageing shows the expectations that have shaped the ways that later life should be experienced and the pressure on older people to achieve these ideals.

Chapter 4 situates these expectations of ageing in a wider social context which emphasises neo-liberal ideals. Living standards and inequalities are discussed, with reference to how these are inextricably linked, and how they impact on various aspects of older people's lives.

Chapter 5 examines previous qualitative work with older people and their perspectives on the ageing experience, and introduces the research question which will contribute to understanding the experience of ageing well from the perspective of older people.

Chapter 6 describes the methodology used to understand the experience of ageing well from the perspective of older people. This section introduces the foundations of interpretative phenomenological analysis and describes how the research was conducted.

Chapter 7 presents the results of the analysis. This section gives voice to older people's experiences of ageing well in later life and contextualises these experiences within a wider social, cultural, and historical context.

Chapter 8 presents the discussion section, situating the results within a wider literature investigating older people's experiences of later life. Limitations and future directions are discussed and conclusions drawn.

Chapter Two

THEORIES OF AGEING

To understand current understandings of ageing and later life processes, it is useful to explore the historical situation of older people. There are three key historical psychosocial theories on ageing and later life which propose models of how to successfully age: Disengagement Theory, which focuses on reducing engagement with society, Activity Theory, which focuses on maintaining engagement with society (Lynott & Lynott, 1996), and Continuity Theory, which attempts to challenge the universal approaches of Disengagement Theory and Activity Theory (Lynott & Lynott, 1996), and is concerned with personal evolution and enduring patterns over one's life (Chapman, 2005).

Disengagement Theory

In the early 1960s, a theory was developed to explain data that suggested that older people with "high morale" appeared to reduce their involvement with society as they aged (Achenbaum & Bengtson, 1994). In their book, *Growing Old*, Cumming & Henry (1961) proposed that older people are particularly susceptible to disabilities and illnesses and are therefore unable to contribute as productively to a society which places a high premium on production. As such, the authors suggested that society needed to provide itself with a way of dealing with the problems of ageing and the strain it creates on societal functioning (Lynott & Lynott, 1996). Therefore, Disengagement Theory (Cumming & Henry, 1961) argues for a mutual disengagement between the older person and society. Accordingly, this theory suggests that 'ageing well' includes the purposeful and gradual withdrawal from participating in society (Lynott & Lynott, 1996; Victor, 2005). Through this process of disengagement, society places fewer demands on older people as contributing members of the community, subsequently resulting in minimal disruption to society when death occurs (Cumming & Henry, 1961; Victor, 2005; Vincent, 1995).

Those who are thought to be successfully ageing therefore restrict their social participation to their immediate family and friends, hence reducing the number of social roles they are engaged in (Chapman, 2005; Hochschild, 1975). This disengagement results in a more self-centred and idiosyncratic style of behaviour which allows for self-reflection and the older person to prepare themselves for impending death (Cumming, Dean, Newell, & McCaffrey, 1960; Havighurst, Neugarten, & Tobin, 1968). Therefore, disengagement is thought to be both a natural and desirable outcome which enables a stronger sense of well-being (Estes, Biggs, & Phillipson, 2003). Consequently, the process of disengagement is believed to permit society and the older person to reach a new state of equilibrium (Haviguhrst, et al., 1968).

Some studies have found evidence for aspects of Disengagement Theory. In a study by Larson, Zuzanek, Mannell, (1985), the authors found that solitude reflected a positive opportunity for many older people and was often associated with a chance for focused thought and absorption. Similarly, Dale, Soderhamn, & Soderhamn, (2012) found that there was some evidence for aspects of Disengagement Theory, whereby older people enjoyed having solitude and peaceful times where they were able to reflect back on their lives. In addition, there is some evidence that disengagement is dependent on the resources available in later life. Disengagement from certain activities may be preferred by the older person when they are living in constrained circumstances and need to preserve their resources (McGuire & Norman, 2005).

The strength of this theory is that it appears to incorporate what happens functionally as people age (Vincent, 1995). Although Disengagement Theory was produced to explain the psychological, physiological, and social changes which occur during the ageing process (Achenbaum & Bengton, 1994), this theory has been extensively criticised. Critics have suggested that many older people do not actually want to disengage and that older people are not necessarily less productive and efficient than younger people (Lynott & Lynott, 1996). Critics also suggest this theory lacks empirical support (Victor, 2005; Youmans, 1969) and that it is over generalising and narrow in its advocacy of a single, homogenous experience of later life (Bowling,

2008). Older people are an increasingly diverse and complex group who age very differently from each other due to factors such as health, ethnicity, social networks, and material resources. Therefore, this theory largely ignores variation in older people's lives.

Like all theories, Disengagement Theory is a product of its historical and cultural context. During the development of Disengagement Theory, there was an influx of post-World War II 'baby boomers' who entered into employment (Holmes, 2006). This influx subsequently made it desirable to retire and to 'disengage' older people at that time (Holmes, 2006). Now, with mounting concern in the developed world regarding the growing numbers of older people, and the economic crisis that is thought to accompany such demographic changes (WHO, 2002), Disengagement Theory no longer fits with current policy ideas around maintaining employment and active participation in older age. Instead the focus has shifted from disengagement in later life to lifelong engagement.

Activity Theory

Like Disengagement Theory, the context for Activity Theory resided in the dominant perception that old age represented a major social problem that demanded new initiatives (Estes, et al., 2003). In response to the suggestions of Disengagement Theory, Havighurst (1961) was arguing an opposing theory (Findlay & McLaughlin, 2005). Havighurst suggested that the decrease in activity and social interaction that characterises typical old age actually goes against the wishes and desires of older people (Havighurst, et al., 1968). Activity Theory, instead of advocating voluntary withdrawal from society, advocates remaining in public and private roles and maintaining meaningful social interactions with others (Chapman, 2005; Estes, et al., 2003). In this regard, Activity Theory share similar ideas with Erikson's (1986) theory of grand-generativity which suggests that one's interaction with the environment is vital for giving purpose to later life.

Activity Theory suggests that, except for their changing bodies and increasing health issues, older people are essentially still the same

people they were before old age, with the same psychological and social needs and desires (Havighurst, et al., 1968). Therefore, this theory suggests that in order for older people to age well, they should retain and adapt their levels of activity and social roles from mid-life, and this would enable them to remain socially active and engaged (Havighurst, 1961; Victor, 2005). When it comes time to relinquish certain activities and roles, older people should find other activities to keep them active and resist the narrowing of their social world (Havighurst, et al., 1968). For example, when it comes time to leave the workforce, volunteer work could be pursued in its place (Victor, 2005). Consequently, Activity Theory suggests that the more active an older person is, the higher the level of life satisfaction (McGuire & Norman, 2005) and the greater the experience of ageing well. Yet, in spite of their best efforts, many older people would not be able to achieve the standard required of an 'active ager'.

Like Disengagement Theory, Activity Theory has also been extensively criticised. Some of the concerns are around establishing an unrealistic standard of activity which largely ignores individual differences and restrictions placed on older people by the inequalities in society that do not necessarily allow for these interactions to occur (Bowling, 2008). Consequently, older people need to have the resources which enable them to remain engaged (Chapman, 2005). In addition, as noted earlier, Activity Theory suggests that except for the obvious physical and health changes, older people remain the same people as they were in their younger years. However, this theory doesn't actually acknowledge the potential barriers that the process of ageing itself brings such as physical declines (Dulin, et al., 2011), chronic diseases (Ministry of Health, 2006), and decreasing energy levels (Laz, 2003), which can change a person's pre ageing needs and desires.

Despite these limitations, Activity Theory appears to be one of the leading precursors for the positive and successful ageing approaches that current health policies emphasise. These policies suggest that life satisfaction is positively related to social participation and many studies have highlighted the benefits older people gain from being involved in social roles and activities (Buys & Miller, 2006; Dulin, Gavala, Stephens, Kostick, & McDonald, 2012; Kahana, Bhatta, Lovegreen, Kahana,

Midlarsky, 2013; Lamb, 2014). Yet, research has also found that people can still maintain a high quality of life with declining or low levels of activity (Victor, 2005). Similarly, those who remain involved in a number of activities may have low levels of satisfaction in later life (Wiles, et al., 2009). Studies have yielded inconsistent support for Activity Theory and, as a result, it has been suggested that it may not be the actual activity *per se* that accounts for older peoples level of wellbeing, but rather, the quality of the social relationships that that are supported through involvement in these activities, especially those of an informal nature (Litwin & Shiovitz-Ezra, 2006). This suggestion highlights the risk of uncritically using 'active participation' as the route to improved life satisfaction or well-being in later life (Davey & Glasgow, 2006; Wiles, et al., 2009).

Continuity Theory

As an attempt to reconcile the opposing theories of Activity Theory and Disengagement Theory, Continuity Theory provides a person-centred approach and is about personal evolution and adaption through ageing (Atchley, 1999). The main idea behind Continuity Theory is that by making adaptive choices, people can preserve and maintain a consistent sense of self in later life (Atchley, 1989). Continuity Theory has similar underlying ideas to Activity Theory, in that, they both regard the older person as being essentially the same person as their mid-life selves. Any changes which occur in one's activities or level of social integration are said to be related more to decreasing health and increasing frailty rather than due to shifts in previous roles as people age (Estes, et al., 2003).

Continuity Theory suggests that older people generally maintain their patterns of behaviour and thinking over their life time (Atchley, 1999). Older people are said to be motivated to employ concepts that worked well for them in their past to chart their future life course (Atchley, 1999). In this regard, continuity is conceptualised to mean the consistency of patterns across time (Atchley, 1989). Although the ageing process may present an older person with disruptions to their social roles, the older person will still attempt to preserve continuity of their attitudes,

dispositions, preferences, and behaviours which have been established over their life (Utz, Carr, Nesse, Wortman, 2002). As such, this theory suggests that these types of continuities fall under two categories; internal continuity and external continuity.

Internal continuity refers to inner structures, that is, temperament, personal values, attitudes, and affect (Atchley, 1989). This type of continuity requires an in-tact memory (Atchley, 1989). External continuity refers to external structures such as the persistence of social roles, social relationships, environments, and activities (Atchley, 1999). For example, interacting with familiar people in familiar spaces is a way to maintain external continuity (Atchley, 1989). When confronted with the changes that accompany later life, older people maintain continuity and renegotiate themselves in ways that align with their typical values, character, and identity (Holmes, 2006). The past is therefore conceptualised as an essential resource, informing and influencing ones adaptation to new situations (Chapman, 2005).

There has been evidence for the applicability of Continuity Theory to the ageing process. Dale et al (2012) found that older people emphasised how the continued use of their personal resources was important for managing their lives. Through this process, previous experiences contributed to their personal development in later life (Dale, et al., 2012). Similarly, in their study on ontological security, Mansvelt, Breheny, & Stephens, (2013), found that the extent to which an older person experienced insecurity was related to a historically developed capacity to cope, as well as the economic resources available to provide continuity and enable control in the future. Therefore, those with the lowest economic resources experienced higher levels of ontological security than expected due to an awareness that they could cope with future adversities because they had already managed this in the past (Mansvelt, et al., 2013; Underlid, 2007). Consequently, evidence suggests that Continuity Theory does have merit as an explanatory model of ageing (Utz, et al., 2002).

As with all ageing theories, Continuity Theory is also situated within a certain social context. Within a post-traditional order there are expectations that people will live an independent life and that they are

part of a culture of individualism (Ferguson, 2001). In this regard, lives are understood as individual reflexive projects that reflect personal choices and values (Ferguson, 2001). Continuity theory can be seen as an extension of this expectation of a life project, where older people are encouraged to be reflexive and use past patterns of behaviour and thought to navigate their future biographical projects.

Unlike Activity Theory and Disengagement Theory, Continuity Theory is not promoted as a deterministic theory around how best to 'age well' or 'successfully', but rather, a descriptive theory explaining how older people adapt to their changing situations and the reasons they do this (Atchley, 1999). In this light, Continuity Theory offers a variety of avenues of successful ageing for older people which acknowledges differences in life long patterns and values (Victor, 2005). Yet, Continuity Theory does appear to make statements around what *is* adaptive in the ageing process. It conceptualises the recycling of patterns and continuity in one's life-long experiences as being instrumental to 'successfully' negotiating later life (Lynott & Lynott, 1996). However, without the cognitive ability to recycle and reinterpret the past, older people would not have the resources to be able to protect their identity (Chapman, 2005) therefore disrupting this pattern.

Older people might also want to take the opportunity to do things completely differently in later life rather than continue to do things in the same way as always. Continuity Theory precludes the possibility of personal growth through disruption and challenge. Additionally, while this theory is thought to be relatively helpful in explaining normal ageing, it is less helpful in explaining processes of what Atchley terms 'pathological ageing' such as mental and/or physical disease (Atchley, 1989). This theory also places older people with chronic illnesses in the pathological ageing category, yet chronic illness is a common experience for many older people (Becker, 1993). Therefore this theory may only fit for a small group of older people and therefore suffers from similar limitations as Activity Theory.

Conclusions

Theories of ageing reflect the social and historical imperatives of the time and structure the experience of later life. While some of the aspects of Disengagement Theory, Activity Theory, and Continuity Theory have been discredited, some core aspects are still detectable in current ideas of ageing. In contemporary discussion of ageing, Disengagement Theory's main contribution is that it stimulated debate and introduced theory regarding the ageing process (Lynott & Lynott, 1996). While disengaging from social life, as advocated by Disengagement Theory, is not typically advocated for, it does accurately represent what current policies suggest older people should resist in later life. Yet, the underlying concern regarding the potentially burdensome impact of older people in society behind Disengagement Theory is still present within contemporary notions of ageing. Current policies advocate for older people to remain active in society which minimises the impact of demographic change on the health and social care system. In particular, aspects of Activity Theory are prominent in current successful ageing and positive ageing strategies. The promotion of active participation in activities and the importance of actively contributing to one's own wellbeing and that of one's family are emphasised in policy (Ministry of Social Development, 2001). Similarly, Continuity Theory's ideas about maintaining a consistent sense of self in older age can also be observed in current ageing strategies which stress the importance of maintaining continuity in social roles and obligations. These theories have therefore all had a role in situating older people's experiences and forming societal expectations regarding the ideal ageing process.

Chapter Three

SUCCESSFUL AGEING

Successful Ageing

With a marked demographic shift occurring in recent years, Western society has become concerned with the implications of an ageing population on society (Chapman, 2005; Dyson, 2002; Robertson, 1999; Victor, 2005). Concerns include an anticipated labour shortage and increasing pressure on the health sector. Frameworks which provide a prescriptive way around how best to grow old, which simultaneously address these demographic imperatives, have increasingly been promoted. As a result, successful ageing models which emphasise a self-management approach have emerged as the 'gold standard' model behind 'ageing well' in contemporary society (Chapman, 2005; Tulle-Winton, 1999).

Whilst there have been several attempts to define what successful ageing means, no uniform definition exists (Lamb, 2014). The most salient definition comes from Rowe and Kahn (1997) and their work from the McArthur Foundation study which focuses on biological aspects of ageing. They define successful ageing based on three core elements: avoiding disease and disease-related disability, maintaining high physical and cognitive capacity, and maintaining an active engagement in life (Rowe & Kahn, 1997). To be seen to be ageing successfully, an older person must meet all three of Rowe and Kahn's criteria. In this way, successful ageing sets a high standard of ageing that older people are encouraged to strive to achieve.

Facets of the successful ageing model can be observed in many contemporary ageing policies (see New Zealand's 'Positive Ageing' strategy, 2001, and WHO's 'Active Ageing' strategy, 2002). These strategies aim to improve the well-being of older people through enhancing aspects of later life such as independence, financial security, health, self-fulfilment, and encouraging continued participation in society and employment (Dyson, 20002; Ministry of Social Development, 2001).

While differences exist, terms such as successful ageing, healthy ageing, positive ageing, active ageing, productive ageing, and ageing well are often used interchangeably to mean similar things. Within the present study, successful ageing and positive ageing are used interchangeably.

The 2001 New Zealand Positive Ageing Strategy is employed to challenge the view that older age is a time of social withdrawal, diminishing autonomy, dependency, and decline (Breheny & Stephens, 2010; Hodgetts, Chamberlain, & Bassett, 2003; Katz & Marshall, 2003; Queniart & Charpentier, 2012). Positive ageing strategies seek to counter these negative stereotypes and shift how we think about the meaning of later life. Positive ageing strategies focus instead on the modifiable aspects of later life such as an older person's lifestyles, attitudes, technologies, and skills (Davey & Glasgow, 2006). This focus encourages older people to be self-governing in order to conform to ideals of positive ageing (Estes, et al., 2003). In this way, positive ageing strategies contain morally laden messages that shape the possibilities of ageing. Positive ageing strategies situates older people as responsible not only to themselves, but also to society (Chapman, 2005; Ranzijn, 2010). Older people who are considered to be successfully ageing are those who remain physically, mentally, and socially active, and who remain independent and in control of their own lives (Gattuso, 2003). This picture of ageing fits within the wider social imperatives of reducing health care and social care system costs (Stenner, et al., 2010). Consequently, ideas of positive ageing are situated within a particular political-economic context (Lamb, 2014).

Current ageing strategies suggest that successful ageing can be achieved through sensible lifestyle choices (Tulle-Winton, 1999). What is portrayed through such social policies, and their reproduction through the media, is that how well you age is dependent on healthy choices, self-care, and an active contribution to the community (Breheny & Stephens, 2010; Breheny, et al., in press; Hodgetts, et al., 2003). This picture of ageing implies that the ability to make good choices and have good outcomes in life is equally possible for everyone, at all standards of living (Holstein & Minkler, 2003). Frailty and poor health become less a matter of fate and bad luck, and more a matter of individual

responsibility (Moody, 2001). Messages of positive and productive opportunities in later life flood mass media. These place responsibility on the older person to profit from the new freedoms that positive and successful ageing make available (Queniart & Charpentier, 2012). Ageing has therefore been transformed through agency and choice (Gilleard & Higgs, 2010) into a personal achievement. Older people take up this individual responsibility for health and wellbeing which can be seen in several qualitative studies with older people whereby they situate their health as being partly determined by their own behaviours, attitudes, and choices (Buys & Miller, 2006; Breheny & Stephens, 2010; Pond, Stephens, & Alpass, 2010; Stephens, Breheny, & Mansvelt., in press). Consequently, messages of how older people should be ageing have the ability to impact the ways in which older people perceive their own ageing experiences.

The idea that successful ageing can be determined by sensible lifestyle choices has drawn considerable criticism. Strategies of successful ageing have been said to pressure older people to conform to a socially acceptable way of ageing which ignores differing values, complexities, and existing inequalities (Gattuso, 2003). Older people do not choose to decline (Katz & Marshall, 2003) and focusing on individual responsibility ignores the inequalities in many older people's lives and its effects on their ability to "age successfully". For example, individual experience of ageing depends on many factors such as having access to adequate incomes, housing and heating, good health care, sufficient information and education, and a safe neighbourhood environment, of which many people across their lives do not have access to (Minkler, 1999). According to successful ageing approaches, how we live and the choices we make determines how well we age (Holstein & Minkler, 2003). Yet, "if how we live is shaped by many factors beyond individual choice, then success is far harder to come by for some than for others" (Holstein & Minkler, 2003, p.971).

Additionally, the terms successful and positive ageing in themselves have negative connotations and imply that ageing is something one can fail at; if one can age 'successfully' or 'positively', then there must be those who can also age 'unsuccessfully' and 'negatively' (Strawbridge, Wallhagen, & Cohen, 2002). A more nuanced view is that the overly

optimistic images of positive, successful, and active old age, have not replaced the negative stereotypical image of old age; the two concepts co-exist (Queniart & Charpentier, 2012). The co-existence of these concepts, may mean further discrimination and stigmatism for those who fall into the category of 'negative ageing' as they are now judged against those older people who personify successful and positive ageing. As Irwin (1999) highlights "redrawing the lines in the sand may challenge stereotypes of what it is to be old, but it does not challenge the basis of negative evaluations of those who cannot lay claim to autonomy, social independence and a youthful outlook" (p.695). In this way, positive ageing policies risk actually entrenching a negative view of later life (Davey & Glasgow, 2006).

In particular, the intense focus on independency and self-reliance in contemporary ageing strategies may actually cause older people to avoid asking for help when they need it (Breheny & Stephens, 2009). Studies have shown that many older people would rather go without the support of others than be reliant on them (Breheny & Stephens, 2007; Smith, Braunack-Mayer, Wittert, Warin, 2007; Stenner, et al., 2010). Furthermore, the 'ideal' of independence and personal responsibility may only be applicable to certain cultures and therefore ignores those for whom interdependence is a natural and accepted part of growing old (Lamb, 2014).

Furthermore, it has been suggested that successful ageing is essentially incompatible with getting old (Tulle-Winton, 1999); instead successful ageing is more about older people shielding wider society from the deteriorating and demoralising process of ageing (Gattuso, 2003). In a review of successful ageing by Depp & Jeste (2006), the authors found that most studies defined successful agers as those "older adults whose health status was similar to that of younger people" (p.143). In this way, the ageing self can be seen as an ageless self (Lamb, 2014). As Lamb (2014) suggests, people are encouraged into pursuing permanent personhood, where the vision is not to really age at all, but rather to maintain ones younger self. Therefore, it seems that older people must manage the burden of growing older without actually ageing (Katz & Marshall, 2010).

Hence, it is not surprising that older people themselves make distinctions between ageing and being old, and instead embrace an idea of oldness as a state of being and how one views oneself (Degnen, 2007; Minichiello, Browne, & Kendig, 2000; Stenner, et al., 2012; Queniart & Charpentier, 2012). Chronological age is therefore regarded as a trivial maker of old age. A study by Queniart & Charpentier (2012) found that an image of negative and dependant old age dominated the thoughts of older people which subsequently led them to refuse to align themselves with being 'old'. Similarly, in Minichiello's et al., (2000) study on older people's perceptions of the meaning of ageism, older people incorporated stereotypical negative understandings of old age into their own understandings of old age. They described being old as being lonely, being unimportant, not doing meaningful things, and having a lack of social roles (Minichiello, et al., 2000). Therefore, negative stereotypical perceptions of old age by society at large are also used by older people themselves. However, these understandings are not used to describe older people's own experiences, but rather those in the wider group of older people they wish to distance themselves from.

One way for older people to distance themselves from the stereotypes of older age is through their actions and outlook. Though their ageing body may highlight that one is getting older, it has been suggested that the body is a 'mask' (Featherstone & Hepworth, 1991) or a disguise for the younger self situated underneath (Este, et al., 2003). Older people in Minichiello, et al.'s, (2000) study talked about ageing in a way that suggested they were able to choose how they could age to ensure that their experience of ageing was positive. Older people discussed the benefits of staying physically active, eating a healthy diet, being involved in activities that brought enjoyment, as well as maintaining social networks. Consequently, practices of positive and successful ageing are pursued as a self-conscious project (Lamb, 2014). Older people in Lamb's (2014) study made a deliberate effort to position themselves as successfully ageing. When asked what this concept meant to them, older people frequently referred to their own lives as examples. Older people therefore negotiate negative stereotypes of ageing by generating an image of themselves as an ageing person who is vastly different from the stereotypical negative image of old age

(Minichello, et al., 2000). One way older people can achieve this image is by utilising current positive ageing concepts and adapting them into their own identity. By engaging in this work, this implies that choice is the key determinant of positive ageing.

Studies have found that people tend to situate their accounts of later life within these successful ageing discourses, regardless of their health or life circumstances (Breheny & Stephens, 2010). This finding further suggests that successful ageing policies help structure the ways in which older people navigate their lives, highlighting the potency of such messages. For example, in a New Zealand study which looked at how older people talked about ageing, Breheny & Stephens (2010) found that ideas from the positive ageing strategy were employed by older people at both ends of the social gradient. Although these positive ageing messages had the potential to promote positive and productive opportunities for some, those who had fewer resources and poorer health were instead burdened by the demands of positive ageing (Breheny & Stephens, 2010). The authors suggest that although older people "may be excluded from the material conditions on which active and positive later life are built, they are not excluded from the impact of these dominant constructions of later life on their expectations of themselves as older citizens" (Breheny & Stephens, 2010, p.46). Consequently, while policies of ageing are aimed at enhancing and maintaining well-being in later life, they subsequently place higher demands on older people and operate to further marginalise those who are already disadvantaged.

There is also debate as to whether the fundamental aspects of successful ageing actually match with the views of older people themselves (Bowling, 2006; Depp & Jeste, 2006; Jopp, et al., 2014; Ranzijn, 2010; Strawbridge, et al., 2002). Studies have found that when using Rowe and Kahn's successful ageing criteria, only a small number of older people can be said to be successfully ageing. Yet when Strawbridge, et al., (2002) asked older people to rate themselves, over half reported to be ageing successfully. In this same study, 36.8% of those older people who were classified as ageing successfully according to Rowe and Kahn's criteria did not actually rate themselves as successfully ageing (Strawbridge, et al., 2002). Studies have found

that many older people use different constructs to those of Rowe and Kahn's model in their views of ageing well highlighting the multidimensionality and subjectivity of ageing well (Bowling, 2006). In a study on older Chinese people, older people suggested that Rowe and Kahn's successful ageing is more equivalent to 'optimal ageing' which cannot be achieved by most people (Chong, Ng, Woo, & Kwan, 2006). These findings suggests that there is a discrepancy between what gerontologists propose as important in enabling ageing well and how older people themselves understand ageing well as. In her criticism of the concept of successful ageing, Holmes (2006) suggests that the global definition of 'success' in old age is not based on the values and real life experiences of older people. If older people offer different perspectives on what it means to age well, this points to the need for broader perspectives that capture what it means to age well from the perspective of older people (Bowling, 2006). By focusing on how older people themselves understand ageing well, it is possible to unpack whether success is even the right way to evaluate the ageing process.

Conclusions

In the context of demographic change, current approaches to ageing promote individual accountability and stress the importance of actively contributing to society. These concepts of successful ageing are promoted to enhance the quality of older people's lives while at the same time easing mounting pressure on social services (Ministry of Social Development, 2001) and the economy. As such, conceptualising successful ageing in this way is politically, economically, culturally, and historically bound (Lamb, 2014). While attempts to identify and construct successful and positive ageing may be well intentioned, debate has surfaced around whether individual accountability and self-management promoted by these approaches actually serves to disempower older people rather than to allow older people to age well on their own terms. Individual accountability ignores the ways social and financial resources limit many older people from actively participating, while at the same time situating this exclusion as their own responsibility. When used uncritically, successful ageing concepts can

further disempower older people who do not meet the criteria for ageing successfully (Minkler, 1999). They also reinforce Western society's anti-ageing culture and its discomfort with dependency and decline (Lamb, 2014). Even when older people understand what it means to 'age well' or 'successfully' differently from successful or positive ageing approaches, they still attempt to meet the expectations inherent in such discourses. As older people are the best at judging what's required in order to age well, it is therefore important to understand how older people conceptualise ageing well (Robertson, 1999).

Chapter Four

INEQUALITIES & LIVING STANDARDS

Neo-liberalism

In order to discuss what it means to age well, the context in which ageing occurs and the circumstances in which people grow old need to be examined. New Zealand's current social landscape is a neo-liberal one (Coburn, 2000). Neo-liberalism in its most basic form is concerned with market places (Coburn, 2000). A neo-liberal position assumes that markets provide the best system to allocate resources, and that societies are made up of autonomous individuals who are motivated by material or economic factors and modes of consumption (Coburn, 2000). In such societies people are seen to have a variety of choice and freedom in their lives (Peace, Holland, & Kellaher, 2006). Neo-liberalism is individualistic in nature and the state is viewed as having as little role as possible in people's lives (Coburn, 2000). As such, neo-liberal frameworks suggest that successful neo-liberal citizens ought to be self-governing.

Neo-liberalism obscures the role of the social context in constraining outcomes. Once viewed as natural and inevitable, outcomes are now about personal choice and responsibility (Ferguson, 2001). Consequently, individual responsibility for minimising risks and maintaining good health are prominent in contemporary neo-liberalist health policies (Crawford, 2006; Pond, et al., 2010). As such, neo-liberal ideas are used to help shape the ideal retiree (Rudman, 2006). The imperatives found in positive ageing strategies such as contribution and healthy choices, are situated within neo-liberal ideals which emphasise individualism, hard work, and self-governance (Coburn, 2000). As noted, these ideas produces older people who are expected to govern themselves to reduce the impact of ageing on themselves and on society.

Inequality

Within a neo-liberal doctrine, inequality is viewed as an inevitable part of society and is understood as a key incentive aiding a productive economy and the creation of wealth (Howden-Chapman, Blakely, Blaiklock, & Kiro, 2000; Coburn, 2000). Neo-liberal principles suggest that inequalities are tolerable because what one puts into the market place, one will then get out (Coburn, 2000). Because of the individualistic nature of neo-liberalism, levels of achievement and prosperity are seen as a reflection of the motivation and talent of the individual. Furthermore, those who find themselves in poor circumstances, are viewed as personally responsible as a result of poor decisions (Breheny & Stephens, 2010). This belief is because in a neo-liberal society, socio-economic positions are seen to be actively produced and reproduced by people (Graham, 2007). However, those who are at the top of the gradient disadvantage those who are at the bottom of the gradient in the competition for resources because they are already better equipped to compete (Stephens & Gillies, 2012). Consequently "not everyone enjoys the same opportunities to determine where they are going" (Graham, 2007, p.43). Yet neo-liberalism does not view this inequality as evidence of an unequal system. Not only is inequality common in such neo-liberal societies, it is exacerbated under neo-liberalism (Coburn, 2000).

Structural Inequalities

In contrast to dominant neo-liberal principles, a structural perspective sees an individual's socio-economic position as being shaped by unequal structures which exist outside of a person's life (Graham, 2007). In this way, everyone is socially positioned and this in turn influences their access to certain resources (Graham, 2007). The impact of structural inequalities can be seen in areas such as unequal access to education and good health care, and the degree of difference in people's socioeconomic status. Structural inequality is therefore a bias that is built into the fabrics of society which structures the opportunities available to people dependent upon group membership.

Structural inequalities are likely to have more of an effect on indigenous and ethnic minority groups. For example, inequalities are more common in older Māori. Reports suggest that about 15% of older Māori experience some financial difficulty and that 20% experience severe financial difficulty (Cunningham, et al., 2002). In the older population more generally, 10% experience some difficulty and only 6% experience severe financial difficulty (Cunningham, et al., 2002). Furthermore, Māori and Pacific peoples have hardship rates two to three times those of other ethnic groups (Perry, 2009). This result can be understood as a reflection of the structural inequalities in New Zealand society, which discriminates against minority values and beliefs. This discrimination penetrates into all aspects of life, such as education, health, living standards, and employment and highlights how unequal systems can impact on people's access to resources which produce inequalities in people's standards of living and their ability to live a decent life.

Structural inequalities penetrate across New Zealand society and have consequences for the lives of older people. The economic differences a person experiences during their working life can continue to influence their life-style and activities in old age (Chandola, et al., 2007; Cunningham, et al., 2002; Stephens, Alpass, Towers, Noone, & Stevenson, 2011; Townsend & Davidson, 1982; Vincent, 1995). Similarly, inequalities resulting from gender differences, racial discrimination, and ill health are also carried through to later life (Vincent, 1995). The effects of inequalities on people's lives are well recognised and may limit access to adequate health care, social support, social participation, the ability to be independent and autonomous, and many more facets believed to be important in order to age well (Dulin, et al, 2011; Ranzijn, 2010).

Living Standards

Different standards of living can have an effect on older people's perceptions of what is valuable in order to age well. Living standards can be understood as the extent to which people are able to achieve. In the 2004 New Zealand Living Standards survey, the authors make use of an economic living standard index (ELSI) which is based on what

people have and consume (Jensen, et al., 2006) rather than the economic resources which enable them (Dulin, et al., 2011). It is therefore conceptualised as involving the level of material wellbeing that an individual experiences such as access to food, medical care, home heating, and social participation and recreation (Fergusson, et al., 2001). Research on the living standards of older New Zealanders has found that people most at risk of low living standards in older age are characterised by a mix of low income, a history of economic stress, no savings, high accommodation costs, poor housing, having held a low-status occupation when working, and being Māori or Pacific (Fergusson, Hong, Horwood, Jensen & Travers, 2001).

Standards of living have shown to have considerable effects on older people's abilities to age well (Stephens, et al., 2010; Townsend & Davidson, 1982). Low living standards and poor social conditions can produce inequalities in health for older people (Barrett, et al., 2006; Howden-Chapman, et al., 2000; Marmot, 2005; Marmot, Friel, Bell, Houweling, & Taylor, 2008). In a study on the living environments of older people in New Zealand, higher income provided a protective effect against frailty as one ages, whereas lower levels of living standards in later life decreased older people's ability to actively respond to health issues (Barrett, et al., 2006). Physical health declines as people age while mental health tends to improve, however this can also be influenced by living standards (Chandola, et al., 2007). In their study on inequalities and health in old age, Stephens, et al., (2011) found that higher living standards predicted better mental health in older people suggesting that mental health improves less for people with lower living standards. Dulin, et al., (2011) found that living standards had a significant effect on health. Those who had low standards of living also had low levels social support and experienced lower perceived mental and physical health (Dulin, et al., 2011). Older women are at a higher risk of health issues, and while this is related to a longer lifespan among women, it is also related to the fact that women often have fewer economic resources than men and lower incomes (Dyson, 2002). Consequently, health, mortality, and morbidity are all impacted by an individual's standards of living.

Living standards not only influence physical and mental health, they also have pervasive effects on social life for older people. Older people value being connected to others as a key aspect of ageing well (Mansvelt, et al., 2013; Stephens, et al., in press). Yet, older people are more at risk of isolation and social exclusion than other cohorts (Stephens, et al., 2010). Factors such as widowhood, limitations arising from health, and decreasing numbers of friends may contribute to isolation and social exclusion (van Tilburg & Thomese, 2010). Low living standards further exacerbate this risk. Living standards can influence whether an older person can remain socially active therefore low living standards may exclude people from actively participating in society (Stephens, et al., 2010; Stephens, et al., in press). Therefore low living standards can exclude people from being able to "successfully age" because in order maintain independence and social activity, this requires resources that are not equally available to all older people (Breheny & Stephens, 2010; Ranzijn, 2010).

Living standards may also be related to the way older people perceive their daily living experiences. Studies have found an interrelationship between living standards and perceptions of social support and loneliness (Stephens, Alpass, Towers, & Stevenson, 2011; Stephens, et al., 2010). Those with higher living standards perceived more social support and less loneliness (Stephens, et al., 2011). If standards of living have the ability to impact on older people's perceptions of wellness, it may be that living standards additionally have the capability to impact on what these people value as being important to them in order to age well. In a study by Mansvelt, et al., (2013), they found that all older people valued ontological security, yet how they constructed the meanings associated with ontological security differed according to their economic resources. While there may be some commonalities with what older people perceive as being valued in older life, how these aspects of life are constructed may depend on a variety of internal and external factors.

Living Circumstances of Older New Zealanders

An important aspect of well-being in older age is that of material resources (Victor, 2005). In general, older people's incomes are often below that of younger cohorts and older populations are among the most vulnerable to poverty in all societies around the world (O'Rand, Issacs, & Roth, 2010). Results from international studies show that despite older peoples relatively low levels of income (Hansen, Slagsvold, Moum, 2008), they appear to experience lower levels of hardship than expected (Berthoud, Blekesaune, & Hancock, 2009). In New Zealand, those over the age of 65 living in the community similarly have modest levels of income (Carter & Gunasekara, 2012; Fergusson, et al., 2001), yet they also appear to have relatively high levels of living standards. This standard actually increases as one ages, with those over 80 years of age having the highest living standards of all age groups (Jensen, et al., 2006; Perry, 2009). This finding reflects the relationship between socioeconomic status and health; those who live longer tend to have had greater resources over their lifetime. Consequently, living standards are not only related to income, and other variables are needed to understand this trend (Stephens, et al., 2010).

Older New Zealander's experience considerably lower deprivation rates than most other European countries (Perry, 2009). There are many reasons for these reasonably high levels of living standards. New Zealand's superannuation scheme differs from most other countries in that it provides a universal flat rate pension to all permanent residents over 65 years. The flat rate means that the amount of income that pensioners receive is not based on what they earned during their working lives. The amount is only dependent on pensioners living arrangements and partnership status (Fergusson, et al., 2001). This scheme has enabled a relatively low rate of hardship for older people and has also assisted some older people to actually increase their income when they reach 65 years (Stephens, et al., 2010).

Private provisions also contribute to the low level of hardship (Jensen, et al., 2006; Perry, 2009). In addition, many older people in New Zealand own their own homes and therefore have relatively low housing costs (Stephens, et al., 2010). Three quarters of the population sampled

for the 2001 Living Standards for Older Adult's survey were spending less than $30 a week on accommodation costs (Fergusson, et al., 2001). In addition, state housing initiatives between the 1940s and 1960s enabled many people from low and modest income families, who would otherwise not have been financially able, to own their own home (Dupuis & Thorns, 1996). As a result of these pension and housing provisions, in the 2004 New Zealand Living Standards survey, only eight percent of older New Zealanders reported living in some form of hardship.

There may also be a cohort effect involved in the apparent high standards of living, in that people born more recently experience more deprivation, at any age, than those born longer ago (Berthoud, et al., 2009). Or, it could be the result of a period effect (Victor, 2005). Each cohort lives through a unique section of historical time. As society changes, people in different cohort's age in different ways (Vincent, 1995). This theory acknowledges generational experience. Therefore, it may be that this current group of older people, who have struggled through world wars, the great depression, and/or its aftermath, may need less income and resources to achieve higher levels of living standards, or are more resourceful with the conditions they experience. This idea therefore acknowledges resilience resources developed over the life time of older people (Staudinger, Marsiske, & Blates, 1993). There is also evidence that older people may adjust their expectations downwards as they age so that no matter what level of income they have, it is considered sufficient for their needs (Hansen, et al., 2008; Hazelrigg & Hardy, 1997). Therefore it may be older people's experiences and coping strategies which accounts for the low level of deprivation within this group.

There could also be a self-report bias involved. It may be that older people are less likely to report disadvantage when asked, therefore distorting the accuracy of these reports of relative hardship. In a study by Breheny & Stephens (2010) the authors found that most older people reported their standards of living as good or comfortable even though their sample consisted of people who scores placed them in what would be considered the lower end of living standards. Studies have shown that people will report positive well-being even though their

circumstances are poor (Baltes & Smith, 2003). Similarly, older people are more likely to say that an item is unwanted rather than that they cannot afford it (McKay, 2004). This finding indicates that older people are more unwilling to report disadvantage and financial strain. Similarly, authors have suggested that it may be difficult to know from self-reports whether older people's living standards are in fact higher or whether older people just have lower expectations (McKay, 2004).

Conclusions

Inequalities pervade society and influence many aspects of people's lives, including access to health, education, employment, as well as influencing the material resources available to people and their standards of living. Studies have shown that living standards matter to older people and their ability to 'age well'. Therefore, there is real importance in investigating what older people value in daily life in order to age well, within the context of the material circumstances they find themselves in. It is important to shift the focus from older people who are individually responsible for success in ageing, to the social context in which they reside (Robertson, 1997).

Chapter Five

AGEING WELL FROM THE PERSPECTIVES OF OLDER PEOPLE

While there is considerable quantitative research on older people, there has previously been a lack of qualitative research conducted on ageing from the point of view of older people themselves (Minichiello, et al., 2000; Queniart & Charpentier, 2012). Furthermore, while there is considerable information on the negative aspects of ageing, the characteristics of ageing well have been more difficult to capture (Jopp, et al., 2014). However, with the demographic changes, and a strong focus on older people in current health policies, there has been an emergence of qualitative literature in the area of later life which has begun to fill this gap. These studies investigate the perspective of older people themselves, positioning them as the experts on ageing, and seek to understand what they value in later life, and what enables them to age well. There is a great deal of international and New Zealand research as a response to the dominant positive and successful ageing approaches and their applicability to such a diverse group of people.

Qualitative Review

Ageing well can be understood by using many different terms such as healthy ageing, successful ageing, positive ageing, quality of life, active ageing, and so forth. Some authors use these terms interchangeably, and there is considerable overlap between the different ways they conceptualise ageing well. To complicate matters, some authors also make clear distinctions between the terms. For example, some authors suggest that factors found in research which are associated with quality of life in older age are being conceptually confused (Grewal, et al., 2006). Other authors suggest gerontological concepts such quality of life and successful ageing are not always culturally relevant as they are developed on ideologies of individualism (Wray, 2003). These criticisms highlight the need to be conceptually clear with the research objectives

and conceptualisations and to ensure these are relevant to the population group.

Older people do have some shared understanding of what is significant to them in later life. Aspects of social relationships are frequently reported as important in later life and this is consistent across cultures (Chong, et al., 2006, Lamb, 2014). In Bowling & Gabriel's (2007) study of older people's understandings of quality of life in old age, social relationships were deemed important to people for the functions they provided such as intimacy, companionship, security, and social contact. In their New Zealand study on healthy ageing, Stephens, et al., (in press) found that older people valued their social networks and the ability to take part in social activities such as birthday parties and club meetings. Additionally, older people spoke of loneliness and the desire for companionship when this was not available (Stephens, et al., in press). Older people in Duay & Bryan's (2006) study stressed the importance of maintaining close relationships and socialising with others and therefore found that ageing well involved not ageing alone. When asked what was most important to older people, 60% suggested that family was the most valued aspect of their lives.

In addition to social relationships, involvement in social roles, such as local social activities and volunteer work, are found to have a positive effect on older people's lives. Duay & Bryan (2006) suggest that helping others gave their older people's lives meaning. Stephens et al., (in press) found that contribution emerged as a major theme in their qualitative research; older people enjoyed contributing to their community and contribution provided a sense of satisfaction in their lives. In their study on the meanings of quality of life in older people, Levasseur, Tribble, & Desrosiers, (2009) found that social roles were reported more often than daily activities as significant to older people's lives. Similarly, in their study on the effects of community-based organisations on well-being, MacKean & Abbot-Chapman (2012) found volunteering in these organisations built older people's self-esteem as it gave them a chance to share their skills and knowledge with others; a role that is not always available elsewhere. Volunteering also enabled social networking and making friends (MacKean & Abbot-Chapman, 2012). These findings match with quantitative work which suggests that

volunteering and helping others has a positive impact on happiness and well-being among older people (Dulin, et al., 2012; Kahana, et al., 2013).

Volunteer work and helping others enables older people to engage in reciprocal relationships which has shown to be very important to older people (Breheny & Stephens, 2009; MacKean & Abbot-Chapman, 2012; Stephens, et al., in press). Older people enter into social roles to give back to the community, as a way to be socially integrated, or as a way to enhance self-worth and self-esteem. Research has also found that older people value reciprocal relationships as it enables them to receive help and support without feeling dependent (Breheny & Stephens, 2009). While Breheny & Stephens's (2009) study was conducted with older people considered 'young-old', these findings may be especially important to the older-old who find themselves increasingly struggling to maintain independence and control, and requiring increasing levels of support.

The importance of control in older people's lives is well established in the literature and appears to play a significant role in the ability to age well. Independence is one form of control which features strongly in current ageing strategies and neo-liberal doctrines, but which also consistently appears in older people's own narratives (Bowling & Gabriel, 2007; Stenner, et al., 2010; Stephens, et al., in press). Older people frequently emphasis the desire to be able to perform certain tasks such as living in one's own home, driving, and self-care as crucial to living a good life. Dependency is seen as a threat to control and is frequently viewed as negatively impacting on people's ability to age well (Lamb, 2014). In their study on healthy ageing, Stephens, et al., (in press) found that even though older people experienced feelings of loneliness, they also valued being able to live independently. Similarly, Walker & Hiller (2007) found that while older people stressed the enjoyment they got from contact with family, that they also enjoyed being able to be independent from them. In their study on the subjective aspects of ageing actively, Stenner, et al., (2010) found that when older people spoke of the value of independence to the quality of their lives, they tended to do so in the context of avoiding dependency.

The desire for independence in later life is not consistent across cultures. In her anthropological work with elders from India and the United States, Lamb (2014) found that daily support and care was not avoided in India. Similarly, a study on older Chinese people living in Hong Kong, found that notions of dependence and care were seen as normal in later life (Chong, et al., 2006). Yet, while cultural beliefs around older people being cared for by their children were supported, this was mitigated by the financial strain that Hong Kong was experiencing at the time, and therefore material and financial support was not expected (Chong, et al., 2006). These findings highlight that what older people value may be culturally and economically bound and highlights the importance of researching culturally and economically diverse people.

Similar to independence is autonomy where older people value the ability and freedom to make their own decisions about their life (Stephens, et al., in press). Having the ability to decide whether to remain living independently in their own home is an example of autonomy. Stenner et al., (2010) found that autonomy played a role in older people's lives. They experienced pleasure in setting their own rules and deciding what they wanted to do as opposed to being told what to do by others (Stenner, et al., 2010). Yet Lamb's (2014) found that some older people found the emphasis in later life on individual autonomy disturbing. This finding could be attributed to differences in culture. Some of the older people in Lamb's (2014) study were from a collectivistic culture where decisions are often made together, and the opinions and support of family members is vital. In their study on successful ageing among American and German older people, Jopp, et al., (2014) found that very few older people mentioned the importance of autonomy. Yet this finding may be because the majority of their sample were younger than 60 where aspects of autonomy may not yet be viewed as a prominent issue. Therefore differences found in the importance of autonomy may be due to differences in the samples that studies use.

Security is a further common theme in older people's perceptions of ageing well. Financial security is one aspect which is frequently mentioned by older people (Duay & Bryan, 2006; Jopp, et al., 2014;

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Mansvelt, et al., 2013; Stephens, et al., in press). Homeownership can provide a sense of both financial security and ontological security (Dupuis & Thorns, 1998). For many older people, having the security of economic resources, such as savings and home ownership, is highly valued. Yet studies have also found that for those older people with little economic resources, a familiarity with financial uncertainty meant that later life security was not challenged by low living standards (Mansvelt, et al., 2013). Having coped with adversities before, older people knew that they would be able to cope with future adversities (Mansvelt, et al., 2013). Consequently, economic resources are not a prerequisite to ageing well. Security can be provided through many other avenues such as through family support, friends, access to affordable health care, life-long coping abilities (Stephens, et al., in press), home, and neighbourhood (Bowling & Gabriel, 2007). Neighbourhood can also be a site of insecurity. Older people in Walker & Hiller's (2007) study had to maintain a sense of physical security through strategies such as the installation of additional locks, locking themselves in during the day, and having neighbours keep an eye on them (Walker & Hiller, 2007). Those with fewer material resources often live in areas with less personal security while those with higher living standards may live in places which engender a greater sense of personal security (Hiscock, et al., 2001). Consequently, the notion of security is complex and multidimensional.

Health is consistently mentioned by older people as important to ageing well. Health can be viewed as both enabling ageing well, and as a product of ageing well. In Jopp et al.'s (2014) study on successful ageing, most older people indicated that health was important. Mental and physical health, physical fitness, as well as health more generally were all valued by older people (Jopp, et al., 2014). Although this study was on successful ageing, the participants ranged from 15+ years old. It may be that views of health and ageing well might differ markedly among the older-old, who frequently have to negotiate ageing well in the face of failing health. While typical aspects of physical and mental health still featured in the narratives of older people in Stephens, et al.'s, (in press) study, health was also talked about in other ways such being able to have choices around food and enjoying treats. It was also

equated with being surrounded by friends and family and being able to participate in social life (Stephens, et al., in press). Consequently, health is a concept which can mean different things to different people and may be experienced in different ways.

What matters to older people may depend on one's age. A study by Queniart & Charpentier (2012), on older women's representations of old age, found that some of what older people valued in later life did differ depending on whether they were young-old or the oldest-old. For example, those who were younger than 75 emphasised that the leisure time associated with later life was centred around themselves, whereas those who were over the age of 75 saw leisure time as being an opportunity to be focused on their family (Queniart & Charpentier, 2012). The authors suggest that this finding could be the result of 'generational styles' in which the young old were growing up in a time of feminist movements and more individualised opportunities such as university education (Queniart & Charpentier, 2012). On the other hand, those over the age of 75 were seen to be influenced more by the traditional social roles and the structure of their youth (Queniart & Charpentier, 2012). Yet it could also reflect a shift in priorities due to changing health and abilities, for example, the young-old may have more energy to devote to outside activities compared to the oldest people.

Many of these studies investigated ageing well by asking older people what successful ageing or active ageing meant to them. Yet many older people may be excluded from these terms due to health, social, or financial constraints. By using the term resilience in their research on ageing, Wiles, Wild, Kerse, & Allen, (2012) were able to investigate what it means for older people to age well in the context of the realities of ageing bodies, disease, and chronic illness. In using this approach, Wiles et al., (2012) argue that most older people understood themselves to be resilient. Among these older people in New Zealand, aged between 56 and 92 years, the authors found that various social resources such as having relationships with others and familiarity of place, as well as internal resources such as having a positive attitude, being grateful, having a purpose, and keeping busy, were of central importance to their perceptions of being resilient (Wiles, et al., 2012).

Therefore, ideas of resilience allows for people who are frail or vulnerable to still be able to age well (Gattuso, 2003; Wiles, et al., 2012) where other successful ageing approaches may not.

While research has pointed to many different aspects of later life which are valued by older people in order to age well, there has been little research which includes an in-depth understanding of these values. For example, while Stephens, et al., (in press) highlights the aspects of life which are valued by older people, their very large sample size only allows for a broad analysis of these themes. Therefore an in-depth understanding around how these valued aspects of life enabled older people to age well is not available. Stephens, et al., (in press) study highlights the need to investigate, in-depth, peoples lived experiences of ageing and what they view as being important to ageing well and how this occurs in the context of their lives. This type of investigation would capture the essence of *how* these values enable older people to age well.

In contrast, other studies have investigated the experience of ageing well in depth but have only focused on one aspect of later life. For example, Mansvelt, et al., (2013) highlighted ontological security as one valued aspect of ageing well. By focusing on this one aspect of ageing well, understanding how different values influence and are influenced by each other could not be examined. Because the aspects of life which enable ageing well do not occur in isolation, nor are they mutually exclusive, in-depth understanding of these interrelated concepts is required. Consequently, there is a need to investigate in-depth over multiple domains what older people value in order to age well to get a complete picture.

Conclusions

There are key aspects of life which are consistently reported to be important in older people's accounts of ageing. Control, independence and autonomy, security, social integration, participation, health, keeping busy, and contribution, are regularly reported to be important to enabling ageing well. Yet differences also appear in older people's

accounts due to factors such as their material resources, culture, and age. This picture of later life highlights both the commonality of experiences and the complexity of experiences. To understand this commonality and complexity requires examining ageing well in depth across multiple domains.

Research Question

What research has shown is that living standards matter for health and wellbeing (Stephens, et al., 2010). Research has also shown that older people use expectations about later life from positive ageing and successful ageing discourses to understand their experiences and construct their accounts of ageing (Breheny & Stephens, 2010, Lamb, 2014). But these accounts are also grounded in the material circumstances they live in (Breheny & Stephens, 2009; 2010; Stephens, et al., in press). Consequently, older people may value similar things in later life, but may not be able to achieve these or have different ways of achieving these values based on the material resources they have available to them (Mansvelt, et al., 2013; Stephens, et al., in press). Therefore as older people are situated within an unequal society, differences in living standards may impact their experience of ageing well.

There has been an increase in focus on older people's understandings of ageing well in later life. Yet there are also some gaps within this area of research. One gap is the lack of in-depth research on the experiences and understandings of ageing well among the older-old. Much of the literature on older people encompasses a broad range of ages starting from around 60 years and going up to those aged over 90 years. It is likely that there would be significant differences between those who are 65 years and those who are over 95 years and what they value as important in ageing well. Consequently, the present study sought to address these limitations by focusing on the older-old and providing a holistic and in-depth examination on of ageing well in later life.

OBJECTIVE 1) Therefore, using an interpretative phenomenological approach, this research will investigate older people's individual experiences of ageing to determine what they value as important in order for them to age well from their own perspectives. This research seeks to examine both uniformity and diversity of later life experiences among older people. As the older-old feature less frequently in research than the young-old, the older-old will be the focus of this research. Focusing on those over 79 years will offer an insight into the ageing process as these older people have been navigating this process the longest. Furthermore, as people are living longer and longer than before, this current group of older people have a unique contribution to make to the ageing literature around the needs of the ageing population.

OBJECTIVE 2) There has been a recent focus on the living standards of older people to ascertain how best to manage the social and economic needs of this diverse group of people. As older people must negotiate the experience of ageing in the context of the material conditions of their lives, this study will investigate whether differences in older people's standards of living influence what they judge to be important in ageing well.

Chapter Seven

METHODOLOGY & METHOD

Methodology

Quantitative investigation has traditionally dominated research in psychology. However, there has begun to be an awareness of the limitations of quantitative methods of analysis when investigating personal experiences of being in the world. Quantitative modes of research neglect the "unique sphere of meaningful experience that are the defining characteristics of human phenomena" (Polkinghorne, 1983, p.21). Quantitative approaches tend to focus on explaining associations between events (Smith, Flowers, & Larkin, 2009) and are therefore not intended to examine people's lived experiences (Biggerstaff & Thompson, 2008). Qualitative research is well placed to fill this gap as it focuses on meaning (Smith, et al., 2009). As such, qualitative research seeks to offer both a rich and in-depth understanding of people's experiences, attitudes, beliefs, and sense making activities, within the contexts in which they are situated.

One of the benefits of qualitative research revolves around its flexibility and openness to alternative experiences. While quantitative research has limited capacity to explore multiple meanings and situated realities, qualitative research emphasises the variability of answers and accepts inconsistencies and ambiguities in the data (Schoenberg & Rowles, 2002). In this way, qualitative research can capture the differences in older people's experiences and how these differences impact on their ability to make sense of the world they live in. In capturing people's experiences, qualitative work with older people can help change societal perspectives, expose prejudice, provide practical insights, and make contributions to social and health policies (Schoenberg & Rowles, 2002). Consequently, qualitative research has the potential to produce findings which can enhance the quality of older people's lives.

Qualitative research has a high level of researcher involvement that is considered both an inevitable and desirable component of research

(Schoenberg & Rowles, 2002). Consequently, the researcher *is* the instrument for analysis (Cobb & Forbes, 2002; Starks & Trinidad, 2007), and therefore is required to hear the stories being told, grasp the participant's point of view, and interpret their meanings (Cobb & Forbes, 2002). Therefore, a methodology which reflects the deep involvement of the researcher in the meaning-making process is essential for a genuine understanding and interpretation of the unique experiences of later life. In addition, due to the variability of experiences and circumstances of older people's lives, a method which allows for multiple meanings and realities to be explored is needed. In the present study Interpretative Phenomenological Analysis (IPA) is used to achieve these aims.

Theoretical Underpinnings of IPA

IPA is informed by three key areas of philosophical knowledge: phenomenology, hermeneutics, and ideography (Smith, et al., 2009). The combination of these contributions has led to a comprehensive method of investigation. These theoretical perspectives will be outlined to illustrate the key ideas from each perspective and how they have influenced IPA.

Phenomenology

Phenomenology is concerned with lived experience, theories of consciousness and meaning, and is the study of the 'nature of being' (Eatough & Smith, 2008; Larkin & Thompson, 2012; Polkinghorne, 1983). There are many different movements within phenomenological methodology, but two in particular have had an impact on the formation of IPA. The first comes from the philosopher, Edmund Husserl. Discontented with the pursuits of traditional empirical and positivist approaches being used in psychological research, he conceived an alternative approach to understanding, known as transcendental phenomenology. Husserl's type of phenomenological investigation asks, what is this experience like for this person? (Laverty, 2003). Consequently, this approach is not concerned with factual reality that

exists distinct from the individual. Its focus is instead on examining phenomena in the way that it occurs, on its own terms, and then describing it (Smith, et al., 2009). For Husserl, the goal of investigation was to find the essence of experience (Smith, et al., 2009). Transcendental phenomenology is not only descriptive in nature but also removes supposition (Polkinghorne, 1983). For Husserl, enquiry requires identifying and suspending or "bracketing off" our pre-existing assumptions and biases in order to grasp the essence of a phenomenon and see things as they really are (Larkin &Thompson, 2012). This practice of self-reflection ensures that the researcher's assumptions are not imposed onto the research (Laverty, 2003).

Hermeneutics and Hermeneutic Phenomenology

Hermeneutics was originally used to interpret biblical texts in order to uncover the messages from God that were believed to be hidden within them (Packer, 1985; Smith, 2007). Philosophers such as Schleiermacher and Dilthey generalised this method from the interpretation of texts to the interpretation of human action (Polkinghorne, 1983). Contemporary hermeneutics is used to interpret a wide range of human phenomena (Packer, 1985; 1992; Smith, 2007). Consequently, hermeneutics is fundamentally a theory of interpretation. It is argued that hermeneutics is not merely a research methodology, instead, our very relationship with the world is hermeneutic (Eatough & Smith, 2008; Polkinghorne, 1983). To be human, *is* to be interpretative and therefore interpretation is not a tool, but is what it means to be human (Polkinghorne, 1983).

The second movement of phenomenology which has contributed to IPA's foundations is hermeneutic phenomenology. Hermeneutic phenomenology focuses on the interpretation (hermeneutics) of the nature of being (phenomenology). Central to the development of hermeneutic phenomenology is Husserl's student, Martin Heidegger. Heidegger believed our observations and interpretations are always made from *somewhere* (Larkin & Thompson, 2012). Heidegger characterises human beings in terms of *Dasein*, which translates as 'there-being' (Larkin, Watts, & Clifton, 2006; Larkin & Thompson, 2012).

He therefore suggests that humans are intimately involved in the world, always located somewhere, as a person-in-context (Larkin, et al., 2006; Larkin & Thompson, 2012). Therefore, Heidegger was concerned with ontological issues of 'being in the world' (Laverty, 2003).

In contrast to Husserl's phenomenology, bracketing or suspending our assumptions was seen by Heidegger as unattainable and therefore misdirected. Consequently, although the intent of research is to reveal phenomena on its own terms, it is also acknowledged that it is impossible to completely remove the researcher from the world in order to discover how things really are (Larkin, et al., 2006). It is through our encounters with reality that reality is made meaningful in human life. Inquiry is therefore seen as a situated enterprise (Larkin & Thompson, 2012), and any discoveries made must be a function of the relationship between the researcher and the researched (Larkin et al., 2006). This perspective suggests there is no truth outside our engagement with the world (Polkinghorne, 1983). Although research can examine subjective experience, the process in itself is a subjective experience (Smith, et al., 2009). Within this framework, self-reflection is used to understand ones assumptions and biases and work *with* them. Researchers are encouraged to move in a hermeneutic circle from their self-understanding, to interpretation, and back again, thereby testing their presuppositions against the evolving meaning of the accounts they are trying to make sense of (Willig & Billin, 2011).

While Husserl can be seen as setting the agenda for IPA in terms of an attentive examination of our lived experiences (Smith, et al., 2009), IPA uses Heidegger's hermeneutic phenomenology to understand phenomenology as an interpretative feat. Using hermeneutic phenomenological approach, the researcher unpacks our being-in-the-world, which is "always perspectival, always temporal, and always in relation to something" (Smith, et al., 2009, p.18). Consequently, both phenomenology and hermeneutic phenomenology have influenced IPA, as "without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen (Smith, et al., 2009, p.37).

Ideography

The third major influence upon IPA is ideography. Within ideography, the focus is on the particular rather than the general and therefore there is a strong commitment to the depth and the detail of analysis (Smith, et al., 2009). Ideography involves shifting away from traditional psychological inquiry, which is concerned with establishing casual laws, to understanding experience in detail in individual lives (Eatough & Smith, 2008). However, this shift does not mean that the results of ideographic research cannot be generalised. While experience is personal and embodied, it is also worldly and relational (Smith, et al., 2009). Accordingly, because a person's experience is the outcome of their relationship with a particular phenomenon, it is not a *property* of the person per se (Smith, et al., 2009). Yet the participant is able to provide a personally unique perspective of the phenomena of interest (Smith, et al., 2009). IPA focuses on particular phenomena as they are experienced by particular people and is therefore committed to an idiographic level of analysis (Larkin, et al., 2006; Larkin & Thompson, 2012).

Interpretative Phenomenological Analysis

Building on the foundations of phenomenological, hermeneutic phenomenological, and ideographic inquiry, IPA is the study of lived experiences and the meanings people create (Larkin & Thompson, 2012; Smith, 2004; Smith & Eatough, 2007; 2011). It examines the way that people are "actively engaged in interpreting the events, objects, and people in their lives" (Smith & Eatough, 2011, p.441). As such it offers an in-depth investigation into people's experiences and their sense-making activities.

The phenomenological component of IPA attends to the way phenomena appear to people in the form of their experiences, that is, how they talk about and perceive objects and events, and give voice to them (Larkin, et al., 2006; Smith & Eatough, 2007; 2011; Smith, Jarman, & Osborn, 1999). This approach can be used to investigate how a particular experience has been understood by a particular

person. The interpretative (hermeneutic) component of IPA contextualises the participants claims within the wider social, cultural, and theoretical environment, and attempts to make sense of them (Larkin, et al., 2006). IPA enables investigation of what a particular experience means for this person, in this context. (Larkin et al., 2006). Any act investigated in isolation from its situation is likely to be ambiguous and incomplete (Packer, 1985). Therefore, IPA acknowledges that human phenomena is constituted by, and situated in, historical, cultural, and social contexts.

IPA seeks to adopt an insider's perspective which gives voice to the participants (Larkin & Thompson, 2012). Therefore, the goal in IPA research is to get as close as possible to the participants view; to endeavour to see the world as they see it (Larkin, et al., 2006). Yet, IPA acknowledges the outcome of this analytic process will never be a genuine first person account because the researcher is not the participant (Larkin, et al., 2006). IPA also recognises that access to the participant's experience is always dependent on what the participant discloses and therefore interpretation is needed to understand their experience (Smith, et al., 2009). As such, detective work is needed by the researcher to make sense of the participant's experience (Smith, et al., 2009).

Therefore, because of its hermeneutic roots, IPA emphasises that research is a dynamic process with an active role for the researcher in the exploration (Smith & Eatough, 2007). The analysis of the participants experience is therefore complicated by, and contingent on, the researchers own assumptions and ideas (Smith & Eatough, 2011). These assumptions are required to make sense of the other persons experiences (Smith, 1999). This researcher involvement is in contrast to traditional research inquiry, where the researcher (subject) and the phenomena under investigation (object) are perceived as independent and separate from one another.

Therefore, the meaning making process is always created by both the participant and the researcher, who are both trying to make sense of the experience (Larkin, et al., 2006). In this light, a double hermeneutic process is involved in which the participant attempts to make sense of

their own experiences of being in the world, while the researcher strives to make sense of how the participant is making sense (Smith & Eatough, 2007; 2011). Another way to understand this process is as a twofold process of empathic and critical enquiry. The researcher attempts to empathically understand the participant's point of view, while also critically evaluating the participant's account, therefore allowing for a richer analysis (Smith & Eatough, 2007; 2011).

While IPA is used to investigate people being-in-the-world, the body-in-the-world is also an important aspect of people's experiences and is worthy of investigation. The idea that the body shapes the fundamental character of people's knowing about the world, is essential for IPA research (Smith, et al., 2009). Bodies shape who people are and what people do (Laz, 2003). Everything one does is through a body. As such, the body helps people understand the world they are situated in (Finlay, 2006). For many people, ageing is a bodily event (Gilleard & Higgs, 2013). Consequently, age and embodiment are related concepts with mutually influential accomplishments (Laz, 2003). Ageing has effects on a person's body, just as the body has an effect on how a person ages. Therefore, embodiment is an important concept to consider when investigating the experiences of later life. As Smith, et al., (2009) states, "the lived experience of being a body-in-the-world can never be entirely captured or absorbed, but equally, must not be ignored or overlooked" (p.19).

IPA can be used to understand the diversity and variability of peoples lived experiences of particular phenomena (Eatough & Smith, 2008). It can be used to investigate questions that have considerable importance to the participants, and in which they have intimate experience (Larkin & Thompson, 2012; Smith & Eatough, 2007). In this sense, IPA engages with people who "are 'always-already' immersed in a linguistic, relational, cultural, and physical world" (Larkin & Thompson, 2012 p.102). The experiences of the phenomenon can also be used to reveal something about the person who produced it (Larkin, et al., 2006).

While IPA is used to investigate a particular phenomenon as it is experienced, the investigation is not constrained to these themes. As such, IPA is exploratory in nature rather than explanatory (Larkin &

Thompson, 2012). The exploratory nature of IPA allows for unforeseen themes to emerge during analysis which can take the investigation down a different path (Smith, 2004). Therefore, while the research process will inevitably involve the interplay between inductive and deductive techniques, for IPA an inductive stance takes prominence (Smith, 2004). As such, exploration exists prior to any hypothesis or theory, and it is not intended to expose any kind of fact or truth. Investigation is done for the purpose of understanding rather than for knowing.

Distinctive Features of IPA

IPA shares some common features with other qualitative approaches. Similar to discourse analysis, language is viewed as an important and essential element of a person's account (Smith & Eatough, 2011; Smith, et al., 1999). In both IPA and discourse analysis, language is an essential medium through which people enact 'being-in-the-world'. Within IPA, reality is understood to be reliant on, and constrained by, the available language in an individual's culture (Eatough & Smith, 2008). Therefore, accounts of people's experiences are situated within the dominant discourses available to them. However, IPA, unlike discourse analysis, views a person's life as more than just the historically situated linguistic interactions that occur between people; there are dynamic meanings that lie beneath the surface of language (Eatough & Smith, 2008). Of concern to IPA is uncovering what these meanings may be and what participants truly think or believe about a phenomenon (Smith, et al., 1999). In this sense, IPA is interested in unravelling the relationship between people's cognitions and what they say and do (Smith & Eatough, 2011; Smith, et al., 1999).

IPA also shares similarities with narrative analysis. Both narrative analysis and IPA are derived from hermeneutic phenomenology and therefore share an interest in how people interpret their experiences in the world. Yet distinctions exist between the two approaches. Narrative analysis focuses on how narratives relate to sense making, and the stories participants tell are used as a medium for understanding experience (Smith, et al., 2009). In narrative analysis, the extracts are

analysed as stories which are bounded accounts that tell something because of the narrative structure. Rather than focusing on the narrative structure, in IPA, the focus is on personal sense making in a particular context (Smith, et al., 2009). Another difference between the two approaches revolves around time. Narrative analysis is time orientated and is often concerned with participant's life history and biographical experience across time (Murray & Sargeant, 2012). Narrative analysis may attempt to locate participant's narratives within a broader life course perspective and their social context (Murray & Sargeant, 2012). While IPA is also interested in participants experiences located within their social and historical context, the emphasis is instead on a person's experience of a particular phenomenon.

IPA and the Experience of Ageing

By the time people reach older age, they have accumulated a lifetime of knowledge and unique experiences. Consequently, older people are a complex and diverse group of people with different experiences of ageing, which are contingent on social, historical, and cultural factors. To truly capture the complexities of experiences that shape older age, an approach that allows phenomena and experience to simply *be* is needed (Schoenberg & Rowles, 2002). In order to accomplish this task, contextually appropriate research tools are required (Schoenberg & Rowles, 2002).

IPA is well placed to achieve this goal because it focuses on people, their knowledge and understanding, within their social worlds, and in light of their historical contexts. This focus allows for a deeper comprehension of older people's lives in a way that extends beyond causal relationships (Warren-Findlow, 2013), linguistic interactions, or the re-telling of people's narratives. In this way, IPA is useful for understanding and interpreting older people's personal and worldly experiences of being-in-the-world. In addition, an inductive inquiry is particularly useful for investigating the present study's question around what older adult's value in order to age well because it allows for unforeseen themes to develop during analysis and multiple meanings to be discovered (Smith, 2004). This method reflects the uniqueness of

experiences within this diverse group of older people and the meanings they create.

Conclusion

In order to understand the unique and personal accounts of older people and their experiences of ageing, a method which allows for an in-depth interpretative analysis, free from any prior theory, and dedicated to exploring the person-in-context is needed. As such, IPA is ideally placed to achieve these aims because of its flexibility and focus on people's individual lived experiences and the meanings they construct as a result of their cultural, historical, and social contexts. The emphasis on the personal, rather than the general, ensures that the richness and diversity of older people's lives are highlighted and not obscured. While IPA acknowledges that interpretations reflect the researchers own assumptions and understandings, priority is given to both what is experienced by participants and how it is experienced (Starks & Trinidad, 2007). Therefore, the aim of IPA research is to convey to the reader what it would be like to have the experience under investigation (Starks & Trinidad, 2007)

Method

Procedure

The present study analysed in detail interviews conducted between March 2010 and May 2011 as part of a New Zealand study investigating the economic living standards of older people. This larger study was conducted by the Heath and Ageing Research Team at Massey University to develop a measure of living standards for older people. One hundred and forty five semi-structured interviews with 153 men, women, and couples aged 63-95 were conducted. All participants were living independently across various rural and urban areas of New Zealand. The sampling strategy was used to make sure that a range of different life experiences and circumstances were represented in the data (Mansvelt, et al., 2013). A variety of ethnic groups (New Zealand

European, Māori, Pacific Islanders, Asians, and other major ethnic groups living in New Zealand) were included to accurately capture the diverse nature of contemporary New Zealand society. The participants were recruited from within the interviewers own communities in order to establish rapport and produce sensitive and informed conversations around the issues affecting their ageing experiences (Mansvelt, et al., 2013).

The interviews were audio recorded and transcribed. The aim of the interviews was to investigate the living standards of older people. The questions were framed to elicit information about: the area participants lived in and their accommodation; the things they needed to have and the things they needed to do; how well they managed on their current income; things that are nice to have or do but are not necessities; and finally, how they lived compared to other people they know. The questions encouraged participants to provide their own examples based on their current living situations. Additionally, through these questions, the participants were afforded considerable freedom to discuss their own needs, values, concerns, and desires (Stephens, et al., in press) which provided a rich resource for the present study's question around what it is that older people value in order to age well.

Participants

Within IPA, small samples sizes are used to emphasis quality over quantity. Therefore, a sample size of eight was selected in the present study in order to offer an in-depth and rich account of the participant's experiences. These participants ranged from 79-92 years of age and represent the older-old. It was the purpose of the present study to investigate the older-old as this group of older people have received less attention in qualitative research than the young-old.

In order to explain the ways in which living standards have an impact on what older people value in order to age well, participants were categorised into groups by living standards. The NZDep was used as one measure to categorise the participant's standards of living. The NZDep is a geographically derived indicator from the New Zealand

census which is used to categorise residential areas around income, home ownership, transport, living space, support, qualifications, communications, and employment (Atkinson, Salmond, & Crampton, 2014). A score was allocated to participants based on their address. Scores range from 1 to 10, with 1 meaning that the participant resided in an area of least deprivation and 10 meaning the participant resided in an area of highest deprivation. These scores are not individual deprivation scores; they represent the characteristics of the area in which the participants reside. The NZDep scores for the participants within the present study ranged from 3-10. These scores were then compared with the interviewer's field notes containing observations of the participants living situations including their accommodation quality, furnishings, warmth, repair, material possessions, and financial resources (Mansvelt, et al., 2013). By combining these two sources of information, participants were assigned to categories of either low or high living standards. Only those participants whose NZDep score matched the interviewer's observations of their standards of living were included in this analysis. Additionally, because the focus of IPA is on individual lived experiences, no couple interviews were included in the analysis.

The participants included for this study were either living on their own or with their spouse. Participants were living in a variety of circumstances including in council rental accommodation, living in their own home, or living in family owned homes. Two of the participants were male, and six were female reflecting the tendency for women to live longer than men. One participant in this older age group identified as Māori, two as Indian, and the remaining five identified as of European descent. Five of the participants were born in New Zealand, while three migrated from overseas. All participants had been a resident in New Zealand for at least five years.

Data analysis

Data for the present study was obtained from a large set of interviews completed to develop a measure of living standards for older people. The objective of the present study was to use this existing data to

understand the experience of ageing well for older people from different living standards. Rather than providing a broad analysis, the purpose of the present analysis was to examine experience in detail to capture meaning and provide insight into what it means to age well from the perspective of the participants. This process involved developing an adequate research question, setting the criteria for participant selection, reading and coding the transcripts, and listening to audio files of the participant's interviews to ensure the accurateness of these transcriptions.

The present study followed the Smith, et al (1999) style formulation of IPA. The first step of analysis involved immersing oneself into the data through detailed reading and re-reading of participants transcripts. The first readings involved taking the transcripts in without making any assumptions or interpretations. The goal was simply to enter the participant's world (Smith, et al., 2009). Once there was familiarity with the data, the objective was to engage with the transcript to find things that seemed significant or interesting. These were documented down the left hand side margin of the printed transcript. This process was repeated several times until no new insights were found. The right hand margin was then used to document emerging key words and themes. Once the initial process was complete, the individual themes were drawn together to find patterns and connections and highlight the important and interesting aspects of the participants accounts. These clusters of emerging themes were used to check back through the transcript to assess their validity. This process was conducted for every interview transcript until each transcript had a master list of themes.

The next stage involved looking for master themes across the transcripts. The master lists from each transcript were drawn together, again to find patterns and connections, and a consolidated list of master themes for the group was generated. At this point superordinate and subordinate themes were produced, through mapping techniques, which best encompassed the participant's experiences of ageing well. These were then used to go back over the data once more and checked for their validity and supporting evidence. Some subordinate themes were discarded and others were merged together. Each theme was then analysed using an IPA framework. In addition, each theme was

investigated in the context of the participant's living standards to understand how living standards affected the participant's experiences of these themes. This process involved taking into account the participants material resources, consumption activities, and living conditions.

The next process was writing up the results. Extracts from the interviews were used to illustrate the points being conveyed and to provide transparency. Only extracts which were thought to reflect the theme the best, or that added an interesting element into the analysis, were used to illustrate the theme. In typical IPA fashion, a draft was produced which gave a predominately descriptive account of the data, emphasising the phenomenological aspect of IPA. The second draft developed more of an interpretation of what the data meant and emphasised the interpretative element in IPA.

Due to the nature of the larger study from which these transcripts were drawn, the participants did not explicitly define what was valued by them in order to age well. However, the participant's descriptions of what gave meaning to their lives, and their priorities demonstrated what was important to them. While there were many different topics that came through as important to the participants such as health, independence, being socially involved, and family, most of these were topics which were encompassed under larger themes. Consequently, the themes of continuity, security, reciprocity, and living within one's means came through as valued by the participants in their experiences of ageing well. The analysis also showed that living standards mattered for some of the themes and was less important for other aspects of ageing well.

Chapter Eight
RESULTS

The present research investigated what was important to older people in order to age well and whether this differed for older people of different living standards. The participants spoke about ageing well in a number of different ways. Table 1 illustrates the themes described in the analysis. The participants spoke of the importance of having continuity in their lives and actively engaged in strategies aimed at retaining a sense of continuity. This highlighted the resilience of older people in negotiating the changes of later life. The participants also valued security and spoke of the importance of having personal and financial surety in their lives. Reciprocity was a further valued aspect of the participant's lives. Reciprocity enabled participants to contribute to the lives of others which also contributed to their own moral identities. Furthermore, reciprocity was important for other reasons, such as enabling independence which was valued by many of the participants. Finally living within one's means was highlighted by the participants in order to age well as it demonstrated their ability to be responsible self-governing citizens. Living within one's means had the added benefit of reducing anxiety and uncertainty. None of these themes occurred in isolation from the others. For example, while routine enables continuity in an older person's life, it may also contribute to feelings of security and illustrates the complexity of what it means to age well and the need to investigate a range of aspects in order to obtain a holistic picture of this experience.

Table 2 is used to illustrate how living standards intersected with the themes identified. The theme of continuity did not differ across living standards and all the participants viewed continuity as a valued aspect of life and were able to achieve various forms of continuity. Security differed somewhat by living standards with personal security being valued by all the participants while financial security was only essential to those with high living standards. Within the theme of reciprocity, there were more clearly defined differences between participants. Activities of volunteering and donations were primarily engaged in by those

participants with high living standards while helping others was an important avenue for the participants with lower living standards to achieve reciprocity. These participants also had to work harder to achieve relationships of equal value due to their limited material resources. Finally living within one's means illustrated considerable differences between the two groups. Those with higher living standards engaged in strategies of careful consumption while those with lower living standards engaged in strategies of economising. The participant's experiences of what these strategies enabled them to do in later life also differed markedly. Therefore, the participants experienced ageing well as involving a combination of factors which were situated within the context of their material circumstances.

Table 1. Superordinate and subordinate themes

Continuity

- Adjustment: Changing environments; Ageing bodies; Changing expectations
- Routine
- Continuity of Identity: Just like everyone else; Just like always; Disruption to identity

Security

- Personal Security
- Financial Security

Reciprocity

- Equal Value Relationships
- Volunteering
- Donations
- Helping Others

Living Within One's Means

- Careful Consumption
- Economising

Table 2. Variations in themes across living standards

Theme	Example of Participants Experiences	Variations Across Living Standards
Continuity Wanting to maintain continuity and familiarity in the things that mattered	Making adjustments to their physical environments to continue ageing at home	No difference between the living standards- Both high and low are concerned with continuity and all participants participate in strategies to achieve this
Security The ability to feel safe and secure and to have personal surety in their lives	Family provides a source of personal security for participants	Some difference between living standards- *High:* Are able to attain both financial and personal security easily. *Low:* Are unable to have financial security and have to work harder at achieving personal security
Reciprocity The ability to be in relationships of give and take with family, friends, and the wider community	Volunteering in their community as a way of paying back	Clear difference between living standards- *High:* Can participate in formal volunteering and give donations. Equal value relationships are easier for these participants to participate in. *Low:* More involved in helping others informally and have to work hard at maintaining relationships of equal value
Living Within One's Means Participants use different economic strategies to ensure they are able to live within their means	Careful consumption or economising	Considerable difference between living standards- *High:* Participants are involved in strategies of careful consumption. *Low:* Participants are involved in economising strategies to live within their means

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Continuity

Continuity is about having confidence that the significant things in one's life will remain unchanged. Continuity is therefore by definition across time. The continuation of self and normality of one's life enables older people to live in ways that are familiar to them and can contribute a sense of well-being in later life. Older people often wish to maintain stability in their view of themselves and their surroundings. When discontinuity occurs, this results in a sense of disappointment and loss. This sense of loss was experienced by Maria who joined a migrant support group to make friends when it was subsequently shut down.

> We used to meet, we'd have a joke. It was running nicely. Now the donations, they were getting, it's cut down, so they cant. Now it's stopped. I feel so sad (Maria).

As this group was one of the only opportunities for Maria to be socially active, its discontinuation meant a considerable reduction in her social contact and she felt the loss acutely. Consequently, older people can experience unwanted change as a threat to their current way of life.

Some of the participants spoke of the desire to retain continuity through key aspects of their lives remaining unchanged until their death.

> *So now you see yourself staying here…*
>
> I'll be carried out of here (Walter).

Walter had no intention of making the change to a care facility if he became frailer and planned to continue to live at home. Home can be a site for routines, family rituals, and memories, and can thus play a vital part in older people's life. Walter had lived in his home over 30 years, and therefore home enabled Walter to maintain a sense of continuity with his past. While other participants similarly spoke of the importance of permanency in their experience of continuity, it was also constructed as having boundaries.

> I've said… I don't really want to have to leave here. The only place I'll go is the Strafford Home because you have to be very ill to go there now (Lily).

While Lily indicated moving from her home was not wanted, it could be accommodated. Becoming very ill can change an older persons views of continuity and allowances for discontinuity can be made in these circumstances. Consequently, Lily recognised that attempts to maintain continuity would not last forever. She did foresee circumstances where attempts at continuity would have to be relinquished. Yet both of the above examples show a desire to continue to age in familiar places for as long as possible. In fact, many of the participants spoke of the sense of familiarity they felt from their homes and local communities and expressed a desire to stay in a place they knew, had a history with, and was therefore also about maintaining continuity with their past.

> Well you get to know everybody and bring your kids up, it's good (…) I wouldn't move anywhere else (Nancy).

All the participants made determined efforts to maintain continuity in the things they valued during a time where much is changing. While some changes due to ageing were welcomed, such as more time for oneself, other changes were not. External changes, such as within the environment and social networks, can compromise continuity. Similarly, personal changes such as declining health and mobility also serve to threaten continuity. These age-related changes such as increasing frailty and decreasing energy levels, can all jeopardise the way of life that older people are familiar with. Yet continuity can still be achieved even in the face of these changes through the strategies that older people employ. There were three ways the participants in this study achieved continuity in their daily lives: through adjustment, through routine, and through maintaining their identities.

Adjustment

In order to maintain continuity in life as circumstances changed, participants made adjustments. In using this strategy, participants accepted changes and accommodated them without undermining the key aspects of life that they wished to maintain continuity in.

> I read, I read a lot yeah [Int: *What sort of…*] anything, anything. Anything at all.

So not medical journals or anything?

> No, no, no. No. No when I retired I decided that when I retire from anything, I give it completely away. It's time the old guy was just not there. I don't want to be, I never wanted to be known as the old guy that should have given up (Walter).

While Walter had a real interest in reading, he had renegotiated his interest and what he read by giving up anything that was linked with his previous professional life. He subsequently gave his professional identity away entirely so he did not appear to be someone who was hanging onto a past life. This negotiation was done in order to continue to feel as though he was viewed positively by others and not negatively as an old man who was unable to let go of his professional identity. Consequently, identity is located in socially acceptable roles. Peoples choices are constrained by their age and older people must move on from professional roles to other more socially acceptable roles, such as volunteering. As such, Walter's adjustment is made in the context of an ageist society. This extract reveals the way older people carefully structure their adjustments to maintain engagement in later life in socially acceptable ways.

Adjustment was employed by the participants to maintain continuity in a range of different ways: by adjusting to changing environments, by adjusting to ageing bodies and changing health, and by changing one's expectations to maintain continuity. These examples are used to illustrate what it means to maintain continuity in the context of contextual, physiological, and psychological changes, and demonstrates the resilience that many older people show when faced with challenging situations.

Changing Environments: Society is constantly changing. This shifting environment can represent a challenge to older people who value constancy in their lives. As the environment changed, the participants demonstrated an active willingness to make adjustments to continue living in ways that were familiar to them. For one participant, her marker

of continuity was her private home and potential subdivision of land next to her property threatened her peaceful and private world. In the face of her changing environment, Edith enacted changes to her own landscape, planting trees around her property, to ensure she was still able to retain a sense of privacy.

> I planted, when this first, when the house, the blacksmith's house was sold I thought oh dear. And I planted a row of pittosporums. You can see them.
>
> *Yes. Yes they've grown quite tall so they're providing some privacy.*
>
> Yes they give privacy for the bedrooms downstairs, etc., etc. (Edith).

Older people must be active and strategic to work out what aspects of continuity are key to ageing well and what they must do to adapt to changing environments. Edith mentioned aspects of privacy throughout her interviews. Maintaining privacy is a key value to Edith and she made changes to her environment to achieve privacy. Being able to maintain constancy in the things which matter when other things are changing contributes to older people's overall well-being.

As society changes, the nature of the environment changes. For example, as crime rates increase, older people may need to make changes to continue to feel secure. One participant was forced to change the way he viewed the world in order to continue to feel secure in his own home.

> We used to go out of the house without thinking about locking doors or anything like that. But now there's been a few burglaries around the place. One of our daughters who lives close by was burgled [Int*: Oh geez*]. So we're much more security conscious in the last two or three months (Walter).

Walter was able to change how he acted in response to the increasing crime rate so that he was able to continue feeling safe in place. Walter became more conscious of locking the doors and installed an alarm

system. Another participant purchased a dog as a way to try to feel secure in her new environment. Consequently, older people are active agents in their lives who respond to changing environments with context appropriate strategies.

In addition to changing physical environments, technological environments are changing also. Many of the participants made adjustments to include technological advances in their lives in order to maintain contact with loved ones such as through sending emails. Some participants also took up classes and sought help from family members to keep abreast of technology.

> Yes I did go to classes and I should go back again. I was actually getting quite good (Lily).

Other participants refused to adapt to changing technologies as a way of maintaining contact stating "we are people of the pen and ink age" (Walter). For Walter, it was more important to maintain continuity of what it meant to be a member of his age cohort. Resisting technological changes was also expressed by another participant who preferred to do things the in the ways she had always done.

> It is quite funny really because the banks, they keep saying, "Wouldn't you like to do telephone banking" [Int: *that's right absolutely*]. And I say "no I don't want to, I like to come to the bank" (Molly).

Molly valued maintaining physical social contact with others. As such, she worked hard at resisting technological changes. The various strategies that older people use to maintain continuity demonstrates that it is not possible to do nothing if older people wish to maintain continuity because society is constantly changing. Therefore, older people can achieve continuity by either adapting to changes, or by actively resisting them. Older people make and resist change in many spheres of their lives depending upon the key aspects of their lives they wish to remain constant.

<u>Ageing Bodies:</u> As people age, their bodies go through a series of changes and decline. For many of the participants, the ageing body represented a threat to continuity due to increasing illnesses and frailty, failing eye sight, and decreasing energy levels, which impacted on their ability to live life as they had always done. Steps were taken to accommodate these changes to enable the participants to continue doing the things they enjoyed, in the places they enjoyed. For some, this process meant adapting the environment in ways that enabled them to continue living life in the comfort of their home after an accident. For others it meant finding alternative ways of getting around in the face of decreasing mobility and eyesight. And for some of the participants, it meant modifying diets to ensure health issues remained in check. Consequently, there are many different strategies that are employed by older people to continue ageing well despite the difficulties that accompany ageing bodies.

Maintaining social networks as people age can become hard due to factors such as decreasing energy levels, illness, and increasing frailty. In spite of their ageing bodies, many of the participants valued continuity in maintaining social networks and interactions. Adjustments in routine were one way to ensure that social networks were not affected by their ageing bodies.

> I mean we, we used to have people in for dinner on a fairly regular basis but we're all getting old now. People don't like coming out at night time. So we used to, we occasionally have people for lunch (Walter).

By changing the context in which his social contact was enacted, Walter was able to continue to maintain meaningful social relationships with his friends, who were also negotiating ageing bodies.

Continuity was often discussed in terms of the participant's activities and hobbies in the face of failing health. For one participant, the enjoyment she obtained from her hobbies was valued in her ability to age well. Yet her ageing body was impeding her ability to continue enjoying it.

> I used to play outdoor bowls, and I played all over (local towns) and everything but I've given the outdoor away because of my leg. So my bag was getting heavier and heavier, all the bowling stuff and that. But I still play indoor bowls cause I don't have to carry anything there (Nancy).

For Nancy, continuity in her life was supported by participating in activities that bought her enjoyment and kept her busy. Yet, her involvement in outdoor bowls had become difficult because of the physical strain that accompanied it. It was important for Nancy that she was able to maintain the quality of her activity rather than just continuing on in the same way. By removing the outdoor bowls, she was able to continue to experience enjoyment in her activity without any negative consequences.

While the above two extracts are about different types of adjustments, they are both in response to the physical changes associated with ageing. These extracts illustrates how older people's experiences in later life are lived through their bodies. Changes in physical capacity presented a challenge to Walter and Nancy, but strategic adjustments were made to continue with valued activities in spite of these changes. While the first example is about adjusting routine so that social contact was still able to occur, the second is about adjusting ones engagement with the physical environment to continue involvement in habitual activities. Older people therefore need to employ a range of different strategies in different contexts to tackle the effects of the ageing body.

One consequence for the ageing body is declining mobility and one participant was faced with such a prospect. Unable to get in and out of his car easily, Walter decided to adjust his car to suit his physical limitations.

> Well we have a Mercedes, a small Mercedes, the smallest size Mercedes. But we got that really just because it was easy for me to get, for me to get in and out of. [Int: *Great, lovely*]. We had, had a Honda Civic before that and it was very low slung. It was difficult to get in and out of (Walter)

Many older people wish to maintain their independence for as long as possible. By altering his physical environment, Walter was able to continue to retain mobility and therefore retain a sense of independence.

Maintaining continuity in life was often about keeping illness at bay. Participants frequently engaged in exercise and healthy eating habits to an attempt to ward off decline. For Walter, he made the following adjustments to his daily routine in order to combat age-related changes:

> *And you said going to (local gym) has sort of given you a new lease on life?*

> If I hadn't been going there I'd probably be ashes by now (Walter).

Walter believed that if he had not adopted his weekly exercise routine, than he would not be alive today. Walter suffered a stroke which subsequently disrupted his life in a considerable way. Walter worked hard at maintaining his health after his stroke so that he was able to continue living his life in a way that was meaningful and not ruled by illness and disability.

For some of the participants, an awareness of future limitations preceded the decision to make adjustments, such as moving house in anticipation of increasing frailty. In this way older people are able to put off moving into care facilities and are able to continue living in places which they enjoy.

> Well we retired to Queenstown 25 years ago and built a home in Queenstown, but our home was getting surrounded by trees. Which we love trees, but we were getting no winter sun, and also was a very slopey section. I knew we couldn't live there for too long. So we came out here and found this home and which is lovely and sunny and we decided we'd like to live here (Helena).

Older people's embodied experiences of age-related change means they understand the difficulties associated with ageing. Living with and through these changes means they will go to great lengths to ensure

they are able to continue living life in a way that is meaningful, in a place which is meaningful.

Changing Expectations: Due to the challenging circumstances that ageing brings, expectations about what later life might hold needed to be adjusted. This strategy was often employed when other adjustments to maintaining continuity were not successful. This strategy meant reframing the way the participants looked at their situations which allowed them to continue to feel content in life.

> It's, actually it is difficult. When I moved 10, 11 ago years I left behind a whole social network in Washington, and here I find people are obviously, being so much older, totally immersed in their own commitments with running round looking after their grandchildren or whatever, or whatever captures them, and it is difficult to make friends, close friends anyway. I don't think you do, I don't think you can make really close friends beyond… [*Int: A certain age*]. A certain age, yes. Or it's, it's rare that you. When I say close friends, I really mean a kindred spirit and that that presents [*Int: A challenge*]. It's a challenge (Edith).

For Edith, the change in her ability to be physically around close friends from her earlier life had been a great challenge. Edith's loss was not so much about social integration, but more in terms of the intimacy associated with a kindred spirit. Therefore, rather than trying to find those with whom she could share this type of connection with, one of the adjustments Edith had made was around her expectations of intimacy in later life.

> I think you have to have the capacity to be prepared to live alone. As you can see I'm fortunate in that I am living alone quite comfortably, you know. So that's that (Edith).

By adjusting to her loss through changing her expectations around intimacy in later life, Edith was able to counteract the loneliness she felt and was able to restore a sense of peace in her life.

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Being socially aware of other people circumstances can change expectations about older peoples own situation. Sometimes seeing others in a worse situation than oneself made participants appreciate their situation and enabled them to change the way they approached their own outlook on life.

> *So have you been meeting new people when you've been at the clinic?*
>
> Oh yes. Yeah I mean that's been one of the pluses I think from going to this particular gym because it's, it's the (local gym) gym and a lot of disabled people go there. You see people who have got a much greater disability than you have and you realise that they're getting on with their life and you know that's just what we've got to do in this world. Get on with your life (Walter).

As Walter dealt with the impact of his own increasing frailty, he altered his expectations for the level of physical health required to get on with life. By managing expectations in this way, participants were able to maintain engagement in the face of increasingly challenging circumstances.

Not all the participants were able to adjust their expectations in light of the changes which occurred. As a result, difficulties adjusting these expectations affected the participant's ability to age in ways that were meaningful to them.

> I never expected this to happen but it has happened. I thought I'd still have, you know, (…) parties and this and invite people over and have fun. All that has gone (Maria).

Maria was used to having a lot of company and being included in many activities, and this was very meaningful to her. But as she aged, she found her involvement with others had decreased. Because there was a mismatch between Maria's expectations for companionship and her experience as she aged, she felt the discontinuation of activity and interaction keenly.

Routine

One way of incorporating continuity into the daily lives of the participants was by maintaining routines. Continuity in routine was about maintaining a rhythm and predictability in the participant's lives which subsequently enabled older people to exercise control over life. Routine can be especially important when older people have limited opportunities to exert control over the continuity in their lives due to factors such as failing health or when other sources of continuity are already lost.

Participants easily recounted daily and weekly routines indicating that routine was a significant part of their lives.

> We're usually in bed by half past eight, nine o'clock [Int: *Okay, right*]. Up again about six, Mary is up again about six thirty [Int: *Oh, okay*]. Gets the paper, go back to bed, read the book, read the paper, have a cup of tea. That's the day (Walter).

In addition to providing a rhythm for each day, routines also marked out different days of the week.

> *Right, okay so now what would your typical day be like? You'd sort of...*

> Well it depends on what sort of a day it is, for a Monday first thing in the morning there's three or four people of us who do things for the church (…) On a Tuesday, I will usually go back to the church to collect the money for the things I've done there (…) and on a Wednesday I go to my ladies home group and that's held in different places (Molly).

For Molly, her daily routines were demonstrations of what she valued in life. Molly valued being involved in her church, being socially included, and feeling needed. Therefore these values were supported and enacted through the maintenance of her routines.

Routines can be flexible and disruption to routine can be a welcomed event, such as unexpected visitors. However it can also become

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problematic as one participant highlighted in his discussion of his upcoming holiday.

> *Well if there was no problem would you have gone for longer? Like if they would have said…*
>
> I don't think I would because at my age I don't feel like staying at someone's house for a very long time, because at our age there are things too set, or established… you get up, you take your tea, you take your breakfast, but all these things are set now, so you wouldn't like to reduce them (Arun).

Arun is skeptical about an extended holiday due to its potential to upset his routine. While disruption to routine can be managed over a short period of time, when this disruption occurs over a longer time period, it can cause a reduction in control over daily life which is experienced as unsettling. In addition, many of the participant's routines were enacted within the home, and therefore home was a site that enabled the participants to maintain continuity and feelings of being settled. As such there was a strong desire by most of the participants to remain in their homes.

While age-related changes, such as poor health, can interrupt older people's routines, these can also incite new routines.

> Three days a week I'm at the gym by about nine or half past nine [Int: *Oh that's early. Oh okay*]. I'm there for an hour, come back home, have a cup of coffee, sit down and read the paper (Walter).

Walter introduced a new routine to respond to his health-related changes. Establishing new routines, such as exercise, can help older people retain a sense of control over the world when many things feel uncontrollable.

Although routine maintained structure and predictability in the participant's lives, generally it did not structure all of their time, nor were the participant's routines rigid and inflexible. For some however, routine

provided too much structure and led to responsibilities of an obligatory nature.

> I wished I hadn't got dragged into it, but when you know everybody and oh you can come, you can come, and of course now I feel like I don't want to go, I have done for some time because and because I take others and they don't drive you feel like a, real bad news (Nancy).

For Nancy, the routine of taking people to and from social events sometimes became too much, but she felt guilty if she did not do it. Nancy's situation highlights the importance of routine in older people's life. At times, the participants adhered to routines even if they were detrimental. Hence, while routines can provide older people with a sense of control, routines can also take control away when these are maintained at the expense of the older person. In this way, routine can function to some degree to negatively impact on an older person's life.

Routine provided the participants with familiarity, normality, and structure in life. While routines can be flexible, a preference for constancy means that disruptions to routine can be distressing. Additionally, routine mattered significantly to the degree that the participants maintained routines even if there were negative consequences. This adherence highlights the importance that routine held in the participants' lives.

Continuity of Identity

Maintaining a consistent sense of identity was important in all the participants' lives. Participants frequently experienced themselves as still continuing to be the same person as they had always been. Additionally, some participants also discussed experiences as being a normal person just like everyone else and made an effort to describe themselves as still being a part of their local communities. When the ability to perform previous social roles was interrupted, disruption to identity occurred. Continuity of identity is therefore discussed in three different ways: in the participants experiences of being just like everyone

else, as being the same as always, and in terms of the consequences of disruption to identity.

Just Like Everyone Else: As older people are ageing in a culture which places an emphasis on youthfulness, this can influence the image they project of themselves. Older people make efforts to separate themselves from being old and position themselves as being just like everyone else and as a normal member of society. The participants in the present study also engaged in this work.

> And I just have normal food. Yes, yeah you know just like everybody else (Edith).

Here, another extract from Edith reinforces this idea where she was suggesting that segregating oneself by age is abnormal.

> *Even your sort of house within a retirement village is not something…*
>
> Doesn't really appeal no. It's not normal
>
> *Right okay, so whereas the retirement village is as nice as they may be, they're too full of retirees?*
>
> Yes. Yes… (Edith).

The age segregated nature of retirement villages clearly did not fit in with Edith's need for maintaining her identity. She evidently did not believe the special supports that retirement villages offer was 'normal'. Edith worked hard to situate her experiences as normal, living an everyday kind of existence, just like everyone else.

Another strategy used by participants was to refocus the changes associated with getting older as being 'normal' so this did not function to threaten the participant's sense of being like everyone else.

> I don't say this to them, but I always have to get up to go to the bathroom which is quite normal for people to do that. [Int: *Sure, absolutely*]. And I'm not incontinent or anything like that…. (Lily).

Lily was making a purposeful effort to suggest that her identity had not been impacted by old age and that she was able to continue to be normal, just like everyone else.

Just Like Always: In a similar way, many of the participant's identities were structured around being the same as they had always been and about retaining their pre-aging identities. As such, the participants were again engaged in positioning themselves away from being 'old'.

> But I think it's very important that you are interested in life still [Int: *Oh, okay*]. And contributing because you, I've had absolutely no trouble with younger people. I mean I know I'm older and I never overdo it but when we, I've been invited to 21st birthday parties and just to get the party rolling I'm probably the first up on the dance floor (Lily).

Lily's story reinforced the continuity of her self-identity as someone who was still the same person, regardless of age, who was capable of still being the life of the party. Many of the participants told stories from their past as a way of situating their identity of who they were today.

Being independent was a common topic in the participant's discussions and they suggested that being able to continue to be independent was highly prized in order for them to maintain a continued sense of self-sufficiency and sense of individual agency.

> I will definitely aim to be independent for as long as I'm physically capable (Edith).

Edith's life had been characterised by independence and it was an inherent part of many stages of her life. For Edith, the only thing she could see getting in the way of continuing her independence was poor health. Illness was one of the few things in her life which she saw as being largely uncontrollable. In this way, health and independence had become prized for Edith over anything else.

Being able to continue with social roles is an important part of maintaining ones identity. Often roles were associated with the participant's contributions.

> Well I do meals on wheels, which I have done since we came here I suppose and I go over and play housie with the old people in the home, which some of them are younger than I am (Helena).

For Helena, her identity was enacted through what she did. For some older people, volunteering in older age is just a natural progression in their life trajectory and continues on their identity from working life. In this way, volunteering was continuing Helena's identity of a contributing member of society.

Disruptions to Continuity of Identity: When older people are no longer able to maintain patterns of identity, this can have implications for their overall sense of self.

> I don't want to say, 'Oh darling, I'm sorry, I haven't got money.' 'Yes, gran, don't worry.' (…) one has grown up. She understands. She understands my situation. But then, I feel bad because we were such a happy family. We were all, one and other parties going on, friends' children and all. And when the children's birthdays, (…) I used to make something. Nothing I do now (Maria).

For Maria, being able to give gifts to her grandchildren and make things for them was part of her identity as a grandmother. As she was no longer able to do these things, this became a threat to the continuation of her socially expected role. Furthermore, the loss of her influence over the world as she aged further resulted in a disruption to her sense of identity.

> I feel very lonely. I had a good time when I was young. Everyone treated me very well [Int: *Right*]. I miss it (…) all the friends, they loved me, they used to joke. They were very nice and I was treated so well. Here they treat me like dirt. I feel useless. And mind you I'm educated (Maria).

Maria was struggling with the loss of her old valued self and adjusting to the new identity which old age had brought with it. Maria's identity was based on being socially connected, involved, and feeling valued. Since growing older, Maria struggled to maintain her status and felt her social exchanges did not allow her contribution to be valued or respected. For her, the discontinuation of her identity, and the subsequent disengagement from the activities that brought her enjoyment, had a profound impact on her ability to age well. The impact was so intense because in the face of her discontinuity and disengagement, Maria had not gained anything else in her life to offset its effect. Maria's struggle highlights the negative effect change can have on an older person's life and why continuity plays such a significant role in ageing well.

Conclusions

The themes adjustment, routine, and continuity of identity illustrate the importance that continuity holds in older people's lives. The themes also illustrate how resilient older people are in the face of the changes which occur in later life and in changing environments. Consequently, while there are many factors in life which can disrupt continuity, such as the ageing body and decreasing social networks, the participants in this study showed that older people are active agents, deciding what to prioritise, and who work hard to maintain continuity in what they value.

Security

Security represents a state of certainty, surety, and safety. Security can be threatened by many factors in later life such as declining health, changes in relationships, and decreases in income. Security in later life was valued by all of the participants but was expressed in different ways. Home and neighbourhood, family and friends, reliable health care, and finances were some of the factors that enabled the participants to feel safe and secure. Yet these factors could also be a source of insecurity when they are absent or unsuitable. Two different types of security are used here to illustrate its importance in the lives of the participants; personal security and financial security. Living standards were implicated in these themes. Personal security was valued by all the participants but was often experienced differently depending on their standards of living, while financial security was only valued by those participants with higher living standards.

Personal Security

Personal security in this research is taken to mean that older people feel safe and secure in their physical environments, social relationships, and within themselves. Many of the participants looked for personal security and a secure base in families and friends. Personal security was also discussed by participants in relation to the home and community. Home and community was frequently talked about in terms of their proximity to local shops, banks, and doctors.

> It's very convenient because (town) village has everything. It has a wide variety of individual shops and a bank and a doctor's office and pharmacy (Edith).

> We've got an optician along the corner, and no we're pretty lucky (Helena).

Being in an area which allowed them close access to healthcare, food, and financial assistance brought the participants comfort and security. Additionally, neighbourhood can help provide a sense of security when

an older person has lived there for some time and knows their way around, where everything is, and who everyone is.

> Oh well you get to know everybody and bring your kids up, it's good (Nancy).

In this way, familiarity can also be a source of security and draws on notions of continuity.

Family facilitated a sense of personal security for many of the participants. Family was especially instrumental in security for the participants in the low living standards group who struggled with financial insecurity and poor health. For Maria, who experienced insecurity in many aspects of her life, her family provided her with a secure base. In a response to a question posed to Maria on whether she could rely on her son in emergencies Maria gave an example of a time when she was very unwell and her son looked after her.

> Yes, I say he's very protective of me (Maria).

Maria knew that if she really needed them, her family would find a way to help her, despite their own limited resources.

> But he manages somehow. He manages to give me lunches. Every day he gives me sandwich (Maria).

In a similar vein, for Nancy, knowing that her family would be there to help her out if she ever needed anything helped her cope with everyday life and enabled her to feel a sense of security in the face of her limited economic resources.

> *Your family are good to you.*

> Yeah, the whole lot of them, oh I only need to ring them up… (Nancy).

Family not only provided practical support but also emotional support. For Molly, important decisions were made as a family and she depended on them for help and advice.

> We talked with them and they said well if anything happened to John, they said don't worry mum we'll be there and we'll decide

with you, you see, and so for both of us we will talk it over and then we'll say to the youngsters now what do you think (Molly).

In addition to family, the state also provided the participants with feelings of security. For example, health insurance is something that becomes very expensive in old age and this was given up by one participant. Yet giving up private health care did not incite feelings of insecurity due to the quality of New Zealand's health care system.

So we had to give it away. So when I had to have this done, you're back into the hospital system

And what do you think of the hospital system?

Well the quality of care that you get is excellent (Walter).

In some countries, having no medical insurance is a major source of insecurity, yet because of the health care system in New Zealand this was not the case for these participants. For Walter, the quality of the care he received for no cost enabled him feel a sense of security in regards to his care. Other participants also commented on the quality of New Zealand's health care system "the doctors are excellent" (Maria). Consequently, New Zealand's health care system was seen as a source of security.

Some the participants also talked about their insecurities. While home and neighbourhood provided many of the participants with feelings of security, when it did not suit the needs of the participants, it could also be a source of insecurity and fear.

You've seen the holes, you know, in the carpet. If I land, I have a habit in the night to go to the toilet, to visit the bathroom [Int: *Sure*]. I go to the toilet and I sometimes I worry, I get frightened. I say, what if my, what if I go through, I'll be shouting and nobody to hear me (Maria).

Maria's housing concerns were mentioned frequently in her interview illustrating the negative effect it was having on her experiences of later life. Maria's home was in need of major repairs. There were holes in the

floorboard and the bedroom ceiling was covered in mildew and was cracked. The house was also very cold and damp even in the summer months. Maria's house was in stark contrast to her previous house in India where Maria lived a life of luxury. Consequently, Maria's experiences of home were those of insecurity and despair.

> This New Zealand lady, oh I've forgotten her name, she came. She wouldn't, she wouldn't even enter because she was so frightened. And here I have to live (Maria).

In addition to the insecurity that the home engendered, Maria felt insecure about her neighbourhood and was wary of burglars, unknown neighbours, and leaving the house on her own. Maria felt trapped, both in her home, due to her limited mobility and fear of her neighbourhood, and trapped by her current financial situation. For Maria, the home and neighbourhood did not provide her with a secure base in her life, and she concluded "I feel scared, I feel insecure" (Maria).

Insecurities also stemmed from unsuitable homes for the participants ageing bodies. For example, steps were seen as a potential hazard as some of the participants aged, as was the overall layout of the home.

> One reason why I thought it might be nice if we moved to one of these newer places because the garage, as it is, I have to carry the groceries up. I call him to bring the groceries up and there's no automatic opener so if I went out on my own at night I would have to get out of the car and then of course I've still got to come back into the house. We can't come into the house from the garage (Molly).

While some of the participants relocated as a way to counter the feelings of insecurity from living in unsuitable housing, Molly was not yet able to convince her husband to move. And, although she loved her home, she was aware of its drawbacks which subsequently increased her feelings of insecurity.

The participants achieved feelings of personal security through different sources. At times practical security was sought, such as within their homes and neighbourhoods, while at others times a secure base was found in the emotional and practical support provided by family. For participants with lower living standards, practical support was often negotiated through personal relationships when they could not afford services themselves. The participants with higher living standards were able to purchase practical support through their own resources and thus only relied on family and friends for emotional support. These differences illustrates that the types of security older people can achieve depends on the material and social resources they have available to them.

Financial Security

While money was discussed by most of the participants, the importance of having enough money to provide financial security was mentioned only by the participants who had higher living standards. For these participants, having the resources to provide for their remaining years enabled them to have less worries in life. This experience was supported through factors such as home ownership, savings, and regular incomes.

> We don't have any, I wouldn't say we have any financial worries (Walter).

Implicated in financial security is home ownership. All of the participants with higher living standards owned their own home. When Walter had his stroke, he was able to use his house to obtain a reverse mortgage to pay for the alterations needed to keep in him ageing in his home.

> We had to have some alterations done when, after I'd had a stroke. The bathroom had to be re-organised and we had to ask a nephew for a loan to get all that done which is in the form of a mortgage which… [Int: *so a reverse mortgage*?]. Reverse mortgage, yeah (Walter).

In addition to providing a form of financial security, home ownership meant that participants had the ability to adapt their homes in the face of decreasing health and mobility to suit their needs. Molly had insecurities about the lack of indoor access to her house from the garage. In this extract she was discussing the options she had to alter her home to fix this problem.

> Somebody said well you could use the third bedroom and stairway up from the garage if you wanted to (Molly).

For people who live in rental accommodation, making alterations is not always possible and is contingent on the landlord's approval. In this way, older people who own their own homes may feel more protected than those who do not.

Financial security also enables independence in later life. Having financial security allowed the participants to remain self-sufficient, and protected them against having to be dependent on their families. When asked whether Edith could count on her children to help out financially if needed, she replied with the following comment.

> I don't foresee it being relevant (Edith).

Because of Edith's high living standards, she was able to remain in control over her own life and not depend on the financial support of her children. Therefore, for many of the participants with high living standards, having financial security provided them with less worries in life. Yet, due to the fact that people are now living longer, some participants were not so certain that their financial security would last.

> I keep telling people one could easily outlive one's income (Lily).

This extract highlights the increasingly ambiguous nature of later life as a result of people living longer than ever before.

For participants with low living standards, the experience of financial security was completely different. None of these participants had financial security, yet this was not always expressed in terms of insecurity. For example, for Nancy, knowing that she had coped in the

past with a wide range of personal resources, such as family support and personal resilience, enabled her to feel secure for the future despite its economic uncertainty.

Do you worry about it or can you cope?

So far I can cope (Nancy).

In a New Zealand context, superannuation can alleviate some of the financial insecurities of ageing as it provides an adequate weekly income. While the participants with lower living standards often discussed how more money would enable them to live more comfortably, this was usually not seen as a prerequisite for ageing well. As financial security was not realistically attainable for these participants, their accounts of ageing well were more concerned with other factors which were achievable such as continuity and helping others. Therefore, it may be that what older people value in order to age well is influenced by their material circumstances and their ability to achieve.

Conclusion

Having trust in the world, in ones position in life, and in a secure base, is essential to having a sense of security. Security may be especially important to older people as they deal with more and more aspects of life becoming increasingly uncertain as they age. Notions of security are intimately linked with other valued factors in older people's lives such as family and home, and are impacted by their ability to achieve security. While personal security was valued by all the participants, financial security was only important to those participants with higher living standards. Consequently, what older people value in life is not straight forward and requires careful consideration of older people's material and economic circumstances.

Reciprocity

Reciprocity involves maintaining a balance of both giving and receiving and is the basic norm of social exchange. Being in a reciprocal exchange can enhance an older person's life through a variety of factors such as enabling social inclusion, increasing self-worth and a sense of purpose in life, and enabling independence. Aspects of reciprocity were apparent in all of the participant's experiences and was talked about in a number of ways demonstrating that it was a significant aspect of being able to age well.

Reciprocity is a fundamental, and often natural, aspect of an older person's life. When discussing companionship in later life with her husband, Molly discussed this is terms of a reciprocal relationship.

> He's so thoughtful, like I went out this morning and the car was out ready for me to drive off, you know just thoughtful stuff yes, just lovely. And I try to reciprocate of course (Molly).

Molly suggested that being able to reciprocate is central to maintaining her relationships with others and in maintaining her identity as a good person. Additionally, as Maria illustrates, reciprocity can occur in many ways and can therefore be as small as a gesture of gratitude. This extract highlights that people are engaged in reciprocal exchanges at varying degrees of giving and receiving.

> I am thankful, you know, for New Zealand (Maria).

Expressing gratitude can allow people who have little to give materially or financially, or are unable to give due to time or health constraints, to still be involved in reciprocal relationships.

Reciprocity is a social exchange of benefits, where each party gives with the expectation of some form of return. This return can include the obvious repayment of gifts or money, but can also include more psychological constructs such as the disclosure of vulnerabilities and failures which are given in receipt of asking for help. For some, the psychological cost of asking for help is too high and therefore they

refrain from asking or even entertaining the idea, as was the case for Edith.

> *So it's not that they couldn't afford to help you out if necessary or…*

> No. but I would never ask it, or permit it (Edith).

In order to accept any kind of assistance, Edith would have to give away her feelings self-sufficiency that she holds so highly. Edith would never permit such a transaction as she views herself as being in control over her life. In asking for help, she would therefore have to relinquish control to her children and assume a position of dependency. Luckily, Edith was in a position that she is unlike to need to accept financial help due to her high living standards.

There are many different types of reciprocal relationships which are managed in different ways. Relationships of equal values were valued in the participant's experiences of ageing as were volunteering, donating, and helping others. The types of reciprocal exchanges engaged in by the participants was, in part, affected by their living standards. Yet the desire to be involved in reciprocal relationships remained strong regardless of the participant's material resources.

Equal Value Relationships

Being able to reciprocate in relationships with others allows for older people to maintain a sense of self-worth to feel any assistance they receive does not place them in a dependent position. This experience was true across the spectrum of living standards. For those with higher living standards, being able to give and receive equally was highly valued and was much easier to achieve than for those with lower living standards.

> Well then I would have caught up with everybody I owe hospitality to I think.

Right, right. When you say people you owe hospitality to, is it the people who have invited you…

I've been to their houses and the other day, that day I worked it out it was 10 years since I'd been in that persons house but I have never returned their hospitality (Lily).

For Lily, equality in her social exchanges was essential to her identity as she reiterated "I don't mind dying in debt but I don't wish to be in social debt". Because of Lily's high living standards she was able to achieve equality in her social exchanges very easily.

Reciprocal relationships can also be deferred, where repayment is not expected until a later time. For the participants in the higher living standards group, the assistance they received from the government was viewed as part of a reciprocal relationship, in which they were now the receivers after a life of giving and contribution.

I mean I don't have to contribute now. I'm on, I'm on the receiving end of all that now (Walter).

I think I may have earned it slightly (Lily).

And I think in my lifetime I've been quite generous (Lily).

Consequently, a life of generosity and contribution meant the assistance the participants received in later life was not experienced as a gift; the assistance had been earned and they are now reaping the benefits of it. In this light, the assistance was constructed as something which was owed, and was expressed in terms of a debit and credit relationship. This relationship was not possible for two of the participants in the lower living standards group who had immigrated to New Zealand at a late age and had therefore not contributed to New Zealand society by way of employment. In response to a comment around the reciprocal arrangement in which an older person receives a pension for contributing to the economy, Maria worked hard to try to position herself as still being a moral citizen despite her inability to work or contribute to her community.

I [wasn't so] unfortunate, I know, I'm sorry. This is, I know, I happen to, I wish I could work but I'm 87, you don't expect me to work now. I get tired, you know, I do get tired (Maria).

For Maria, the suggestion that she was receiving when she had not contributed threatened her identity as a good person and she worked hard to show herself as remorseful. Maria experienced discomfort in light of the implied unequal relationship she had with the government. Yet Maria contributed in her previous country and therefore had contributed in a broader sense which she used to justify the assistance she now receives in later life.

I worked in (company name) for over 12 years (Maria).

All of the participants made efforts to participate in reciprocal relationships regardless of their living standards. For example, for Maria who had little in the way of economic resources, she found other ways to reciprocate which enabled her to be able to take part in reciprocal relationships of give and take and not feel dependent.

So who else comes to visit you?

And then another two ladies, very nice. (Name) and, I've forgotten anyway [Int: *They are older adults?].* No they are young. Young like you. They are working [Int: *All right*]. And when they come and visit me, they get from that tree fruits (Maria).

Being able to give her guests something in return for visiting was important to Maria, not only for maintaining social relationships, but in framing herself as able to do things for others in light of her challenging circumstances. The imperative of being able to give and receive was common among all of the participants regardless of their living standards, yet for those at the lower end of the spectrum, what they were able to give was often unequal to what they received and this caused discomfort. Maria expressed the need to be able to reciprocate, yet because of her low living standards this was often a struggle and resulted in her feeling guilty. In this extract, Maria is discussing receiving help from a friend to organise and pick up a passport to enable her to go and visit her son overseas.

Twice he had to go. And then third time he went to pick it up. He did all this. So I felt very, he was such a nice man. So I took him for a cup of coffee [Int: *oh, how nice*]. Well what to do? I felt so bad (Maria).

Consequently, giving and receiving unequally is uncomfortable for many and can impact on the way they view their position in the community. For another participant who also had limited economic resources, she made efforts to make sure contributions had pre-negotiated limits to them to ensure the expectations of others were managed and did not become unrealistic to achieve.

My youngest are overseas, as I said but I, I don't send them presents, and I tell them, and they don't send me presents because it's too blinken expensive (Nancy).

By having this arrangement, Nancy was able to avoid the discomfort of unequal relationships. Therefore, the balance in this social relationship remained intact.

Having balance in a reciprocal exchanges was important in the participant's experiences of later life. In the context of low living standards, these relationships often required careful negotiation to maintain balance and manage the expectations of others. When relationships became unequal this caused distress and feeling of guilt, and highlights the importance of being able to give as well as receive in an older person's life. Participating in relationships of equal value contributed to the participant's feelings of self-sufficiency and lessened feelings of dependency.

Volunteering

Many of the participants formally volunteered in some way and volunteering was used as a way to contribute and give back to their communities for the fortunate life they had. This experience was particularly true for those older people in the higher living standards group who had the economic resources to enable participation in formal

volunteering. Volunteering provided participants with feelings of self-worth and self-esteem as well as providing them with a purpose and interest in life.

> Some street people come in and they've got no purpose to their lives you know, and I think, it must be so awful to have no purpose to your life. Whereas everyday I've got something to get up and look forward to doing, being involved (Molly).

Volunteer work was part of a reciprocal relationship because of what it offered Molly in return; it showed her she had a life worth living as a result of comparing her situation to those who had no purpose in life. Additionally, volunteering enabled her to maintain an identity as a good person and one that is more fortunate than others.

Volunteering also provides an opportunity to engage in social activities and therefore provides other benefits for older people such as social integration. For Molly, volunteering for her local community group enabled her to not only contribute to her community, but be part of it as well.

> And I'm on the committee for that, lovely cause you have the committee meeting immediately after Probus, at one of the ladies homes, and her dear husband, he makes a cup of tea and we have sandwiches, very nice (Molly).

Consequently, by enabling Molly to be socially included, volunteering became part of her reciprocal exchange with her community. This social integration was important for Molly who felt she did not make friends easily.

Not all older people have the physical, social, or economic resources to be part of a formal volunteering group. Those participants without such resources appreciated the opportunity to contribute and benefited greatly from this reciprocal relationship. For example, Maria was asked to give a lecture to her own migrant community group. Giving the lecture

built her self-esteem and self-worth by providing an opportunity, not always available elsewhere, to share her knowledge and skills.

> And I gave a lecture to that committee on Bombay [Int: *Oh how nice*]. I told them about the Parsi and all. And the chairman, when we had a general body meeting, he praised me, you know. It was very nice. And made me stand up and all that. But I did. It was something to do, you know (Maria).

This opportunity was especially important for Maria as she felt lonely, isolated and a sense of worthlessness. Isolation from participating in one's community can jeopardise the identity of older people. In having lost all her previous social roles since growing older, this moment of value in a life of isolation provided a welcomed change to Maria's everyday life.

Limited resources reduce the options that older people have for engaging in reciprocal relationships. Volunteering typically requires resources such as money and transport. Yet when volunteering costs nothing but time, participants who had limited resources were also able to participate. For Arun, being able to deliver books to those in the community who lacked the mobility or health to go to the library themselves made him feel grateful for the abilities he had.

> Yeah I compare myself to most of them in this sense, most of them have physical problems, okay, mobility, worst type of diabetes, worst type of heart problems, family problems, mentally disturbed because of family problems and physical problems, in that sense physically I am despite my (…) I am alright (Arun).

Arun gained a sense of thankfulness from his contribution to the library services. This extract also illustrates that it is usually only the healthiest people among those with low living standards who are able to volunteer, which excludes many older people who have poor health and also live in challenging circumstances.

As older people experience age-related changes, they may experience a reduction in the resources needed to volunteer, such as time, money, and health. For one participant her ageing body placed constraints on her ability to offer as much as some of the other volunteers. In addition, she was starting to feel that the cost associated with volunteering was becoming too much.

> I've had a bit of a back problem this year so and with Altrusa, I'm thinking I might just, I haven't decided what to do about that. But I feel I'm quite a lot older than all the others. I feel perhaps I'm not contributing as much as I used to. And that can be quite expensive, to belong to that, and that might have to be something that has to go soon (Helena).

Volunteering can require considerable resources. Helena's experience illustrates the ways that volunteering is dependent on one's health and financial resources and that there is a need for constant negotiation of what older people can manage

Volunteering provided the participants with a meaningful way to give back to society and therefore these older people were a major resource for their communities. Additionally, volunteering provided benefits to the participants such as increasing self-worth, increasing a sense of purpose in life, as well as increasing social participation and inclusion. In these ways volunteering was a way for the participants to be engaged in reciprocal relationships.

Donations

Reciprocity was also enabled through giving donations. Many of the participants gave donations to charitable organisations and to their churches. This form of contribution was only available to those who had the economic resources to give money to others. Often there was a strong desire to give thanks and to give back to the community or to the church for the life they had received. Other times it could be seen as a way of balancing out the future need of support or assistance. Sometimes it entailed elements of both.

Well I got a, I got, in the last two or three weeks I've had receipts from the Mercy Hospice which we gave some money to the other day, because I think they do a wonderful job. And to the neurological foundation, because I think some of their work is very interesting. To St John (Walter).

Walter donated to organisations which had some relevance to his life. The hospice was a place that Walter may end up one day in the future. Similarly, the neurological foundation's work also has implications for Walter who had suffered from a stroke. In this way Walter could be seen to be both paying it forward and paying it back.

Donating to charities also enabled participants to be recognised and rewarded for their contributions. One of the participants received recognition and prestige from her peers as a result of the time and money that she had committed to a foundation over the years.

Very recently they made me a life, honorary life member (Lily).

Consequently, Lily's years of giving had led her to receive praise and recognition from her peers, something Lily held in high esteem.

Many of the participants stated that more money would enable them to give more to charity. This idea was also true for some of those with lower living standards where extra money could have been easily spent on making their own life more comfortable.

Do you buy lotto tickets?

I don't, I don't, but if I get a million dollar, the first thing I do is give some for charity (Arun).

Arun had little in the way of an additional income yet he wished to give money back to the community for the life he had. This extract highlights the strong desire to reciprocate even for those who may not be financially able and suggests that contributing to others has benefits for one's own social and moral identity.

I would do something for the senior citizens

Oh okay, give something back for all that you've received

Oh course, of course (Arun).

While the imperative to give was present for most of the participants, only those with higher living standards were able to take part in this type of contribution. Consequently, while inequalities in living standards limits the type of activities older people can be involved in, this does not necessarily discourage their desires to participate in these activities.

Helping Others

Reciprocity can also be incorporated into other forms of giving and receiving such as through helping friends, family, and neighbours. Consequently, the participants were also engaged in more informal forms of helping. While many of the participants were involved with both formal and informal forms of helping, informal helping was a way for the participants with lower living standards to be involved in contributing. Helping others was seen in the participant's social roles such as taking people to and from social gatherings and appointments, and being there for others with moral support.

As with volunteering, being able to help others gave the participants a purpose in life. For Nancy, taking other older women to social events and to their appointments was taxing on her financially and could be quite exhausting, but what she got in return for it was far more valued.

> But you want to see them when they do go to Lindauer they're all talking at once and fair go, real racket going on
>
> *Well you catch up with all the gossip*
>
> Yea well, that's their chance for seeing each other, and see some of them have lived here all their lives, like she has had 91 years of it [Int: *So it is important*]. Yea, it's important (Nancy).

Although she rarely got anything tangible for her time and the cost she spent on petrol, for Nancy, the satisfaction of knowing she had helped make something positive happen in other people's lives was enough. Additionally, these acts of kindness were also reciprocated by other members of the community such as neighbours picking up Nancy's mail while she was away and paying her bills. Reciprocity therefore exists in non-economic ways, which allows those who experience more challenging circumstances to still be engaged in opportunities to contribute to the lives of others.

Helping others was also a way for older people to contribute to others without necessarily contributing something tangible. Often it was more about emotional support and the time given to others.

> And because I just happen to be the leader I feel responsible for the other 10 ladies in the group and some of them, cause they're all getting older and so they've got problems, so might visit with one of those. Quite a bit of time can be taken up in phone calls, just ringing up and saying "how are you?" (Molly).

For Molly, helping those in her community through supportive roles contributed to her identity of as a good person. Consequently, reciprocity can be a small gesture such as talking on the phone, and offering an ear to listen. As well as providing emotional support for other older people in the community, Molly and her husband also provided practical support for their neighbours, which allowed these older people to continue living in the community.

> Our very next door neighbor is a man in his, just 65, and we get on very well with him. His mother used to live there. We cared for her till he came back from England and she passed away just before he came back so he came back to this. And the bigger house that you can see up the top is our 96 year old neighbour who had a fall and so is in hospital. We were sort of her carer cause her only son lives in Wellington (Molly).

Molly positioned herself as being someone who takes care of others and therefore experienced her identity as being intimately linked with what

she does for others. Helping others therefore contributed positively to her own life as well as to the life of others.

Helping others was a way the participants were able to be socially involved in their communities and contribute to the lives of others. Helping others had numerous positive effects on the participants lives including enhancing a sense of purpose in life, maintaining a positive self-identity, and therefore contributed to the participants overall psychological health. Helping others was an avenue for those participants with lower living standards to participate in their communities when other forms of contribution were not available due to factors such as poor health, limited income, and a lack of transportation.

Conclusions

Reciprocity was a feature of all the participants' experiences of later life. In addition, living standards did have some clear effects on what types of reciprocal relationships the participants could be involved in and how these were managed. While contributions of a formal nature was usually reserved for the participants with higher living standards, helping others was an avenue that participants with lower living standards could also use as a way to contribute in later life. Consequently, a variety of forms of reciprocity are needed for people to feel connected, to remain independent, and to contribute to people's identities. It is therefore important to acknowledge all of the different ways people are able to negotiate reciprocity, and not just those of a formal nature.

Living within One's Means

Being able to live within one's means enabled a sense of security, autonomy, and control, to differing degrees. Living within one's means was seen as a way to safe guard the participants from future financial situations that could disrupt their ability to age well. Additionally, being able to live within their means illustrated the participants were responsible, self-governing citizens. The participants managed living within one's means in two different ways depending on their living standards: through careful consumption and economising.

Careful Consumption

Careful consumption was the experience of those in the higher living standards group. These participants described themselves as rational spenders who lived conservative lifestyles. In this way, the participant's reported low expectations in terms of their everyday lifestyle, while also having the resources to respond to any unexpected costs that might arise. Strategies of careful consumption enabled the participants to have more control over their lives, less worries and anxieties, and peace of mind.

> Live within your means, I think, cause peace of mind is a big one for me (Molly).

Being frugal by nature was the experience of many of the participants in this group and this ensured they did not spend money on things they felt they did not need.

> I'm mostly in old clothes [Int: *Right, so you haven't had…*]. I mean I don't go shopping, we don't go shopping (Walter).

In response to a question around shopping for things for the house Walter gave the following answer.

> Well we wouldn't go shopping. I suppose you decide what you want and then go get it (Walter).

Walter chose not to spend money unnecessarily. Thought went into purchases before they were made so excess spending did not occur. In this way, Walter's experience was of being a responsible spender and therefore a responsible citizen. When asked about being pretty conservative Walter responded "We've been, not pretty conservative, very conservative. Yes we are conservative, I would say". Additionally Walter was not affected by the recession which he felt was a result of his conservative nature and not putting any money into finance companies.

> Risk and greed. The people wanting a bit more, and they risk something and I've never been attracted to that at all (Walter).

Walter saw people who wanted more from life as being greedy. Investing in finance companies was situated beyond Walters's ideas of careful consumption and was too risky. He viewed this type of investment as wanting more than one needs and therefore having too high expectations. Walter's point of view is possibly due to the fact that he did not need any more than he had and was therefore not in a position of having to take these types of 'risks'.

Choosing to live a simple life was the experience of most of the participants with higher living standards as was the case for Molly. She chose to experience a simple life rather than spend money on things that she felt were not needed.

> Well we live fairly frugally, we don't need anything, you know when you get to our age you don't need stuff. My groceries, well I spent $60 today but I didn't buy any meat, and I didn't buy eggs, but my, most of my grocery, cause the nuts and the fruit and the things are the dearest things, but very rarely would I pay over $100, very rarely (Molly).

Because Molly experienced a lack of need, Molly could purchase everything required to meet her needs without spending much. Consequently she could be seen as one who was being individually responsible for their spending. Edith suggested a similar idea.

> It depends on what one expects out of life, you know. I, basically I live quite simply. I don't…

> *What would you say your main expenses would be, besides you know travel overseas?*

> Paying rates. You know just the normal…. (Edith).

Through her description of normal everyday expenditure, Edith situated living standards as being about choice. Focusing on paying rates and daily costs rather than expensive overseas travel, Edith suggests that people can influence the way they age by the expectations they have around their needs. For her, the idea of living simply and conservatively meant that she could age well due to being a financially responsible citizen who was careful and rational with her spending. Many of the participants in the high living standards group spoke of their experiences in similar ways, suggesting that by living a simple lifestyle they were able to have everything they needed in order to be happy in later life. Careful consumption was therefore seen to be about making good choices.

The participants also suggested that by living simply in their day to day lives, they then had more freedom to spend money on things that interested them and brought them pleasure, such as overseas travel or hosting dinner parties, and this contributed to their experiences of ageing well.

> I've got a sister in Christchurch that we visit quite a bit and a son in Wellington and then we usually go Australia in the winter times (Helena).

Yet, being able to engage in these activities demonstrates that the participants with high living standards did not lead such simple lives after all. What became apparent in these participants accounts was that there was a focus on living conservatively in order to justify the purchase of big ticket items which were in stark contrast to the conservative nature the participants were describing. For example, Lily was keen to emphasise that her spending was not wasteful.

> And so wasteful is to me buying ridiculous things such as expensive motor cars or, I don't want that. I've had three motor cars and I've driven them each of them for 20 years (Lily).

In light of this comment from Lily, she also purchased things such as overseas holidays, jewellery, and regularly purchased new clothes made for her by local designers. Consequently, although many of the participant's experiences were of living simply in their day to day lives, overall they could be seen to have an unrestricted lifestyle which enabled autonomy, control, and freedom.

When asked what they would have to give up if they had to spend less, the participants with higher economic resources suggested more luxury items such as golf subscriptions and buying new outfits.

> I wouldn't be able to have a new outfit to go to the wedding. I'd wear something that has hardly been worn (Lily).

For another participant, Walter, in order to continue living within his means he had to give up his health insurance which was costing him upwards of $500 a month.

> I suppose if you ask me what, health insurance is something I had to give up (Walter).

Consequently, for these participants, there were many luxury items to sacrifice before they were in the situation where basic living items would have to be considered.

Those in the higher living standards group employed more conservative coping strategies which were more about choosing to live frugally rather than having to live frugally to get by. This strategy was seen by the participants as enabling them to have all the material things they valued. Yet the frugality of the participants living in the high living standards group was in stark contrast to the deprivation in the low living standards group, where participants could not chose to live simply because this choice had already been made for them.

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Economising

In contrast to those in the high living standards group, the participants in the low living standards group economised and talked about using this strategy as a way of living within their means. The participants all lived on constrained budgets and made sacrifices in order to meet all their basic needs. By employing these economising strategies, the participants suggested they were still able to age well in ways that were meaningful to them despite limitations in economic resources.

Participants in the lower living standards group needed to be always aware of their spending. Spending more than one could afford was a real threat to the resources the participants had available to them. They all made efforts to only spend what they could afford even if the desire to spend more was present.

> Sometimes you will, oh today I feel like going to (restaurant) or (restaurant), typical Indian restaurant, oh no this will go me two lunches (Arun).

> I go to the four square now cause there's only me and there's no need, like if you go [into town] or anything you go and buy other stuff that you don't really need or whatever (Nancy).

While living within one's means requires responsible choices, for people with lower living standards, it is also a matter of necessity. This experience is in contrast to the participants who had higher living standards who chose to be frugal.

Consequently, economising requires making mindful choices. For Nancy, having to make conscious choices around her spending was done to ensure she was still able to do the things that really mattered to her, such as giving a gift at a wedding.

> Like I haven't got a lot of money, that's for real, but I just if I know that Haley's getting married in April, so you know, I work towards that you see (Nancy).

Nancy worked *with* her struggles to produce an experience of later life in which she could achieve the things that mattered to her. Consequently,

Nancy was able to give gifts due to the sensible choices she made and she worked to present herself as a responsible citizen. In being able to make certain choices around her spending, Nancy experienced a sense of control in her life. When there is flexibility with what a person can economise with, this still allows for an element of choice, albeit different choices to those participants with higher living standards. When there is little to economise with this can have a far greater impact on a person's life as was the case for Maria who also valued giving gifts to others but struggled to do so.

> My grandchildren's birthday, I like to buy small, not expensive toys, but some little gift, a book or something. That I can't afford. I have to say, 'sorry darling, I can't give you a little something' (Maria).

Due to her very constrained circumstances, Maria was unable to economise in other areas of spending in order to give gifts. Maria was therefore unable meet social expectations regarding gift giving which upset her.

Balancing ones spending was a strategy used by all the participants with low living standards as a way of keeping on top of bills and living costs. For Nancy, this strategy was used to safeguard herself and have less worries for when unexpected bills did come.

> Sometimes you know if you've got, like with the car registration or something like that if it mucks up something else at the time, but I usually sort of, watch what I am doing and you just lay off something till you get paid whatever (Nancy).

Nancy constantly monitored her spending, suggesting that spending is something that can be managed through making thoughtful decisions.

When asked what the participants would give up if they had less money, those who used economising strategies in their daily life usually suggested that more basic everyday items and outings would have to go. Therefore, living simply for the participants with low living standards

meant something very different to the participants with higher living standards.

> *If God forbid for some reason if you had less income, what were the things that you would have to do without?*

> Oh in that case fasting, would be a stocktaking, less outside [meals]. I'll see that I bring in vegetables, and well, I do not know how to cook in the Indian way, but know how to boil the vegetables, and put salt and pepper into it (Arun).

Arun has limited skills in cooking so typically eats his one main meal of the day at Indian restaurants. If his income is reduced, he would have to cease this practice and start boiling vegetables at home. In addition to basic items such as food, more expensive, yet essential, items were also economised with. The costs of insurances was a constant struggle for some of the participants and for one, contents insurance was dropped for financial reasons.

> I knocked it on the head, it was quite a lot to pay you know (Nancy).

While Nancy had to get rid of things such as her insurance, this was not experienced as a source of misery or anxiety and she instead reframed this as an active choice by describing 'knocking' this cost on the head. For others, the process of economising was not about making active choices. Instead, even the thought of having to economise with less was distressing and one participant could not see how she would be able to cope.

> Oh God. I don't know what I'd do. If, I'm frightened to know about it also because I don't think I can, you know, how can I live then? (Maria).

Maria reported misery and despair due to her restricted lifestyle. Maria's world was uncertain and unclear and she was severely constrained in her lifestyle which affected her ability to age well as she had minimal control and a limited ability to make decisions regarding her life.

When there was little to economise with, the participants had to go without things that brought them enjoyment to make sure they were able to pay their bills. Often, this sacrifice was discussed in terms of food.

> I like pizza very much. I've never had a pizza. Only at, when they have a party or something, then I have a pizza, or somebody will give a pizza. Otherwise I've never ordered a pizza because I can't afford it (Maria).

For Maria, her financial restrictions meant she had to live differently to her preferences and this was impacting on her ability to age well. To her, pizza had become a luxury, something that was out of her reach, and this impacted on her ability to age with the things that brought her joy. This low level of luxury highlights the differences in the definition of living simply between the groups.

Participants using the economising strategy also saw themselves as not needing much and therefore were engaging in similar talk as those with higher living standards whom discussed having low expectations.

> I don't need a hang of a lot I've got heaps of things in there, half the time I don't know what I've got there anyway, I've already got rid of untold, cause I don't wear them and so but I never go (…) away for fancy holidays (Nancy).

> I don't really need anything much, no, because I've got tea, I've got a radio, DVD, I don't need anything (Arun).

Consequently, the participants with lower living standards were able to live within their means partly because they had low expectations around what they needed in life. Low expectations enabled participants to still be able to age well, within the context of having very little. Participants were also able to live within their means due to active management strategies and in this way also shared similar characteristics to those with higher living standards.

Conclusions

The two strategies, careful consumption and economising, which were used by the participants to live within their means, illustrated the economic differences between the two groups. Careful consumption, which was employed by those participants with higher living standards, was a conservative strategy and involved living simply in order to have control over consumption and do the things in life which were meaningful to them. In contrast, economising was the strategy employed by those participants with lower living standards and was used as a way to control basic expenditure. Both strategies were also used as a way to present the participants as responsible spenders who were living within their means. Yet living within their means was much harder to achieve for those with the lower living standards. When one is trying to economise with very little, there is limited control available and this can affect their ability to age well. Low economic resources resulted in people having to make restrictions in the way that they lived that were not essential for those with higher living standards. These participants experienced restrictions in basic everyday items, such as food, illustrating the differences between the two groups in their experiences of living within their means.

Comparison of Living Standards

The present study uncovered many similarities in what older people value in order to age well across the living standards groups, yet it also uncovered differences. Continuity was not patterned by living standards. All of the participants valued continuity and familiarity in their lives and were all able to achieve this is in different ways. As such, the aspects of life which were minimally influenced by living standards, such as routine, appear to have been valued by all the participants in similar ways. Other themes were more impacted by the participant's standards of living and this influenced their experience of these themes, and how much value was placed on them.

Personal security was valued by all the participants but was often experienced in different ways. For example, family provided emotional support for all the participants, yet those with lower living standards also relied on family members for more practical support. In addition, while most of the participants spoke about money, only those with higher living standards spoke about it in terms of financial security. This difference illustrates that the participants may have only viewed factors as being necessary in order to age well if they were achievable, and this was dependent on their standards of living. People condition their expectations to meet their circumstances. Therefore, some of the participants made tradeoffs, such as not seeking financial security, to ensure they are able to achieve a sense of security in other areas which were more obtainable.

All of the participants spoke of the desire to contribute to the lives of others. Those with higher living standards were able to participate in all forms of reciprocal relationships including volunteering, donations, helping others, and being involved in relationships of equal value. While the participants with lower living standards were engaged in reciprocal relationships also, these relationships were limited to more informal forms of helping. Formal forms of contribution require resources that are not always available to those with lower standards of living. High living standards consequently afforded the participants more options while lower living standards limited these options.

Living standards clearly structured how the participants experienced living within one's means. Participants with high living standards engaged in strategies of careful consumption, living simply when other choices were available to them. These participants believed living within one's means was a matter of choice and responsibility. Those with low living standards used economising strategies. For these participants, living simply was enacted when no other choices were available to them. In this regard, living within their means required a greater negotiation.

Chapter Nine

DISCUSSION

Using an interpretative phenomenological approach to analysis, the present study sought to understand what older people valued in order to age well within the material conditions they were situated. The results suggest that older people define ageing well as encompassing a balance between continuity, security, reciprocity, and living within their means. These aspects are not hierarchical, rather they all work together to aid in the experience of ageing well.

Continuity

The older people in the present study all discussed the desire for continuity in the things that were familiar to them and which brought them pleasure. When life is predictable, people are at their happiest and feel secure (Hiscock, et al., 2001). Continuity enables older people to feel a sense of normality and stability in life at a time where much is changing and is increasingly uncertain. As older people adjust to changing environments and relationships, continuity cannot be maintained by avoiding change. Instead to maintain continuity, older people must undertake constant management work.

One of the ways older people manage continuity is through making adjustments. These adjustments work to keep the valued aspects of older people's lives constant, such as a sense of security, identity, and social participation. Decreasing health, decreasing social networks, or declining mobility can all threaten older people's ability to maintain continuity in later life. Consequently, what became clear from the present study was that older people engage in adaption strategies even though for many this can be a constant struggle (Townsend, Godfrey, & Denby, 2006). Adjustments may need be enacted in older people's physical environments in response to failing health (Thomese & van Groenou, 2006), such as installing ramps. Older people may also need to make adjustments to their social environment to ensure the continuation of their social networks and the ability to participate. There

is therefore a range of practical adjustments that older people employ to maintain continuity.

More covert adaptive techniques can also help older people deal with threats to continuity (Porter, Clinton, & Munhall, 1992). In the present study, older people reframed their expectations around later life. This strategy was done in order to continue experiencing a meaningful life in spite of the changes that were occurring, such as declining health or decreasing social networks. Consequently, being able to adjust expectations and one's outlooks in the face of changes and limitations enables older people to continue to live in ways that contributes to one's subjective quality of life (Efklides, Kalaitzidou, & Chankin, 2003).

While adjustments often require making changes in the older person's life, there are also small daily ways that older people can maintain continuity and which are available to everyone. This maintenance work is done through routines. Routine has been found to provide confidence, security, and safety to people. (Avni-Babad, 2011). Those who experience challenges in their lives, who need to feel more confident and secure, such as older people, may seek more regular patterns of routine (Avni-Babad, 2011). In the midst of many life changing events, routine behaviour has been found to provide older people with a sense of control (Ludwig, 1997; Phoenix & Orr, 2014). As such, the routines of day to day life can provide a coping mechanism in later life (Giddens, 1991).

Additionally, as there is a strong link between the things we do and who we are (Christiansen, 1999), routines such as doing the housework, cooking meals, and driving, can become strongly embedded symbols of one's self-sufficiency (Lysack & Seipke, 2002) and provide a sense of agency. This understanding of routine helps make sense of the present study's findings where older people's routines became part of the demonstration of who they were as people and the aspects of life they value. Being independent, self-sufficient, socially included, and being needed, are valued aspects in older people's lives that are supported and enacted through the maintenance of regular routines.

Despite the benefits of routine that has been documented in the literature, the present study also found that routines can be detrimental

to older people who may continue to maintain them even when they have a negative impact. As routines require continuous management, having to maintain routines in light of the constant shifts in an older person's world can trap them in their own expectations or the expectations of others. For example, older people may attempt to maintain routines which involve friends even when these become difficult to manage. In this way, routine can take control away from older people rather than enable it and illustrates the negative effect that maintaining continuity can have on an older person's life

There are a number of changes which occur in the ageing process which can separate the older person from their own identity. Yet, older people are actively engaged in maintaining a sense of continuity within their own identities. In the present study, older people were concerned with maintaining sense of self beyond the experience of ageing. This desire for continuity in identity is consistent with research on the idea of a permanent personhood where older people attempt to retain the identity developed in earlier life (Lamb, 2014). In addition, research has consistently shown that older people draw upon discourses which separate themselves from the 'old' to distance themselves from the negative stereotypes which accompany old age (Lamb, 2014; Minichiello, et al., 2000; Townsend, et al., 2006; Queniart & Charpentier, 2012).

In the present study, attempts to separate themselves from an older identity was only engaged in by the women. In a culture which emphasises youthfulness older people, particularly women, are increasingly compelled to participate in self-work aimed at retaining their younger selves (Hurd-Clarke & Griffin, 2008). In doing this, older people challenge previous understandings of old age as a time of decline and dependency and describe their experience in terms of a continuity of identity that is compatible with the ideals posed by positive and successful ageing strategies. It is within such strategies that older people must negotiate their experience of ageing, without really ageing at all (Katz & Marshall, 2003; Lamb, 2014).

Security

Security was valued by all older people and was achieved in different ways and to differing degrees. Living in safe and secure housing, in familiar neighbourhoods, and living in close proximity to shops and health care facilities contributed to older people's secure base. This finding is consistent with existing literature which suggests living in an area which is close to services such as food, public transport, and doctors, is important to older people (Walker & Hiller, 2007). Home and neighbourhood has also been found to contribute to ones quality of life when these provide a sense of neighbourliness (Bowling & Gabriel, 2007). When older people are familiar with neighbours and can rely on them, this provides a sense of security. Yet as neighbours move away or die, this can subsequently make older people feel less secure in their homes (Walker & Hiller, 2007).

In the present study, home ownership enabled security for a number of reasons. Firstly, it provided a buffer against unexpected costs and events. Additionally, it enabled older people to adapt their home in the context of failing health and therefore they could continue living in their homes. This finding is similar to research which suggests that fewer assets limits an older person's ability to respond to changes in their health and modify their environment (Barrett, et al., 2006). Studies have consistently found that home ownership is related to ontological security. Hiscock, et al., (2001) found that people who own their own homes are able to attain security more easily as they have more wealth, tend to live in better resourced areas, and have better quality homes. Home ownership can further be associated with security because mortgages typically decrease over time and therefore can confer a sense of economic as well as emotional security (Kohli, Kunemund, Zahle, 2005). Additionally, home ownership can be associated with feelings of stability (Dupuis & Thorns, 1998; Hiscock, et al., 2001), with older people equating owning their home with attaining security (Dupuis & Thorns, 1996; 1998). Home ownership can therefore enable a sense of certainty in life that is not available to those who do not own their own home and can therefore contribute to ageing well.

Although economic resources have been found to be a source of security, and a lack of economic resources has been linked to feelings of insecurity (Underlid, 2007), the relationships are more complex than this. Those with low levels of living standards often have a great deal of confidence in their coping abilities which can act as a buffer against feelings of insecurity (Mansvelt, et al., 2013; Stephens, et al., in press; Underlid, 2007). This effect was found in a study by Mansvelt, et al., (2013), where those without the historically developed capacity to cope with uncertainties experienced the highest levels of insecurity. These findings help explain the present study's findings where low living standards did not typically cause feelings of insecurity when these standards had been present for a long time. When experiences of low standards of living were new, this caused high levels of insecurity. This finding highlights the need to understand the process of ageing as the culmination of a series of life long processes.

In addition, factors which provide a sense of personal security when they are present, become a source of insecurity when they are absent. Home and neighbourhood can be a source of insecurity if these are considered physically unsafe, have poor heating, or are unsuitable for the needs of the older person. The present study found that living standards might affect older people's ability to feel safe and secure when these standards are very low. This is consistent with research which has found that perceptions of safety have been linked to economic deprivation (Mayhew & Reilly, 2007). Feeling safe and secure is a goal of the New Zealand Positive Ageing Strategy. The results of the present study suggests this strategy needs to consider how older people's material circumstances contribute to their perceptions of safety.

Reciprocity

Aspects of reciprocal relationships were apparent in older people's accounts of later life and illustrates the importance of its contribution to ageing well. Living standards played a role in what kinds of reciprocal relationships older people could be involved in and how easy or difficult they were to manage. Older people were engaged in contributing to the

lives of others through relationships with family, friends, the wider community, and charitable organisations. These experiences match with contemporary ageing policy's objectives which stress the importance of the continued economic and social contribution of older people (Breheny & Stephens, 2010; Davey & Glasgow, 2006).

One benefit of managing reciprocal relationships in later life is a sense of independence (Breheny & Stephens, 2009). An inability to maintain relations of reciprocity can lead to dependency and exclusion from social networks (Offer, 2012). Consequently, in order to not be seen as dependent, and maintain their position within their family and extended networks, older people will endeavour to keep their exchanges equal (Wentowski, 1981). This type of exchange is known as "balanced reciprocity" and requires that an equivalent exchange is given (Wentowski, 1981). In addition to balancing exchanges, older people manage the experience of receiving by repositioning themselves as contributors (Breheny & Stephens, 2009). Research has shown that low living standards can limit one's ability to uphold the values of reciprocity (Offer, 2012). In the present study, managing reciprocal relationships in the context of low living standards was harder to achieve for those older people who had little to give.

In particular, formal forms of contribution such as volunteering and donations present difficulties for older people in constrained circumstances. Although contributing to these services enhanced older people's experiences of ageing well, in the present study there were clear differences in the ability of older people to contribute. Older people with higher living standards were more likely to participate in formal forms of contribution than those with lower living standards. Income has been linked to volunteering where older people with a higher income are more likely to volunteer (Choi, 2003). Often volunteering requires certain resources such as money, transport, time, and good health that people on a limited income do not necessarily have (Warburton, Paynter, & Petriwskyj, 2007). Studies have consistently shown that financial resources are viewed by older people as a barrier to participating in formal volunteer work (Martinez, Crooks, Kim, & Tanner, 2011; Warburton, et al., 2007). These outcomes are in contrast to a New Zealand study which found that lower economic living standards

predicted increased rates of volunteering (Dulin, et al., 2012). This finding could be because formal volunteering was not explicitly distinguished from informal volunteering in the Dulin, et al., (2012) study. In the present study, formal volunteering was distinguished from informal volunteering which older people experienced in terms of helping others.

Despite the differences found between living standards, the present study's findings contributes to the body of previous research which has linked volunteering with well-being in later life (Dulin, et al., 2012; Greenfield & Marks, 2004; Kahana, et al., 2013). A recent review found that volunteering is linked to better psychosocial, physical, and cognitive health (Anderson, et al., 2014). In a study by Greenfield & Marks (2004), formal volunteering was a protective factor against the reduced sense of purpose that accompanies major role-identity absences in later life such as being an employee, a homemaker, and a parent or partner. Current social policy messages suggest that contribution and volunteering are an important avenue to support social participation and inclusion (Ministry of Social Development, 2001). Yet not all people are able to volunteer and this is particularly true for those facing lower standards of living.

In contrast to volunteering, helping others, such as neighbours, friends, and family, was something that all older people, no matter what level of living standards, valued. This finding is consistent with previous research which suggests that most older people participate in some form of informal helping (Martinez, et al., 2011). Helping others has been found to have many benefits for older people (Duay & Bryan, 2006; Warburton & McLaughlin, 2005; 2006). For example, in the present study, helping others in the community contributed to maintaining an identity as a good person. Helping others also provided meaning in life in much the same way as formal volunteering. Research by Warburton & McLaughlin (2005) found that many older people are engaged in informal forms of volunteering situated around helping other older people. Similarly, the present study found that older people did tasks for neighbours and other older people in the wider community which enabled others to continue living at home and be part of the community.

In this way, helping others gives older people a valued role within their community. Often helping was reciprocated by other older people in the community. Older people's informal forms of helping were therefore embedded within their community networks and played a critical role in maintaining strong communities (Warburton & McLaughlin, 2005). Informal forms of helping have been found to provide greater health-related benefits than formal volunteering (Krause, 2009). Reasons for this finding could be that older people are more likely to know those who they help informally, where in a formal setting they may not know the people or will never meet them (Krause, 2009). This assumption highlights the positive impact that informally helping others can have on the lives of older people.

Helping others particularly enable those with limited resources to be involved in contributing when more formal opportunities of volunteering are limited. Research has previously found that those with lower economic resources are likely to benefit more from volunteering compared with those with higher economic resources (Dulin, et al., 2012; Morrow-Howell, Hong, & Tang, 2009). Reasons may be people with low living standards have more to gain from valued social roles in their communities, especially those which highlight expertise (Morrow-Howell, et al., 2009). Those with lower living standards may have less access to valued social roles and therefore helping others may have more perceived benefits for this group. There is therefore a need to ensure opportunities are available for older people to be able to access valued social roles across all levels of living standards.

Living within One's Means

Living within one's means enables a sense of security over the future and a sense of control which helps reduce anxiety and worry. In addition, the present study found that being able to live within one's means was part of older people's demonstration of responsible self-governing citizenship and contributed to their sense of identity. Careful consumption and experiences of living conservative lifestyles were talked about by older people with high living standards. Living within their means was easier to achieve because they had more leverage in

their economic and material resources. Yet older people spoke of being frugal and disciplined with their spending. This finding is in line with Evans (2011) definition of frugality which is situated around the moderate use of "money, goods and resources with a particular emphasis on careful consumption and the avoidance of waste" (p.552). Older people were also subscribing to what Mansvelt (2012) describes as the 'good consumer' who is not wasteful and is careful with their spending. In her study, Mansvelt (2002) found that frugality was expressed as a moral way of life which is consistent with the present study's findings. Yet being frugal does not necessarily mean less expenditure (Evans, 2011). While older people were engaged in strategies of careful consumption, they also purchased expensive items such as overseas travel and golf subscriptions. Consequently, frugality operated in light of their high living standards. In this way, being frugal was a matter of choice rather than necessity.

Living within one's means was harder to achieve for those with the lowest living standards who had limited material resources. Previous research on living standard has used the concept of economising as a measure of low living standards (Breheny, et al., 2013; Cunningham, et al., 2002; Jensen, et al., 2006). The results of the present study support this conceptualisation, where economising was only applicable to those older people with low living standards. Economising was a necessity in order to live and involved different kinds of choices than what was available to older people with higher living standards. Yet, in being able to live within their means, older people with lower living standards were also able to present themselves as responsible and hard-working citizens. This finding suggests that older people at all levels of living standards responded to the imperatives of a neo-liberal milieu where people are responsible consumers who make responsible choices (Breheny & Stephens, 2010). While there is limited research around the spending habits of older people, the present study contributes important information around the spending habits of older people at varying levels of living standards.

Intersecting Themes with Key Concepts

Ageing Well and Ontological Security

Giddens (1990) describes ontological security as the confidence that people have in the continuity of their self-identity, and in the consistency and stability of their social and material worlds. It reflects faith in the coherence of one's everyday life which will carry people through major life transitions and crises (Giddens, 1991). Ontological security can be acquired by both internal resources, such as through people's dispositions, and external resources, such as through family (Mansvelt, et al., 2013). In the present study, the themes of continuity, security, and living within one's means illustrate the importance of ontological security in later life and the different ways that older people work at attaining a sense of ontological security at a time in their lives when they are experiencing many physiological, psychological, and contextual changes (Krauss Whitbourne, 1999).

Continuity is a significant aspect of ontological security. In the present study older people pursued continuity in their identities and in their environments. Security is also an important component of ontological security as it is essential for people to have trust in their worlds and in a secure base. As such, older people pursued security through their family and within stable home environments (Hiscock, Kearns, MacIntyre, & Ellaway 2001). A further aspect of ontological security is the ability to feel a sense of control over the future (Mansvelt, et al., 2013). Living within one's means helps achieve control, with older people using this strategy to safe guard against future difficulties or expenses. In this way, older people use living within their means as a strategy of risk management. Research has shown that ontological security matters to older people (Dupuis & Thorns, 1998; Mansvelt, et al., 2013) and the present study contributes to this understanding of later life.

Ageing Well and Inequality

Inequalities in standards of living impact on older people's experiences of ageing well. There were differences in basic items of living, such as

secure housing and food, as well as in basic forms of social participation, for example, gift giving. Low living standards can provide a barrier to ageing well because it structures what an older person can and cannot do. Living standards determine the extent in which an older person can participate in factors associated with ageing well such as social participation, contribution, and independence. Therefore, low living standards can impact the variety of opportunities older people have in their lives.

With an emphasis on individual responsibility and self-government in contemporary society (Coburn, 2000; Ferguson, 2001) having a lack of financial provisions in later life is seen as a failure of the person and not as a social issue (Kemp & Denton, 2003). Older people themselves have also been found to subscribe to this idea where making responsible choices is seen as an individual issue and that people should take steps to avoid poverty (Kemp & Denton, 2003). In the present study, older people with high living standards shared similar views to older people in Kemp and Denton's (2003) study, where they situated their experiences of later life as being about responsible choices around how they live and their expectations in life. However this focus on responsibility and self-management ignores the structural and social inequalities which impact on many older people's abilities to make provisions and have choices in later life.

Inequality can cause many difficulties for people including exclusion and withdrawal (Offer, 2012). Older people living in poverty may be excluded from social participation because they lack the resources to participate (Stephens, et al., 2011). In addition, older people may be excluded from many forms of meaningful social participation because of their age (Irwin, 1999). Therefore, experiencing both old age and a low standard of living can have severe consequences for the older person and their experiences of later life. Poverty can cause humiliation (Schaber, 2011), misery and despair. Inequalities are also related to declines in physical and mental health (Stephens, et al., 2011). Therefore low living standards have the ability to affect an older person physically, mentally, and socially.

In the context of low standards of living, some older people still describe being able to age well. Research has found that people are active agents in their lives and are able to find ways of coping despite of adversity (Underlid, 2007). This finding helps make sense of the present results where older people were doing their best to find balance and happiness in their experiences of ageing well, irrespective of their living standards (Underlid, 2007). This resilience and adaptability does not mean that the situations older people live in are justifiable. Nor does it absolve society and policy commitments to the moral imperative of care for all. It does however recognise that there is a tension in play here.

Ageing Well and Positive/Successful Ageing

New Zealand's Positive Ageing strategy promotes ideas of participation and contribution for older people, situating later life as a period of opportunity (Davey & Glasgow, 2006). Older people drew on these understandings to construct their experiences of later life. Older people use ideas around positive and successful ageing to shape their own experiences of ageing well (Breheny & Stephens, 2010; Lamb, 2014; Queniart & Charpentier, 2012). Older people construct later life as about having social connection, maintaining activity and contribution, and keeping healthy (Breheny, et al., in press). This picture of later life is desired regardless of the health or wellbeing of the older people (Breheny & Stephens, 2010).

There is a strong emphasis within the New Zealand Positive Ageing strategy on the economic and community contribution of older people (Davey & Glasgow, 2006). For older people living in constrained circumstances, subscribing to the positive ageing ideals of remaining a contributing member of society was more difficult to achieve than for those with more material and economic resources. Social policy on active and positive ageing does not take into account the many limitations that older people face, such as declining health and mobility, limited access to resources, and low standards of living (Breheny & Stephens, 2010; Davey & Glasgow, 2006). When you have little to live on, contributing to the lives of others seems to be a lower priority. Yet many older people still attempt to maintain these ageing ideals

(Breheny & Stephens, 2010; Lamb, 2014). This finding suggests that older people work hard at achieving the positive and successful ager that society favours in the context of often very trying circumstances.

While many older people experienced a range of different barriers to ageing well such as low living standards, and failing health, they still had experiences of ageing well. Older people could be seen to be experiencing what Gattuso (2003) describes as resilient ageing which values courage and endurance in the face of adversities. Resilient ageing is used in contrast to notions of successful and positive ageing which ignores the more challenging aspects of later life (Gattuso, 2003). Using resilience as a concept in understanding later life allows those who face challenging circumstances to still be able to age well when more prescriptive ideas of 'successful ageing' limits 'success' to social contribution, activity, and maintaining health (Wiles, et al., 2012). As such, authors have recently pointed to the utility of using resilience as a conceptual resource for understanding ageing well (Wild, Wiles, & Allen, 2013).

Intersecting Ageing Well with Theory

While prescriptive theories of ageing cannot capture the diversity of the ageing experience, there are aspects which do have utility when investigating ageing well. In the present study, older people's experiences of ageing well appeared to share many similarities with Atchley's (1989) Continuity Theory. Continuity Theory stresses that older people's general patterns of thought and behaviour endure over their life time (Atchley, 1999). While the ageing process may present disruptions, older people are motivated to preserve continuity of attitudes, dispositions, preferences, and behaviours which have been accumulated throughout their life (Utz, et al., 2002). This conceptualisation is in line with the present study's findings where continuity of the self, relationships, and the environment were valued by older people. The strategies older people employed were used to maintain continuity in their identities suggesting that continuity occurs throughout the life course.

Selective Optimisation with Compensation Theory (SOC) states that people encounter opportunities and limitations throughout their life (Freund & Blates, 1998). As a person ages, they encounter more constraints and limitations than gains and opportunities (Freund & Blates, 1998). Therefore, older people will accommodate these changes by focusing on those opportunities which are achievable. In the present study, older people only focused on certain values, such as financial security, if they were achievable. For those older people for whom financial security was not a realistic goal, they focused their energy on more obtainable goals such as personal security obtained through family. SOC also takes account of people's individual differences, and the social and cultural variations that have an effect on what an older person can achieve (Martin, et al., 2014). Ignoring these differences has been a common limitation of many of the other theories of ageing which overlook inequalities and the impact they have on an older persons abilities to age well.

Theorising about the ageing process is becoming more about an open-ended negotiation of selves in the context of dealing with change in resources and engagement (Chapman, 2005). Theorists are now concerned with older people making sense of these changes within the context of ageing well and are therefore interested in understanding later life meaning (Chapman, 2005). Ageing well is a multifaceted and dynamic process, and traditional theories may oversimplify this experience. In this way, ageing well is more about contentment with one's life and meaningful negotiation, rather than about attaining some socially defined ideal. As an older person's resources, engagement, and environment change over time, and differ between people, older people need to actively negotiate the ageing process. Older people can negotiate a valued life both through physical activity and when physical activity becomes more difficult; while an older person can be contributing to society, they can also be recipients of support. Therefore ageing should not be about meeting society's ideal of ageing, but ageing well should be about older people accepting shifting experiences of ageing over time.

Limitations

There are several limitations with the present study that must be considered when interpreting the results. The first limitation involves the sample. There is a tendency for only the wealthiest and healthiest people to participate in studies, and those with very low living standards are unlikely to participate. This trend may have impacted the results in that those living in very constrained circumstances may experience ageing well differently to the older people who participated in the present study. People experiencing severe poverty can experience a range of negative outcomes such as humiliation and a loss of dignity (Schaber, 2011). These people are also often in more negative life circumstances such as abusive and dangerous relationships (Schaber, 2011). While the older people in the lower living standards group all had low living standards, it is likely that there are many older people living in much more trying circumstances. These older people would have offered the present study a more comprehensive analysis of low living standards and the impact they have on ageing well.

There were cultural differences between the two living standards groups. The low living standards group was made up entirely of ethnic minorities, while the high living standards group was made up entirely of people of European descent. Older people who had low standards of living were either Māori or recent migrants. Research suggests that those who are recent migrants to New Zealand are less likely than those born in New Zealand to experience overall satisfaction with life (Statistic New Zealand, 2012). They are more likely to face experiences such as not having enough money to meet their everyday needs and to experience major housing problems (Statistics New Zealand, 2012). Additionally, older Māori people are more likely to experience inequalities in living standards than New Zealand Europeans (Cunningham, et al., 2002; Fergusson, et al., 2001). While the distribution of cultural differences can be seen to be representing structural inequalities between minority and majority ethnic groups, it also provides another layer of difference between the groups in addition to differences in living standards. Research has shown that understandings of ageing well are culturally situated (Lamb, 2014). It would therefore be interesting to see how ethnic minorities with high

living standards experience ageing well. It would be equally instructive to examine the experiences of ageing well among New Zealand European older people with low living standards.

Secondary data analysis presents its own issues. As these interviews were from a larger study, the questions were not asked for the purpose of uncovering the present study's objectives around ageing well. Therefore, trying to unpick what ageing well means to older people without this line of questioning being available was challenging. In addition, there were often variations in the ways that questions were asked, where some interviewers asked substantially less questions and some interviews had less detail than others. In addition, using secondary data does not permit opportunity to follow up on particular aspects of the inquiry which also presented its own challenges.

Future Directions

An interesting dimension to explore in research looking at ageing well within the context of one's living standards is gender. Evidence suggests that older women tend to live longer, be poorer, and experience more health issues in later life than men (Russell, 2007). In addition, experiences of ageing are themselves gendered. There is evidence to suggest that men and women experience the ageing process differently (Panek, Hayslip, & Pruett, 2014; Russell, 2007). Gender is therefore an interesting consideration in exploring relationships between living standards and ageing well. Future research could investigate comparing men's experiences of ageing with those of women to highlight differences and similarities, or examine each genders experience separately and in depth.

An additional dimension to explore is cultural differences. While it was beyond the scope of the present study to examine cultural differences, the literature suggests that cultural differences do have an impact on people's experiences. As was previously mentioned, understandings of ageing well are culturally situated (Lamb, 2014). In addition, there is documented differences between Māori and non-Māori in their standards of living (Cunningham, et al., 2002; Fergusson, et al., 2001).

Investigating ageing well and inequalities in living standards by culture would highlight any differences in experiences between cultural groups and be more representative of the growing diversity of New Zealand's population.

Building on the present study, an interesting future direction would be to investigate the experiences of ageing well in the context of living standards within the young-old. This investigation could then be compared with the present study's results to highlight any differences between the two age groups. Research has found that older women have different priorities depending on whether they are young-old or older-old (Quéniart & Charpentier, 2012). As these groups may be different in many ways such as in terms of their health, activity level, and goals, it would be interesting to see if age affects what older people value in ageing well.

Finally, while IPA was a suitable analytic strategy to investigate the present study's objectives because it is concerned with experience, other methods of inquiry may have produced different results. For example, although IPA is interested in the historical and social context of people's experiences, this is not the focus of the investigation. Social context structures people's identities and therefore a methodology based on social constructionism which emphasises the social structuring of people's lives may have had important implications for the present study. One of the present study's focuses was on unequal standards of living, and because inequalities are socially constructed, a methodology based on social constructionism would add an interesting element into the discussion.

Conclusions

Ageing well is a complex and dynamic process which involves an interplay of many different factors in an older person's life. Using an IPA approach, the study's findings highlight that not all of these aspects of ageing are easy to achieve for older people, especially those who find themselves experiencing low standards of living. For the most part, the older people in the present study tended to value similar things

regardless of living standards but this was easier to achieve for those with more economic, material, and social resources. These findings contribute to the growing body of literature that draw attention to the way in which positive and successful ageing models exclude many older people from participating by ignoring inequalities. The present study provided insight into what older people view as valuable in their experiences of ageing well and the difficulties they face. These findings have implications for social policies around positive ageing and societal perspectives regarding the 'right' way to age. It is vital that understandings of ageing well should focus on what is valued by older people themselves, in the context of the material situations they find themselves in, and focus less on what is important and beneficial to society more generally.

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Appendix

Living Standards for Elders Study
Interview Schedule

The aim of the interview is to explore the living standards of older people. We are interested in knowing both about people's current situation and their ideals and aspirations in aspects such as living situations, housing, material goods, transport, and socialising. We will be focussing on experiences, and descriptions of the living standards of older people in the context of their everyday lives and choices. Consequently, the participants will be encouraged to expand, to give examples, and to tell stories in response to each of these blocks of questions. If people focus on telling stories about particular aspects they do not need to be asked about every question. The questions are to be used as prompts by the interviewers and it will depend on how the interviewee responds as to how the questions are asked.

Topics will include:

- Can you tell me about the area you live in?
  - What do you like about living in this community? Why did you choose this area? What things are easy and convenient?
  - What things are harder to access? How could it be improved?
  - Do you own your house, or rent?
  - Are you satisfied with your house? Is it suitable for your needs? Is it warm? In good repair?
  - What sort of house would you like? Are you able to decorate your house how you would like? Do you have insurance?
  - Are you sharing accommodation?
  - Do you prefer to share?
  - Do you own your house, or rent? What is your preference and why?

- What things do you need to have?
  - What food and drink do you need to have each week?
  - What personal items could you not do without? Clothing? Shoes? Toiletries? Medications?

- What household things do you need to have?
- Would you be able to replace your refrigerator if it broke down?
- Do you think your house is well heated? Would you prefer more warmth in winter? Can you use all the hot water you want?
- Do you keep pets?
- Do you find some of their expenses difficult to meet?
- Would you like a pet? Why don't you keep one?

- What things do you need to do?
- What social events do you need to go to? Going out with friends or family? Attending church services? Hosting a meal? Social clubs?
- What about formal occasions? E.g. weddings, Christenings, funerals? What about gift giving? Tithing?
- Is it important to be able to help out friends and family (e.g. with food, gifts or money)?
- Can you go to the Doctor when you want to? Are you able to fill all your prescriptions?
- Are there any other services or utilities you could not do without?
- What transport do you need? What about visiting friends or family?
- What hobbies or interests do you have? What are the costs of these hobbies or interests?

- How well do you manage on your current income? Do you have to take care with spending?
- Do you have to do without some of these things or activities sometimes? Which things? How often do you have to go without them?
- If you had to choose between your essential activities and household needs, how would you choose?
- What sort of things or what activities would it really upset you to have to go without? Why would you find that hard?
- What sort of things would you change if you had more money per week to spend? (E.g. an extra $50 per week).
- Can you describe your ideal life style?
- What sort of things would change if you had less to spend?
- What is the first change you would make? How would you economise?
- What activities would change? What would you do differently then?

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- What things are nice to have or do, but not necessities for you?
  - Are there any things you would like, but don't have? Are there any things you would like to do but aren't able to afford to? What sort of things? (E.g. spending, activities, hobbies, housing, giving, saving, treats)?
  - Why don't you have or do them? Do you think you will you ever be able to have or do them?

- How does the way you live compare to other people you know of?
  - Can you tell me about differences in living standards that you have noticed?
  - Can you think of someone else you would like to live like? What do they have or do that you can't?
  - What sort of things do others have or do that you don't?
  - What sort of things do you have or do that others can't?
  - What are the important things that people need to be happy?
  - How happy are you with your overall living standard?